

**APPLICANT INFORMATION**

**Primary Applicant**

Title	First Name	Last Name
Permanent Residence		City Country
Nationality	at birth (if different)	Date of Birth (dd/mm/yy)
Passport No.	Country of Issue	Email
Home No. ( ) -		Mobile No. ( ) -
Work No. ( ) -		Fax No. ( ) -

**Joint Applicant (if applicable)**

Title	First Name	Last Name
Permanent Residence		City Country
Nationality		Date of Birth (dd/mm/yy)
Passport No.	Country of Issue	Email
Home No. ( ) -		Mobile No. ( ) -
Work No. ( ) -		Fax No. ( ) -

**TYPE OF ACCOUNT**

Current Account Minimum US\$1,000 required. Unless otherwise instructed, statements are mailed automatically at the end of each month. Chequebook will be supplied upon request.

Term Deposit Account Minimum US\$10,000 required. Interest payable on maturity of deposit. Unless advised to the contrary, interest will be added to the account and the account rolled over for a further term. Please note you need a current account to open a term deposit.

Other Instructions: \_\_\_\_\_

Other

**PURPOSE OF ACCOUNT**  
 We are obliged by law to monitor your account and therefore need to have an understanding of your source of funds, and source or regular deposit (e.g. salary) and how you expect the account to run. We appreciate that your circumstances may change in the future, however, an idea of the expected annual turnover is required from the outset.

**SOURCE OF INITIAL DEPOSIT, SOURCE OF MONTHLY DEPOSIT AND INTENDED USE OF ACCOUNT FUNDS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEPOSITS / WITHDRAWALS**

Amount of Initial Deposit	US \$
Estimated Monthly Deposits to Account	US \$
Estimated Monthly Withdrawals from Account	US \$

**NOTE:** Clients opening new accounts are requested to provide the Bank with the above information concerning the expected operation of the account. The Bank reserves the right to request further information if activities on the account differ considerably from those anticipated.

**INSTRUCTION SCHEDULE**

Primary Applicant	Joint Applicant
Usual Signature	Usual Signature
Print Name:	Print Name:
Date (dd/mm/yy):	Date (dd/mm/yy):

**Signature Authority** (joint account holders only)

The signature card (Form 1791) attached hereto with the above signatures thereon shall be deemed to be incorporated with and form a part of this Instruction Schedule

Any one signature required to operate the account  All account holder signatures required to operate the account

Other (please specify) : \_\_\_\_\_

**INDEMNITY**  
 In respect of any account held by me/us with the Bank, in consideration of your agreeing to accept telephone/telex/facsimile/email/internet instructions from myself/ourselves with the Personal Identification Code (PIC) of \_\_\_\_\_ and acting on such instructions I/we hereby covenant and undertake:

a) That you shall be entitled to debit our account with the amount of any payments you make in respect of having accepted such instructions,  
 b) That I/we shall, on demand, provide sufficient funds to meet all payments under such instructions, and  
 c) That I/we shall indemnify, hold harmless and defend you and each of your respective officers, directors, employees, representatives and agents from and against all claims, demands, actions, suits, proceedings, writs, judgments, orders and decrees brought, made or rendered against you or any or all of them and all damages, losses and expenses (including reasonable attorneys' fees) that you or any or all of them may suffer, incur or sustain by reason or on account of you having accepted such instructions.

- ACCOUNT OPENING CHECKLIST**  
 Please ensure that you complete all sections of the application form and attach the following documentation whether you are an existing customer or not.
- 1 - Notarized copy of Passport
  - 2 - Bank References for each applicant from a bank having in excess of two years' banking relationship with said persons.
  - 3 - Proof of Address - Original utility bill showing address of each applicant.
  - 4 - Due Diligence Authorization Form for each applicant duly signed.
  - 5 - Signature Card - The signature card must be signed in the same manner as in the Instruction Schedule above and notarized if not signed in the presence of a Bank Office

I(We) hereby request and authorize you to open a deposit account in my/our above name(s). I(We) have read and understood the Bank's Standard Terms & Conditions governing the operation of accounts, which may be amended from time to time, and agree to be bound by them. I(We) certify the accuracy of the statements given and authorize you to make any enquiries which you may consider necessary for confirmation of such statements and that we will notify the Bank in a timely manner in writing concerning any material change to such disclosure, information or representation.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Primary Applicant Date Joint Applicant Date



**Due Diligence Authorization Form**

Governor's Road / P.O. Box 270  
Providenciales, Turks & Caicos Islands  
Tel: (649) 941-5028  
Fax: (649) 941-5029

Applicant Information		
First Name	Last Name	
Permanent Residence	Office Address	
Nationality:	at birth (if different)	Country of Residence
Home No. ( ) -	Mobile No. ( ) -	
Work No. ( ) -	Fax No. ( ) -	
Passport No.	Country of Issue	Exp Date
Authorization		
I hereby authorize and grant consent to the disclosure and/or delivery of any information or report in relation to the undersigned by any person or source on the request by British Caribbean Bank Limited and/or any of its servants or agents in their sole and absolute discretion for due diligence purposes in the establishing or maintaining of a banker customer relationship with the undersigned.		
Dated the _____ day of _____ 20_____		<u>  X  </u>

**NOTE:** Each Applicant must complete and sign a separate Due Diligence Authorization Form.

**STEP 1 - CUSTOMER IDENTIFICATION**

Name		
Email Address		
Passport No.	Expiry Date	Issued Contry
Date of Birth	Place of Birth	

**STEP 2 - ENTER A USERNAME FOR AUTHORISED AGENT TO ACCESS BRITISH CARIBBEAN BANK'S ONLINE SERVICE**

Username	<input type="text"/>
Alternate Username <small>(in case above username is already in use)</small>	<input type="text"/>

**STEP 3 - PROVIDE THE FOLLOWING MEMORABLE WORD & HINT**

\*The memorable word you specify will be requested when your first log on, to authenticate your identity. Your memorable word will also be requested should you forget your password any time and need to reset it. Your hint will be provided to you if you ever forget your memorable word. Note: Answers must be between 8 and 20 characters

Memorable word	<input type="text"/>
Hint <small>(should relate to memorable word)</small>	<input type="text"/>

**STEP 4 - LIST ALL ACCOUNTS YOUR COMPANY WOULD LIKE AVAILABLE ONLINE TO AUTHORISED AGENT**

Account Number:	Account Type (please check one):			
1	<input type="checkbox"/> Current	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Loan	<input type="checkbox"/> Term Deposit
2	<input type="checkbox"/> Current	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Loan	<input type="checkbox"/> Term Deposit
3	<input type="checkbox"/> Current	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Loan	<input type="checkbox"/> Term Deposit
4	<input type="checkbox"/> Current	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Loan	<input type="checkbox"/> Term Deposit
5	<input type="checkbox"/> Current	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Loan	<input type="checkbox"/> Term Deposit

**STEP 5 - SIGNATURE**

I certify that the information above is true and accurate and that I have read and agree to the terms and conditions in the British Caribbean Bank Limited's Online Banking access agreement.

X		
Print Name of Applicant	Signature	Date (dd/mm/yy)

NOTE: Authorised Agent will receive email notification of their username and password when the specified account(s) has/have been registered in our system, so please confirm the correct email address in Step 1. Once your Authorised Agent receives this notification, they simply log on with their Username and Password to British Caribbean Bank Online. For additional security, the next screen, after they log on for the first time, will ask them to change their password, provide their Memorable Word (Step 3 above) and their ID number (Step 1 above).

*For Official Use Only*

Approved By:	X	Date
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