

ECSC Firm Authorization Number:
Firm Assigned Customer ID
Firm Assigned Customer Account#



THE BANK OF NEVIS LTD.

NEW CUSTOMER ACCOUNT FORM

A. INFORMATION ABOUT THE ACCOUNT YOU ARE OPENING	
ACCOUNT TYPE:	
Cash_____ Margin*____ (Approval from the ECSRC required to open this account)	
ACCOUNT REGISTRATION:	
Individual _____ Joint_____ Corporate_____ Bank_____ Investmetn Co_____ Other_____	
BI. INFORMATION ABOUT THE HOLDER(S) OF THE ACCOUNT (individual and/or joint)	
YOURSELF	JOINT ACCOUNT HOLDER (if applicable)
Name:	Name:
Address	Address
Country of Birth <i>(attach copy of supporting documents)</i>	Country of Birth <i>(attach copy of supporting documents)</i>
Country of Citizenship <i>(attach copy of supporting documents)</i>	Country of Citizenship <i>(attach copy of supporting documents)</i>
Telephone No. (Personal)	Telephone No. (Personal)
Telephone No. (Business)	Telephone No. (Business)
Principal Account Holder _____	
Joint Account Holder(s) authorised to Trade	

B2 INFORMATION ABOUT THE HOLDER(S) OF THE ACCOUNT (Corporation)	
Name of Corporation:	Principal Officers:
Address	
Date of Incorporation <i>(attach copy of supporting documents)</i> President/CEO/General Manager)
Country of Incorporation <i>(attach copy of supporting documents)</i> Vice President/Deputy General Manager
Ownership of Corporation Financial Controller/Accountant
0 Publicly Held	
0 Privately Held	
Principal Type of Business Engaged in	
Telephone Nos. (Business)	

C1. ACCOUNT HOLDER DISCLOSURE (Individual/joint)

- I. Are you or the joint owner an employee of this Firm? No Yes
- II. Are you or the joint owner related to an employee of this Firm? No Yes
relationship to you. _____
- III. Are you or the joint owner or any of your immediate family a Senior Officer, Director or large shareholder of a public company? No Yes If Yes, name of company. _____
- IV. Are you or the joint owner or any of your immediate family affiliated with or employed by a member of the ECSRC, the ECSE or its affiliated companies, or the ECCB? No Yes (employer authorisation required)
is the affiliation?

_____ immediate family includes a person's spouse, parents, children, siblings, mother/father in law, sons and daughters in law, brothers and sisters in law and anyone (other than employees) who shares a person's home.

Is security pledged? _____ To whom _____

C2. ACCOUNT HOLDER DISCLOSURE (Corporation)

- I. Do securities laws or regulations or corporate policy restrict the type of trading that may be traded by the corporation?
 No Yes (specify if yes) _____
- II. Does the corporation or any of its officers, directors, or principal stockholders have a financial interest of 5 percent or more in any public company? No Yes If Yes, name of employee and relationship to you. _____

D. PROCESSING TRANSACTION INSTRUCTIONS

1) Hold Proceeds of Sales in the Account or _____ make periodic distributions of \$_____ to me () monthly
() semi-annually () annually

2) () Hold Dividend and Interest in the Account or () Remit int/divs to holder of the Account
() Remit int/divs to third party:

Third Party Address:

3) () Hold securities purchased:
() at the Registry in Account - holder's name, account # _____
() in the broker-dealer's nominee account at the CSD

4) Discretionary Authority Granted _____ (Investment discretion is in accordance with the definition outlined in the ECSE)

Rules)

Customer must complete the Discretionary Authority Addendum to this Form

E. (1) INDIVIDUAL ACCOUNT HOLDER'S PERSONAL AND FINANCIAL INFORMATION

- Birth Date _____ Marital Status _____ Dependents _____
- Occupation _____ Years Employed _____ Business _____
- Annual Income () Less than \$25,000 () \$25,000-\$50,000 () \$50,000-\$75,000 () \$75,000-\$100,000 () more than \$100,000
- Total Liquid Net Worth (excluding home) () Less than \$50,000 () \$50,000-100,000 () \$100,000-\$250,000 () 250,000 - \$500,000 () more than \$500,000
- Employer's Name _____ Employer's Address _____
- Employer's Telephone No. _____

E. (2) JOINT ACCOUNT HOLDER'S PERSONAL AND FINANCIAL INFORMATION (if applicable)

- Birth Date _____ Marital Status _____ Dependants _____
- Occupation _____ Years Employed _____ Business _____
- Annual Income () Less than \$25,000 () \$25,000-\$50,000 () 50,000-75,000 () \$75,000-\$100,000 () more than \$100,000
- Total Liquid Net Worth (excluding home) () Less than \$50,000 () \$50,000-\$100,000 () \$100,000-\$250,000 () \$250,000-\$500,000 () more than \$500,000
- Employer's Name _____ Employer's Address _____
- Employer's Telephone No. _____

E. (3) CORPORATE FINANCIAL INFORMATION (if applicable)

- Total Liquid Net Worth () Less than \$50,000 () \$50,000-\$100,000 () \$100,000-\$250,000 () \$250,000-\$500,000 () \$500,000-\$1,000,000 () \$1,000,000-\$5,000,000 () \$5,000,000-\$10,000,000 () OVER \$10,000,000

F. BANK REFERENCES

Name of Bank _____ Bank Phone No _____
Bank Address _____
Type of Account(s) ()Checking ()Savings ()Other _____ Account Number(s) _____
Bank Contact Person _____

G. INVESTMENT RISK INFORMATION

Years of Investment Experience: _____

Risk Exposure: Low _____ Medium _____ High (Speculation) _____

Investment Objectives () Income () Long-term growth () Short-term trading

(please write out in your own hand a brief summary that encapsulates in more detail the specified investment objective):

H. ATTESTATION OF REFUSAL TO PROVIDE INFORMATION

IF THE CUSTOMER REFUSES TO SUPPLY ANY OF THE INFORMATION REQUESTED IN THIS FORM, THEN THE CUSTOMER MUST, IN HIS/HER OWN HAND, WRITE THE FOLLOWING STATEMENT AND WILL BE PROHIBITED FROM RECEIVING INVESTMENT ADVICE AND REQUESTING A DISCRETIONARY ACCOUNT.

I _____ refuse to supply the following information requested of me by the brokerage Firm:

(Date)

(Signature of Owner)

Joint Owner's Signature, if applicable)

I. CERTIFICATION

- I HAVE READ AND UNDERSTOOD THIS FORM AND HAVE PROVIDED MY INVESTMENT OBJECTIVES AND TOLERANCE FOR RISK.

- THE BROKER HAS EXPLAINED TO ME THE RISKS OF INVESTING IN THE SECURITIES MARKET, INCLUDING, BUT NOT LIMITED TO, THE POSSIBILITY OF LOSING ALL OF MY INVESTMENT AND THAT PAST PERFORMANCE IS NO GUARANTEE OF FUTURE PERFORMANCE.

- I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS OUTLINED IN THE ATTACHED AGREEMENT

- I HEREBY AUTHORISE THIS FIRM TO TRANSFER MY SECURITIES FROM THE ACCOUNT MAINTAINED AT THE EASTERN CARIBBEAN CENTRAL SECURITIES REGISTRY IN MY NAME INTO THIS FIRM'S ACCOUNT AT THE EASTERN CARIBBEAN CENTRAL SECURITIES DEPOSITORY, FOR THE SOLE PURPOSE OF COMPLETING THE SECURITIES TRANSACTIONS.

(Date)

(Signature of Owner)

(Joint Owner's Signature, if applicable)

REGISTERED REPRESENTATIVE

Registered Representative _____ ECSRC License# _____

ACCEPTANCE OF THE ACCOUNT BY THE FIRM

THIS ACCOUNT FORM HAS BEEN REVIEWED AND ACCEPTED BY THIS FIRM

Firm's Seal

Signature of Principal _____

Date _____



**THE BANK OF NEVIS LTD
BROKERAGE SERVICES**

BROKER SETTLEMENT DEDUCTION ORDER

I hereby authorise you to debit Brokerage Account# _____
to settle Purchase Trades authorised by me.

This order shall remain in force until revoked by me.

Name of Holder _____

Signature of Holder _____

Witness (*Notary*) _____

Date _____

TELEPHONE AUTHORIZATION

Sign below if you want to be able to make purchase and sale transactions for your account by telephone.

I authorize the firm _____ The Bank of Nevis Ltd. _____ to honor telephone transaction request from me for my account. National identification number or passport number will be requested as verification before any requests will be accepted.

Signature

Date