



CUSTOMER INFORMATION FORM - BUSINESS

OFFICIAL USE ONLY	
CIF #:	
Date opened:	
Branch:	

Please review the information below and indicate correctness and acceptance by signing in the space(s) provided below.

* Denotes required information

A. BUSINESS DETAILS

INCORPORATED

*Business Type: REGISTERED

*Business Name: _____

Registration #: _____ * Date of Incorporation/Registration: _____

*Country of Incorporation/Registration: _____ Type of shares issued: ISSUED REGISTERED

B. BUSINESS CONTACT DETAILS

*Contact Numbers: Fixed 1: _____ Fixed 2: _____ Mobile: _____ Fax#: _____

E-mail address: _____ Website: _____

C. BUSINESS ADDRESS DETAILS

Registered Address:

Address Line 1: _____ Address Line 2: _____

Country: _____ Zip Code: _____

Business Address: SAME AS REGISTERED ADDRESS (Select if applicable) **Mailing Address:** SAME AS REGISTERED ADDRESS (Select if applicable)

Address Line 1: _____ Address Line 1: _____

Address Line 2: _____ Address Line 2: _____

Country: _____ Country: _____

Zip Code: _____ Zip Code: _____

D. MARKETING DETAILS

*Preferred method(s) of contact during your relationship with us: E-MAIL FAX POST (MAIL) TELEPHONE

To assist us in our market research, please indicate where/how you were first introduced to Bank of Saint Lucia Limited:

BILLBOARD E-BLAST MAGAZINE NEWSPAPER RADIO REFERRAL SOCIAL MEDIA TV Ad WEB BANNER WEBSITE OTHER

E. UNITED STATES (U.S) STATUS DECLARATION

If you are a United States of America (US) National, Green Card Holder, or Resident Alien, please provide GIIN/TIN:

*Do you hold a Power of Attorney for an account in the United States of America? YES NO

If your response to the preceding is 'Yes', please state the accountholder's name: _____

*Do you have a standing order to an account held in the United States of America? YES NO

E.1 PRIMARY BANK DETAILS

Name on Account: _____ Account #: _____

Bank Name: _____ City: _____

Address Line 1: _____ Zip Code: _____

Address Line 2: _____ Country: _____

F. CONTROLLING INTERESTS DETAILS (Please *omit* this section if you are a **Registered** entity)

1. Please list the names of all persons who have **10%** and **greater** controlling interest in the business and the amount (%) of that interest in **F.1** below. Additionally, we reserve the right to ask for details of other persons, if there are more than **two (2)** controlling persons.
 2. Please list the names of all **directors** in **F.2** below.
 3. Please list the names of all **secretaries** in **F.3** below.
 4. Please list the names of all **authorized signatories** in **F.4** below.
 5. Additionally, please fill-in a **Customer Information Form (CIF)** for each **controlling person, director, secretary, and authorized signatory** listed below. Where any person listed below holds multiple positions, only **one (1)** CIF is required. For example, if John Customer has a 15% controlling interest, is a director, and an authorized signatory, then one CIF is required.
-

F.1 CONTROLLING PERSONS (10% & ABOVE) DETAILS

Name 1: _____ Interest: _____ % Name2: _____ Interest: _____ %
Name 3: _____ Interest: _____ % Name4: _____ Interest: _____ %
Name 5: _____ Interest: _____ % Name6: _____ Interest: _____ %
Name 7: _____ Interest: _____ % Name8: _____ Interest: _____ %
Name 9: _____ Interest: _____ % Name10: _____ Interest: _____ %

Is any person mentioned above a controlling person via a **Nominee Agreement** (or similar agreement)? No Yes.

If your answer to the preceding is 'Yes', please provide the **Agreement** and a **Customer Information (CIF) Form** for each controlling person represented by the nominee.

F.2 DIRECTOR DETAILS

Director(s) Name(s): _____

F.3 SECRETARY DETAILS

Secretary(ies) Name(s): _____

F.4 AUTHORISED SIGNATORY DETAILS

Authorised Signatory(ies): _____

G. AGREEMENT

The rights and obligations of the parties inclusive of this account application and corresponding accounts shall be governed by and construed in accordance with the laws of Saint Lucia.

I/we hereby certify that the information provided above is true, accurate and complete and I/we have read, understood and by my/our signature/s hereunder agree to be bound by the General Terms & Agreement and Mandates for each of my/our accounts held with Bank of Saint Lucia Limited.

_____	_____	_____
Authorised Applicant Name	Applicant Signature	Date (mmmm/dd/yyyy)
_____	_____	_____
Authorised Applicant Name	Applicant Signature	Date (mmmm/dd/yyyy)
_____	_____	_____
Authorised Applicant Name	Applicant Signature	Date (mmmm/dd/yyyy)
_____	_____	_____
Authorised Applicant Name	Applicant Signature	Date (mmmm/dd/yyyy)
_____	_____	_____
Authorised Applicant Name	Applicant Signature	Date (mmmm/dd/yyyy)
_____	_____	_____
Authorised Applicant Name	Applicant Signature	Date (mmmm/dd/yyyy)
_____	_____	_____
Witness	Signature	Date (mmmm/dd/yyyy)

BANK USE ONLY

Loaded by:	_____	_____	_____	_____
	Initial	Name:	Signature:	(mmmm/dd/yyyy)
Verified by:	_____	_____	_____	_____
	Initial	Name:	Signature:	(mmmm/dd/yyyy)
Checked by:	_____	_____	_____	_____
	Initial	Name:	Signature:	(mmmm/dd/yyyy)
Approved by:	_____	_____	_____	_____
	Initial	Name:	Signature:	(mmmm/dd/yyyy)