

OFFICIAL USE ONLY	
CIF/PIF #:	
Acct #:	
Date opened:	
Branch:	

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

\* Denotes required information.

Account type:  CURRENT ACCT  PETIT CHEQUING  SCS-24  USD/CFC  OTHER

Accounts are operated in **EC Dollars** unless otherwise approved.

**A. PRIMARY ACCOUNT HOLDER PERSONAL DETAILS** (Please fill-in this section if you are an *Individual* or a *Registered* entity)

BR  DAME  DR  FR  LADY  MISS  MR

\*Title:  MRS  MS  MSG  PROF  REV  SIR  SR

\*First, Middle Name(s): \_\_\_\_\_

\*Surname: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_ \*Social Sec. #: \_\_\_\_\_

(mmm/dd/yyyy)

**A.1 ENTITY DETAILS** (Please fill-in this section if you are an *Incorporated* or a *Registered* entity)

\*Entity Name: \_\_\_\_\_

Registration #: \_\_\_\_\_ \*Date of Incorporation/Registration: \_\_\_\_\_

(mmm/dd/yyyy)

\*Country of Incorporation/Registration: \_\_\_\_\_

Type of shares issued:  ISSUED  REGISTERED

**B. PRIMARY ACCOUNT HOLDER CONTACT INFORMATION**

\*Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

**C. PRIMARY ACCOUNT HOLDER ADDRESS DETAILS**

\* Physical Address:

\*Mailing Address:  SAME AS PHYSICAL ADDRESS (Select if applicable)

Address Line 1: \_\_\_\_\_ Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

Country: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**D. JOINT ACCOUNT DETAILS** (Please fill-in this section if applicable and you are an *Individual* or a *Registered* entity)

\*First Name, Middle Name(s), Surname \_\_\_\_\_ \*D.O.B. (month/day/year) \_\_\_\_\_ \*CIF# \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**E. ACCOUNT PROFILE**

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\* Rate: \_\_\_\_\_ \*Number of Signatories Required: \_\_\_\_\_

**Overdraft Facility:** Limit Amount: \_\_\_\_\_ Rate: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

(mmm/dd/yyyy)

**F. SOURCE OF FUNDS**

The information in this section enables us to better understand the transactions passing through your account. If the information provided is not clear and is not consistent with other information provided we may have to ask for your clarification. This may delay the processing of your application and transactions.

\*Purpose of Account:  DAY TO DAY EXPENSES  SALARY  DIVIDEND PAYMENTS  STANDING ORDERS  INVESTMENT  SAVINGS  PAYMENT TO SUPPLIERS  OTHER

\*Original Deposit Amount: \_\_\_\_\_

\*Source of Original Deposit:  ACCUMULATED SAVINGS  CONSULTANCY FEES  DIVIDENDS  INHERITANCE  INVESTMENT RETURNS  LOAN PROCEEDS  SALARY/BONUS  
 SALE OF PROPERTY (LAND, VEHICLE, ETC.)  OTHER

Sending Bank: \_\_\_\_\_

\*Source of Funds for continued funding of account:  ACCUMULATED SAVINGS  CONSULTANCY FEES  DIVIDENDS  INHERITANCE  INVESTMENT RETURNS  
 LOAN PROCEEDS  SALARY/BONUS  SALE OF PROPERTY (LAND, VEHICLE, ETC.)  OTHER

\*Please indicate the expected methods of payment on the account:  CASH  CHEQUE  WIRE TRANSFER  DRAFTS  OTHER:

**G. ACCOUNT EXPECTED ACTIVITY**

\*Average Monthly Balance:  < \$25,000.00  \$25,000.00-\$99,999.99  \$100,000.00+

Transaction	Monthly Deposits		Monthly Withdrawals	
	Amount	Count	Amount	Count
*Cash:	<input type="checkbox"/> < \$25K <input type="checkbox"/> \$25K-\$99,999.99 <input type="checkbox"/> \$100K+	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 40+	<input type="checkbox"/> < \$25K <input type="checkbox"/> \$25K-\$99,999.99 <input type="checkbox"/> \$100K+	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 40+
*Wires:	<input type="checkbox"/> < \$25K <input type="checkbox"/> \$25K-\$99,999.99 <input type="checkbox"/> \$100K+	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 40+	<input type="checkbox"/> < \$25K <input type="checkbox"/> \$25K-\$99,999.99 <input type="checkbox"/> \$100K+	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 40+
*Internal Transfers:	<input type="checkbox"/> < \$25K <input type="checkbox"/> \$25K-\$99,999.99 <input type="checkbox"/> \$100K+	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 40+	<input type="checkbox"/> < \$25K <input type="checkbox"/> \$25K-\$99,999.99 <input type="checkbox"/> \$100K+	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 40+
*Cheques:	<input type="checkbox"/> < \$25K <input type="checkbox"/> \$25K-\$99,999.99 <input type="checkbox"/> \$100K+	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 40+	<input type="checkbox"/> < \$25K <input type="checkbox"/> \$25K-\$99,999.99 <input type="checkbox"/> \$100K+	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 40+
*ATM:	<input type="checkbox"/> < \$25K <input type="checkbox"/> \$25K-\$99,999.99 <input type="checkbox"/> \$100K+	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 40+	<input type="checkbox"/> < \$25K <input type="checkbox"/> \$25K-\$99,999.99 <input type="checkbox"/> \$100K+	<input type="checkbox"/> 1-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 40+

**Cash Management:**

High Balance Amt: \_\_\_\_\_ Transfer to Type: \_\_\_\_\_ Transfer to Account: \_\_\_\_\_

Low balance Amt: \_\_\_\_\_ Transfer from type: \_\_\_\_\_ Account to transfer from: \_\_\_\_\_

**H. AGREEMENTS AND DECLARATIONS**

**To Bank of Saint Lucia (The Bank)**

I/We agree to open this account at The Bank in **my/our** name. All monies deposited in this account from time to time, and the interest thereon must be paid upon:

- My** signature and in the case of my death, to my estate.
- Our** signature, and in the case of our death, to our estate.
- Either** signature, and in the case of either death, on the signature of the survivors.

I/We hereby agree that any cheque or orders for payments of money payable to **me/either of the undersigned** may be deposited to the **individual/joint** account conducted with The Bank in **my/our** names.

I/We hereby agree that should this account become inactive/dormant with a balance below the minimum as specified by the bank from time to time, the account may be closed at the discretion of the Bank, without further notice. Where an inactive/dormant reminder notice is issued for this account, the Bank may levy a fee for issuing such notice.

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** governing this account held with Bank of Saint Lucia Limited.

(Signature Specimen for **DDA Acct Number:** \_\_\_\_\_ )

_____ Signatory 1 (Full Name)	_____ Signature	_____ Date (mmmm/dd/yyyy)
_____ Signatory 2 (Full Name)	_____ Signature	_____ Date (mmmm/dd/yyyy)
_____ Signatory 3 (Full Name)	_____ Signature	_____ Date (mmmm/dd/yyyy)
_____ Signatory 4 (Full Name)	_____ Signature	_____ Date (mmmm/dd/yyyy)
_____ Signatory 5 (Full Name)	_____ Signature	_____ Date (mmmm/dd/yyyy)
_____ Signatory 6 (Full Name)	_____ Signature	_____ Date (mmmm/dd/yyyy)
_____ Witness Name	_____ Witness Signature	_____ Date (mmmm/dd/yyyy)

**BANK USE ONLY**

Loaded by:	_____ Name:	_____ Signature:	_____ (mmmm/dd/yyyy)
Authorised by	_____ Name:	_____ Signature:	_____ (mmmm/dd/yyyy)
Verified by:	_____ Name:	_____ Signature:	_____ (mmmm/dd/yyyy)