

Account Application Form - Corporate

Please ensure all sections are fully completed and all supporting documentation forwarded with the application. Incomplete applications may delay the account opening process. If you have any queries, please telephone us.

Please return this form by mail to: **Bank of Saint Lucia International Limited**
P.O. Box RB 2385
Rodney Bay Village
Gros Islet, St. Lucia
West Indies
Tel +1 (758) 452-0444
Fax +1 (758) 452-0445
Email info@boslil.com



Bank of Saint Lucia International Limited

Bank use only

Company Name

	<i>Date</i>	<i>Signature</i>	<i>Print name</i>
Application received	<input type="text"/>	<input type="text"/>	<input type="text"/>
Due Diligence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Compliance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account opened	<input type="text"/>	Relationship Officer	

File notes

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Customer No.
Client Profile

Corporate details

Company name			
Contact Officer			
Registered office address			
	Country		
Correspondence address (if different)			
	Country		
Telephone number		Fax number	
Email			
Issued shares:	<input type="checkbox"/> Registered	<input type="checkbox"/> Bearer	
Company's business activity / purpose			
Geographic scope of company's business operations			

Account Activity

Provide full information on expected level, frequency and number of transactions per year (estimated)

Annual turnover on account	
Number of transactions per month: [] 1-10 [] 10-20 [] 20-40 [] 40-60 [] 60-100 [] 100+	
Largest transaction	Average monthly balance

Opening deposit – Please ensure that this section is fully completed

Amount		Minimum US\$5,000.00 (or currency equivalent)
Source of funds		

Primary bank details If new company, an associated bank account of controlling person(s) or related company(ies)

Account Name		Account no.	
Bank name			
Address			

Credit Card Product

In the event that you wish to apply for a credit card to be linked to your account, kindly check this box

Required Currencies US\$ £ Sterling €Euro AUD HKD Cdn\$ Other (specify).....**Introduced by**

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Details of Person(s) with ≥10% controlling interest If there are additional individuals, please photocopy this page

Title	<input type="text"/>	Family name	<input type="text"/>
Given name(s)	<input type="text"/>		
Nationality	<input type="text"/>	Date of birth	<input type="text" value="dd / mm / yr"/>
If holding dual or multiple nationalities, please provide details			
<input type="text"/>			
Current permanent residential address	<input type="text"/>		
			<input type="text" value="Country"/>
Period at address	<input type="text" value="years"/>	<input type="text" value="months"/>	
Previous permanent residential address, if less than one year at present address			
<input type="text"/>			
			<input type="text" value="Country"/>
Period at previous address	<input type="text" value="years"/>	<input type="text" value="months"/>	
Office Telephone no.	<input type="text"/>	Home no.	<input type="text"/>
Mobile no.	<input type="text"/>	Fax no.	<input type="text"/>
E-mail address	<input type="text"/>		
Gov't-issued Photo Identification	<input type="checkbox"/> Passport	<input type="text" value="No."/>	<input type="text" value="dd / mm / yr"/>
	<input type="checkbox"/> Driving Permit		
	<input type="checkbox"/> Identity Card		
Profession (if retired please give details of past occupation)	<input type="text"/>		
<input type="text"/>			
<input type="text"/>			
Concise details of source of wealth (Please describe how your net worth has been generated)	<input type="text"/>		
<input type="text"/>			
<input type="text"/>			

Amount of Controlling Interest %
We reserve the right to ask for details of other persons, if there are more than 2 controlling persons

If you are also an officer / director of the company, you may complete this section and ignore page 4.

- Director Secretary Authorised Signatory

Password phrase (for telephone identification)

Details of Director / Secretary / Authorised Signatory If there are additional officers, please photocopy this page

Title Family name

Given name(s)

Nationality Date of birth dd / mm / yr

If holding dual or multiple nationalities, please provide details

Current permanent residential address

Country

Period at address years months

Previous permanent residential address, if less than one year at present address

Country

Period at previous address years months

Office Telephone no. Home no.

Mobile no. Fax no.

E-mail address

Gov't-issued Photo Identification Passport No. Expiry date dd / mm / yr

Driving Permit

Identity Card

Profession (if retired please give details of past occupation)

Password phrase (for telephone identification)

Role(s) in company Director Secretary Authorised Signatory

Proof of identity

In order to comply with Saint Lucia regulatory guidelines, we are required to obtain documentary proof of identity from all new applicants. For this reason, please enclose, for **EACH DIRECTOR, SECRETARY, AUTHORISED SIGNATORY AND CONTROLLING PERSON**:

- One certified* copy as verification of identity, e.g. passport, driving licence, identity card.
- Reference^ letter addressed to Bank (no more than 6 months)
- One certified* copy as verification of residential address, e.g. current utility bill, government-issued ID.

In addition to the above you will need to supply us with the following:

- Certified* copy of the constitutional documents, e.g. Certificate of Incorporation, Articles, etc.
- Certified* copy of the Register of Shareholders
- Certified* copy of the Register of Directors
- Certified* copy of the Register of Secretary
- Evidence of Renewal, if older than one (1) year, e.g. Certificate of Good Standing

Should there be a CORPORATE OFFICER(s) or SIGNATORY(ies):

-
- Certified* copy of the constitutional documents
- Certified* copy of the Register of Shareholders
- Certified* copy of the Register of Directors
- Certified* copy of the Register of Secretary
- Evidence of Renewal, if older than one (1) year
- Copy of the Corporate Structure, identifying ultimate beneficial owner(s)

Regarding Corporate Officers or Signatories above, documentary proof of identity for **EACH DIRECTOR, SECRETARY AND CONTROLLING PERSON**:

-
- One certified* copy as verification of identity
- Reference^ letter addressed to Bank
- One certified* copy as verification of residential address

We may have to revert to you, as on occasion, additional documentation may be required.

If you do not have or cannot find the items we are asking for, there may be other ways of meeting our requirements that we can discuss with you.

* A certifier must be a suitable, independent person such as an Embassy Consulate or High Commission Official of the country of issue of the documentary evidence of identity, a Lawyer or Notary Public, an Accountant holding a recognised professional qualification or a Bank Manager. The person certifying the document should print their name, state in what capacity he/she is signing and date it.

^ A referee must be a Lawyer, an Accountant holding a recognised professional qualification or a Bank Manager using a company letterhead.

Excerpt from Minutes of Meeting of the Directors of

("the Company")

Held at _____

Dated this _____ day of _____ 20__

It was resolved:

1. That an Account hereafter called the "Account" be opened/continued in the name of the Company with Bank of Saint Lucia International Limited "the Bank". That the following Excerpt from Minutes of Meeting of the Directors shall apply to all accounts in the name of the Company held with the Bank and that the Company shall be bound by the Bank's General Terms and Conditions as amended from time to time.
2. That the Bank be and it is hereby authorised:
 - i. To honour, comply with and debit to the Company's account, all cheques, or other orders or instructions authorizing payment withdrawals, accepted or made on behalf of the Company, notwithstanding that any such payments may cause any account or accounts of the Company to be overdrawn or, increase an existing overdraft, provided such documents are signed in accordance with "The Signing Mandate" to these resolutions.
 - ii. With regard to other transactions referred to in "The Signing Mandate" to these resolutions the Bank is hereby authorised to accept on behalf of the Company only the signatures of the respective officials therein mentioned.
 - iii. With regard to instructions via Secure On-line Banking and facsimile transmission the Bank is indemnified as outlined in the Indemnity on page 8 provided such instructions are authorised in accordance with "The Signing Mandate" to these resolutions.
3. That the Bank be supplied with a certified copy of the Company's Certificate of Incorporation, Memorandum and Articles of Association, or their equivalent and with copies of any amending Resolutions which may from time to time be passed.
4. That the Bank be supplied with a list of names of the Directors, Secretary and other officers of the Company, along with certified copies of their specimen signature and that the Bank be authorised to act on any information given by any Director or Secretary as to any changes therein, subject to the Bank receiving a certified copy of the minutes of the meeting verifying any changes.
5. That the Bank may at any time and without notice to the Company combine and consolidate all and any of the accounts in any currency with the Bank in the Company's name or to which the Company is beneficially entitled and/or set-off any money whatsoever regardless of the type of account with which the funds are held. That the Bank may also refuse to open an Account or accept a deposit without giving any reason whatsoever, and that the Bank may require the Account to be closed at any time without giving a reason.
6. The Company agrees to provide to the Bank on request such information regarding its affairs as the Bank may require from time to time. The Company authorises the Bank to contact such persons as the Bank thinks fit to verify the correctness and completeness of any information furnished by the Company and authorises any such persons to release such information to the Bank.
7. In the event of a conflict arising between/pursuant to any of the terms set out in this mandate and any other mandate which is given in favour of any third party in relation to the account or accounts of the Company, the terms of this mandate shall prevail.
8. This mandate shall be governed by and construed in accordance with the laws of Saint Lucia and the Company irrevocably submits to the exclusive jurisdiction of the Courts of Saint Lucia.

Certified that the above Minutes were duly passed and entered into the Minute Book of the Company duly signed by the Chairman/Director and that the mandate and specimen signatures recorded on page 7 are correct.

We confirm that the personal details we have supplied are to the best of our knowledge true and correct as of this date.

We undertake to advise the Bank promptly of any changes in controlling interest.

We further confirm that the Company complies with all laws and reporting requirements imposed on it by any applicable jurisdiction in respect to this application for an account and any other accounts that the Company holds with the Bank.

Signature Chairman/ Director	Signature Director/ Secretary(seal)
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Name <input style="width: 90%;" type="text"/>	Name <input style="width: 90%;" type="text"/>
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Date <input style="width: 90%;" type="text"/>	day of _____ 20__
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The Signing Mandate

Type of transaction

Number of Signatory(ies) required

1. Withdrawal and payment of monies whether on demand or term deposit account(s). e.g. ANY TWO AUTHORISED SIGNATORIES	
2. Authorise payments causing accounts to be overdrawn. e.g. ANY TWO DIRECTORS	
3. Delivery or dealing with securities, investments, contracts, agreements and other undertakings. e.g. ANY ONE OFFICER AND ONE DIRECTOR	
4. Special instructions where Secured On-line Banking / Facsimile is in place. e.g. ON-LINE INSTRUCTIONS FROM ANY ONE AUTHORISED SIGNATORY, FACSIMILE VERIFIED BY ANY ONE DIRECTOR	
5. All other business. e.g. ANY ONE DIRECTOR	

List of Authorised Signatories

Full names of all Authorised Signatories (BLOCK CAPITALS)

Specimen Signatures

Name		
Position		
Name		
Position		
Name		
Position		
Name		
Position		
Name		
Position		
Name		
Position		

Signature
Chairman/
Director

Signature
Director/
Secretary(seal)

Name

Name

Date _____ day of _____ 20__

Indemnity in respect of instructions given by Secure On-line Banking / Facsimile

If you do not intend to give instructions to the Bank by Secure On-line Banking or Facsimile please cross through and initial the following section:

You are requested to rely upon and are hereby authorised to act upon any communication, whether by way of Secure On-line Banking or facsimile transmission given by or purportedly given by the company to you to operate the Mandate ("Unauthenticated Instructions").

In consideration of you agreeing to act upon the request and authority set out in the preceding paragraph the Company hereby:

- i. waives all and any claims that the Company might otherwise have had against you on account of your not having acted or having acted or having acted negligently or mistakenly in accordance with the Company's Unauthenticated Instructions;
- ii. authorises you to debit any account in the Company's name with such sum as shall have been authorised by the Company's Unauthenticated Instructions;
- iii. indemnifies and keeps you indemnified against all actions, claims, costs, demand, damages, expenses, losses and liabilities incurred or sustained by you of whatsoever nature or howsoever arising which may be brought against you either solely, jointly or with others by way of third party actions or otherwise, or that you may suffer, incur or sustain as a result of you not having acted or having acted or having acted negligently or mistakenly in accordance with the Company's Unauthenticated Instructions;

It is further agreed by the Company that Unauthenticated Instructions

- a. shall not alter any terms of the Mandate; and
- b. shall be regarded as a request to you and not an obligation upon you to act in any manner whatsoever;

It is further agreed that the Waiver and Indemnity given hereby shall be governed by the laws of Saint Lucia and that the Courts of Saint Lucia shall have exclusive jurisdiction over us.

Signature Chairman/ Director	Signature Director/ Secretary(seal)
Name	<input type="text"/>	Name	<input type="text"/>
Date	<input type="text"/> day of		20__