

Application Date (DD/MM/YY): _____

1. TYPE OF ACCOUNT

<input type="checkbox"/> Chequing Account	Minimum US\$1,000 required. Unless otherwise instructed, statements are mailed automatically at the end of each month.
<input type="checkbox"/> Term Deposit Account	Minimum US\$25,000 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 that you need a current account to open a term deposit.
Currency:	<input type="checkbox"/> USD <input type="checkbox"/> EURO <input type="checkbox"/> CAD <input type="checkbox"/> GBP/STG

2. PRODUCT & BANKING SERVICES

Select Product & Banking Services you would like to receive:

<input type="checkbox"/> VISA Debit Card	<input type="checkbox"/> Online Banking	<input type="checkbox"/> VISA Prepaid Card	<input type="checkbox"/> Term Deposit
<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Cheque Books	<input type="checkbox"/> Standing Order	<input type="checkbox"/> Wire Transfers

3. APPLICANT INFORMATION

APPLICANT

Title:	First Name:	Middle Name:	Last Name:
Permanent Address:		City:	
State/District:		Country:	Zip/Postal Code:
Mailing Address:		City:	
State/District:		Country:	Zip/Postal Code:
Email Address:		Date of Birth (DD/MM/YY):	
Home Number: () -		Mobile: () -	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth:		Country of Residence:	
Are you a US Person/Taxpayer? <input type="checkbox"/> Yes <input type="checkbox"/> No		TIN:	
Do you have Multiple Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No		If 'Yes', List Countries:	

Identification - One Photo ID Required

Social Security No.:	Country of Issue:	Exp Date (DD/MM/YY): / /
Passport No.:	Country of Issue:	Exp Date (DD/MM/YY): / /

Employment Information

Occupation/Trade:	Employer's Name:		
Employer's Address:	City:		
State/District:	Country:	Zip/Postal Code:	
Annual Salary:	<input type="checkbox"/> \$0 to \$20,000 <input type="checkbox"/> \$20,001 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 & Over		
Work Number: () -	Fax Number: () -		
Employed Since:	If Retired, Pension received from:		

Source of Funds

I DECLARE THAT THE SOURCE OF FUNDS FOR THIS ACCOUNT WILL ORIGINATE FROM:

<input type="checkbox"/> Salary/Bonus	<input type="checkbox"/> Pension Receipt	<input type="checkbox"/> Dividend	<input type="checkbox"/> Receipts from Trade
<input type="checkbox"/> Other: _____			

Financial Information

Estimated Amount of Total Assets:	<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$200,000 <input type="checkbox"/> \$200,001 to \$300,000 <input type="checkbox"/> \$300,001 & Over			
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Explain Source of Assets:
Over what Period Obtained:

JOINT APPLICANT 1 (if applicable)

Title:	First Name:	Middle Name:	Last Name:
Permanent Address:		City:	
State/District:		Country:	Zip/Postal Code:
Email Address:		Date of Birth (DD/MM/YY):	
Home Number: () -		Mobile: () -	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth:		Country of Residence:	
Are you a US Person/Taxpayer? <input type="checkbox"/> Yes <input type="checkbox"/> No		TIN:	
Do you have Multiple Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No		If 'Yes', List Countries:	

Relationship to Applicant:

Identification - One Photo ID Required			
Social Security No.:		Country of Issue:	Exp Date (DD/MM/YY): / /
Passport No.:		Country of Issue:	Exp Date (DD/MM/YY): / /
Employment Information			
Occupation/Trade:		Employer's Name:	
Employer's Address:		City:	
State/District:		Country:	Zip/Postal Code:
Annual Salary: <input type="checkbox"/> \$0 to \$20,000 <input type="checkbox"/> \$20,001 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 & Over			
Work Number: () -		Fax Number: () -	
Employed Since:		If Retired, Pension received from:	
Source of Funds			
I DECLARE THAT THE SOURCE OF FUNDS FOR THIS ACCOUNT WILL ORIGINATE FROM:			
<input type="checkbox"/> Salary/Bonus <input type="checkbox"/> Pension Receipt <input type="checkbox"/> Dividend <input type="checkbox"/> Receipts from Trade <input type="checkbox"/> Other: _____			
Financial Information			
Estimated Amount of Total Assets: <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$200,000 <input type="checkbox"/> \$200,001 to \$300,000 <input type="checkbox"/> \$300,001 & Over			
Explain Source of Assets:			
Over what Period Obtained:			
JOINT APPLICANT 2 (if applicable)			
Title:	First Name:	Middle Name:	Last Name:
Permanent Address:		City:	
State/District:		Country:	Zip/Postal Code:
Email Address:		Date of Birth (DD/MM/YY):	
Home Number: () -		Mobile: () -	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Birth:		Country of Residence:	
Are you a US Person/Taxpayer? <input type="checkbox"/> Yes <input type="checkbox"/> No		TIN:	
Do you have Multiple Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No		If 'Yes', List Countries:	
Relationship to Applicant:			
Identification - One Photo ID Required			
Social Security No.:		Country of Issue:	Exp Date (DD/MM/YY): / /
Passport No.:		Country of Issue:	Exp Date (DD/MM/YY): / /
Employment Information			
Occupation/Trade:		Employer's Name:	
Employer's Address:		City:	
State/District:		Country:	Zip/Postal Code:
Annual Salary: <input type="checkbox"/> \$0 to \$20,000 <input type="checkbox"/> \$20,001 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 & Over			
Work Number: () -		Fax Number: () -	
Employed Since:		If Retired, Pension received from:	
Source of Funds			
I DECLARE THAT THE SOURCE OF FUNDS FOR THIS ACCOUNT WILL ORIGINATE FROM:			
<input type="checkbox"/> Salary/Bonus <input type="checkbox"/> Pension Receipt <input type="checkbox"/> Dividend <input type="checkbox"/> Receipts from Trade <input type="checkbox"/> Other: _____			
Financial Information			
Estimated Amount of Total Assets: <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$200,000 <input type="checkbox"/> \$200,001 to \$300,000 <input type="checkbox"/> \$300,001 & Over			
Explain Source of Assets:			
Over what Period Obtained:			

4. ACCOUNT INFORMATION

We are obliged by law to monitor your account and therefore need to have an understanding of how you expect the account to run. Please therefore answer the following questions. We appreciate that your circumstances may change in the future, however an idea of the trading activities, usage of account, and expected annual turnover is required from the outset.

INTENDED USE OF ACCOUNT FUNDS

ANTICIPATED ACCOUNT ACTIVITY

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

5. INDEMNITY

In respect of any account held by me/us with the Bank, in consideration of your agreeing to accept telephone/telex/fascimile/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.

I/We further agree and declare that any electronic record in respect of such instructions as defined under the Electronic Evidence Act shall be admissible in a court of law and that I/we have procured independent legal advice and/or otherwise have been represented by an attorney-at-law in this regard.

6. ACCOUNT OPENING CHECKLIST

Please ensure that you have completed all sections of the application form and attached the following documentation whether you are an existing customer or not. Proof of identity and proof of address is required for all account holders. If you fax a copy of your application, you must also provide us with the original by post and copies of any ID's listed above must be included.

- 1 - Notarised copy of Passport
- 2 - Bank References for each of applicant from a bank having in excess of two years' banking relationship with said persons.
- 3 - Professional Reference for each of the said beneficial owners and authorized owners and authorized signators from an accountant or attorney.
- 4 - Proof of Address - Copy of utility bill showing address of each applicant.
- 5 - Due Diligence Authorisation Form for each applicant duly signed.
- 6 - Signature Card - The signature card (Form 1791) attached hereto must be signed in the same manner as in the Instruction Schedule above and notarised if not signed in the presence of a Bank Official.

7. DECLARATION

I(We) hereby request and authorise you to open a deposit account in my/our above name(s). In pursuance thereof, I(we) hereby declare that the I/we am/are not a resident of Belize as defined under the International Banking Act*. I(We) have read and understood the Standard Terms & Conditions governing the account, 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 authorise 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:

_____	_____	_____
Applicant	Joint Applicant	Joint Applicant
_____	_____	_____
Date (DD/MM/YY)	Date (DD/MM/YY)	Date (DD/MM/YY)

A "resident" of Belize means:

- a) A person ordinarily resident in Belize, irrespective of nationality, or a person who engages in a trade or business in Belize; Provided that an Exporting Processing Zone Developer or an Export Processing Zone Business established under the Export Processing Zone Act, or a Commercial Free Zone Developer or a Commercial Free Zone Business established under the Commercial Free Zone Act, may conduct banking business with a licensee so, however, that a licensee shall not provide loans or advances to any of the said entities above the amount of one million dollars from a single borrower or a group of related borrowers without the prior written approval of the Central Bank; or
- b) Any incorporated or other body, wherever incorporated, formed or organized, that is controlled by a person described in (a) above; or
- c) Any company incorporated under the International Business Companies Act (other than a Public Investment Company) that holds or owns shares, debt obligations or other securities in a company incorporated under the Companies Act, or has any of its shares, debt obligations or other securities beneficially owned or held by any person or company resident in Belize.

For Official Use Only:

BRANCH	PRODUCT	SUB PRO	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant CLIENT ID: _____

Joint Applicant 1 CLIENT ID: _____

Joint Applicant 2 CLIENT ID: _____

COMMENTS:

Application was obtained via: Direct Customer Contact Email Intermediary

Approved By:

X

Date (DD/MM/YY):