

Account Application Form - Personal

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

Name of Account

	<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

Personal details*Primary applicant*Title Family name Given name(s) Nationality Date of birth If holding dual or multiple nationalities, please provide details Current permanent residential address

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

Period at previous address Office Telephone no. Home no. Mobile no. Fax no. E-mail address Gov't-issued Photo Identification
Passport
Driving Permit
Identity Card
No. Expiry date Password phrase (for telephone identification)

Primary bank detailsAccount Name Account no. Bank name Address

Introduced by

Personal details If additional applicants to be included please photocopy this form as necessary.

Joint applicant (if applicable)

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"/>		
	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"/>		
	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	Passport <input type="checkbox"/>	<input type="text" value="No."/>	Expiry date <input type="text" value="dd / mm / yr"/>
	Driving Permit <input type="checkbox"/>		
	Identity Card <input type="checkbox"/>		
Password phrase (for telephone identification)	<input type="text"/>		

Primary bank details

Account Name	<input type="text"/>	Account no.	<input type="text"/>
Bank name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Country		

Source of Wealth details If additional applicants to be included please photocopy this form as necessary.

Principal Profession

Primary applicant

Name of employer or business			
Address			
	Country		
Nature of Business			
Position Held			
Period in position	to	Employer Telephone no.	

Other Income Activity

Name of employer or business			
Address			
	Country		
Nature of Business			
Position Held			
Period in position	to	Business Telephone no.	

Principal Profession

Joint applicant (if applicable)

Name of employer or business			
Address			
	Country		
Nature of Business			
Position Held			
Period in position	to	Employer Telephone no.	

Other Income Activity

Name of employer or business			
Address			
	Country		
Nature of Business			
Position Held			
Period in position	to	Business Telephone no.	

Account Activity – Please provide detailed answers

Type of transactions to flow through the bank account

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

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).....

Opening deposit – Please ensure that this section is fully completed

Amount

	Minimum US\$5,000.00 (or currency equivalent)
--	---

Source of funds

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 APPLICANT**:

One certified* copy as verification of identity, e.g. passport, driving licence, identity card.

Reference^ letter addressed to Bank (no more than 6 months old)

One certified* copy as verification of residential address, e.g. current utility bill, government-issued ID.

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.

All account holders will sign as follows: (Please print name in BLOCK CAPITALS)

Full name	<input type="text"/>	Full name	<input type="text"/>
Specimen signature	<input type="text"/>	Specimen signature	<input type="text"/>
Full name	<input type="text"/>	Full name	<input type="text"/>
Specimen signature	<input type="text"/>	Specimen signature	<input type="text"/>

Joint Signatories Mandate (if applicable)

We hereby authorise the Bank:

- To honour the written instructions and signature(s) of **Any / All / Either / Both/ Special Instructions** _____ * on the Account and debit the Account with the amounts of all cheques, bills and orders for payments so signed whether the Account be in credit or overdrawn or become(s) overdrawn in consequence. We will be jointly and severally responsible for the repayment of any overdraft with interest.
 - To credit the Account with all amounts received or collected by you for our credit or for the credit of any one or more of us.
 - To accept and act upon written instructions for the purchase, sale or delivery of, or other dealing with any securities, bills, coupons, documents, boxes, packages and their contents and other items ('Property') held at any time for us jointly, and the opening of any further Account in our joint names provided such instructions are signed by **Any / All / Either / Both/ Special Instructions** _____ * of us without any further enquiry.
- ^ Subject to any right, mortgages, lien or claim you may have, on the death of any of us to hold the balance of the Account and all property held for us jointly to the order of the survivor or all of the survivors of us or to the order of the Personal Representative(s) of the last survivor. In the event of the death of the first of us, the balance of our joint account shall pass to the survivor(s) of us and we authorize you to accept the signature of such survivor(s) or any instruction such survivor(s) give(s) you concerning our account. We agree that we shall be liable to you jointly or severally for all amounts due to you now or in the future on the Account.

These instructions supersedes all instructions concerning any existing Account(s) in my/our name(s) and shall continue in force until revoked by written notice.

* Please delete and initial as appropriate

^ Please delete when "right of survivorship" is not desired

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

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

Date day of 20__

Account Operating Declaration

I/We agree that if there is any change in name, address or any other information provided to you, I/we will immediately inform the Bank of any change. I/We will ensure that all necessary authorisation, consents and licenses will be obtained prior to my/our signing or executing any Bank forms or documentation or entering into any transaction with Bank of Saint Lucia International Limited ("the Bank").

I/We agree to provide to the Bank on request such information regarding my/our affairs as the Bank may require from time to time. I/We authorise the Bank to contact such persons as the Bank thinks fit to verify the correctness and completeness of any information furnished by me/us and I/we agree to procure the consent, approval or agreement from any such person to release such information to the Bank as may be requested from time to time.

I/We understand and agree that the Bank may amend any of the terms and conditions of this mandate on giving one month's notice to me/us if and when it is necessary or appropriate to do so and that I/we shall be bound by the Bank's General Terms and Conditions as amended from time to time.

I/We understand and agree that the Bank may refuse to open an Account or accept a deposit without giving any reason whatsoever. I/We also understand and agree that the Bank may require the Account to be closed at any time without giving a reason.

I/We agree that I/we shall be liable to the Bank jointly and severally for all amounts due to the Bank now or in the future on the Account. In addition to any other right of set-off to which the Bank may be entitled, the Bank may at any time without notice to me/us, set-off any sum standing to the credit of any Account to reduce or discharge liabilities to the Bank.

In the event of a conflict arising between and/or 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, the terms of this mandate shall prevail.

I/We understand and agree that the terms and conditions of, and the rights and obligations from or under this mandate are governed by and will be construed in accordance with the laws of Saint Lucia. I/We agree to submit to the exclusive jurisdiction of the Courts of Saint Lucia.

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

I/We further confirm that I/we comply with all laws and reporting requirements imposed on me/us by any applicable jurisdiction in respect to this proposed account and any other accounts that I/we hold with the Bank.

I/We confirm having received and understand the Bank's General Terms and Conditions.

Signature Signature
Name Name

Signature Signature
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 me/us 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 I/we hereby:

- i. waive all and any claims that I/we 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 my/our Unauthenticated Instructions;
- ii. authorise you to debit any account in my/our name with such sum as shall have been authorised by my/our Unauthenticated Instructions;
- iii. indemnify and keep 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 my/our Unauthenticated Instructions;

It is further agreed by me/us 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 Signature
Name Name

Signature Signature
Name Name
Date day of 20__