



Account Number(s): _____	Date(s) Opened: _____
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Type of account: Current A/c Savings A/c Fixed Deposit Currency: XCD USD

Priority Savings Premium Savings Youth Savers Gold Club

PERSONAL DETAILS

Title: _____ Last Name: _____ First Name: _____ Middle Name: _____

Previous Name (if ever changed): _____ Marital Status: Single Married Divorced

Date of Birth: _____ Country of Birth: _____ Nationality: _____

Are you a citizen/resident of any other country? Yes No If yes, please list: _____

Telephone (home): _____ Telephone (mobile): _____ Email: _____

Have you or any member of your immediate family, held or is currently holding an important public office¹ in any country? Yes No

If yes, give details: _____

IDENTIFICATION DOCUMENTS (at least two (2) forms of photo identification required)

Type of I.D.: _____ I.D. No.: _____ Expiry Date: _____

Type of I.D.: _____ I.D. No.: _____ Expiry Date: _____

Tax Identification Number (TIN): _____ Issuing Country: _____

ADDRESS

Residential Address: _____

_____ Zip Code: _____ Country: _____

Number of years at address: _____ Are you: A Home Owner A Tenant Living with Relatives/Friends

Mailing Address (if different): _____

_____ Zip Code: _____ Country: _____

EMPLOYMENT DETAILS

Employment Status: Full Time Part Time Self Employed Retired Student Unemployed

Occupation (describe what you do for a living): _____

Employer Name: _____ Employer Telephone: _____

Employer Address: _____

_____ Zip Code: _____ Country: _____

ANNUAL INCOME

Less than \$30,000 \$30,001 - \$60,000 \$60,001 - \$90,000 \$90,001 - \$150,000

Greater than \$150,000, state amount: _____



ACCOUNT DETAILS

Purpose of Account: Savings Business Operations Day-to-Day Expenses Other: _____

ORIGINAL Source of Funds: Accumulated Saving Salary/Bonus Pension Other: _____

ONGOING Source of Funds: Salary/Bonus Pension Business/Sales Other: _____

Total Annual Deposits: Less than \$5,000 \$5,001 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$50,000
 \$50,001 - \$150,000 Greater than \$150,000, state amount: _____

Frequency of deposits/ withdrawals: Daily Weekly Monthly Occasionally

Form of deposits: Cash Cheque Wire Transfer Direct Deposit

REFERENCES (two (2) required for persons living and earning their income overseas)

Name of Bank: _____ Contact Person: _____

Address of Bank: _____

_____ Zip Code: _____ Country: _____

Telephone #: _____ Fax #: _____

Name of Professional: _____ Professional Designation: _____

Firm/Company of Employment: _____

Address of Firm/Company: _____

_____ Zip Code: _____ Country: _____

Telephone #: _____ Fax #: _____

ANCILLARY SERVICES

ATM/Debit Card Credit Card Loan Online Banking Safety Deposit Box Night Depository

SIGNING AUTHORITY (for joint accounts only)

Any one Both Any two Special Signing Instructions: _____

You agree that we may debit your joint account with cheques and other payment orders authorised in the way stipulated above.

Relationship between applicants: _____

CUSTOMER DECLARATION

By signing below, you the individual(s) named in this Application Form are: (i) applying to us, The Bank of Nevis Limited, for banking services; (ii) confirming that any details you have supplied are true and complete and that you will notify the Bank immediately of any substantial changes in this information; (iii) authorising us to make credit reference and other enquiries in connection with this application in accordance with our normal procedures. You understand that credit reference agencies record searches and the information they record may be used by other lenders assessing credit applications from you and members of your household for debt tracing and (iv) agreeing to accept the Terms and Conditions which contains our obligations to you.

Please sign in the middle of the box. Do not touch the edges.

Signature:

Signature box (dotted border)

Date: _____



ACCOUNT CHECKLIST

The following documents are required to complete the application. Please tick boxes necessary as evidence that relevant documents have been obtained.

- Two (2) Copies of Photo Identification for each signatory/beneficial owner. Passport mandatory for non-nationals or persons living overseas *(must be notarised if not presented in person)*
- NIA Work Permit I.D. *(mandatory for non-nationals where applicable)*
- Verification of Source of Funds *(e.g. job letter or bank statements)*
- Verification of Physical Address *(e.g. utility bill)*
- Business License *(for sole traders)*
- Bank Reference *(account relationship must have been established for more than one (1) year)*
- Professional Reference *(must have known the applicant for more than two (2) years)*

CIF: _____	Existing Account Numbers: _____
C.S.R. Name: _____	Signature: _____
Verified by: _____	Signature: _____
Approved by: _____	Signature: _____
Date Loaded: _____	Data Entry Officer's Name: _____
	Signature: _____
Date Verified: _____	Processing Officer's Name: _____
	Signature: _____

¹ Important public office refers to a head of state, Member of Parliament, senior government and judicial officials, senior executives of state owned corporations, important political party officials, immediate family members and close associates. Immediate family refers to spouses *(by law or cohabitation)*, parents, children *(and their spouses)*, siblings, grandparents and grandchildren.