



# Bank of The Bahamas

## L I M I T E D

### NEW/EXISTING BUSINESS ACCOUNT AND SERVICES APPLICATION SUPPLEMENTAL FORM

*For Owners, Signatories, Directors, Officers and Shareholders*

Select the applicable title for all owners, signatories, directors, officers and shareholders and complete the information below for each individual.

<input type="checkbox"/> BENEFICIAL OWNER	<input type="checkbox"/> SIGNATORY	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> OFFICER	<input type="checkbox"/> SHAREHOLDER
ACCOUNT NAME:		ACCOUNT NUMBER:	CIF#	
		BRANCH NAME AND NUMBER:	CURRENCY: <input type="checkbox"/> BSD <input type="checkbox"/> USD	
<input type="checkbox"/> NEW CUSTOMER <input type="checkbox"/> EXISTING CUSTOMER		TYPE OF ACCOUNT: <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHEQUING		

#### A. PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME(S):

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  WIDOWED GENDER:  FEMALE  MALE

PERMANENT HOME ADDRESS: <i>(Incl Building/house#)</i>	MAILING ADDRESS:

TEL. (Home): ( ) ( ) - ( )	CONTACT IN CASE OF EMERGENCY: NAME: TEL: ( )
TEL. (Mobile) : ( ) ( ) - ( )	
TEL. (Work): ( ) ( ) - ( )	
TEL. (Work Mobile): ( ) ( ) - ( )	

PERSONAL EMAIL ADDRESS:	BUSINESS EMAIL ADDRESS:

DATE OF BIRTH: (DD/MM/YYYY)	COUNTRY OF BIRTH:	COUNTRY OF RESIDENCE:

NATIONALITY (List all of your nationalities/citizenships) PRIMARY NATIONALITY:	NATIONAL INSURANCE NUMBER:
OTHER:	

OCCUPATION: (Select one and complete the areas below)

SALARIED  SELF-EMPLOYED  STUDENT  UNEMPLOYED  RETIRED *(indicate retired profession)*

EMPLOYMENT INFORMATION

EMPLOYER NAMED: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

If Self-employed: What is the nature of the business?

(i) Other than the Bahamas, in which jurisdiction(s) are you conducting business?  
\_\_\_\_\_

(ii) What kind of services/products does the business provide? \_\_\_\_\_  
\_\_\_\_\_

**B. VERIFICATION OF IDENTITY:** Copies of the relevant pages of the documents presented are required. If no valid Bahamian passport is available, two forms of identification must be presented. They can be **TWO** items from 1B or one item from 1B and one from 1C. The documents must show the customer's full name, signature, date and place of birth and one must be a photo ID.

<b>1A</b>	<input type="checkbox"/> Bahamian Passport		
<b>1B</b>	<input type="checkbox"/> Certificate of Bahamian Citizenship <input type="checkbox"/> NIB Card with photo & signature <input type="checkbox"/> Resident Belonger Permit <input type="checkbox"/> Permanent Residence Permit	<input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Work Permit <input type="checkbox"/> Spousal Permit	<input type="checkbox"/> National ID Card (other) <input type="checkbox"/> Permit to Reside <input type="checkbox"/> Bahamian Driver's License
<b>1C</b>	<input type="checkbox"/> Letter from the Ministry of Education, an accredited trade school or institution or a suitable referee <input type="checkbox"/> Original or Official Copy of a Bahamian Birth Certificate <input type="checkbox"/> Bahamian Voter's Card <p><b>*Any other identification documents presented must approved by the Compliance Department.</b></p>	<input type="checkbox"/> Employee ID – photo & signature <input type="checkbox"/> Mortgage or other security document (original or certified copy) with name and residential address <input type="checkbox"/> Passport issued by other jurisdiction	<input type="checkbox"/> Bahamas Government Tax Assessment Certificate <input type="checkbox"/> Permanent Residence Permit <input type="checkbox"/> Foreign Birth Certificate (certified apostille of original or copy)

DOCUMENT#:	DOCUMENT#:
COUNTRY OF ISSUE:	COUNTRY OF ISSUE:
ISSUE DATE:                      EXPIRY DATE:	ISSUE DATE:                      EXPIRY DATE:

**INDICATE WHETHER ANY OF THE 3 BELOW NOTED CATEGORIES DESCRIBE YOU, AND COMPLETE AS APPROPRIATE:**

(i)  **POLITICALLY EXPOSED PERSON (PEP)** A PEP is defined as a senior official in the Executive, Legislative, Administrative, Military or Judicial branches of Government and includes immediate family members, close associates, etc.  
 Customer Relationship to PEP:  Self     Family Member     Close Associate     Partner

NAME AND POSITION OF PEP: \_\_\_\_\_

COUNTRY OF PEP: \_\_\_\_\_



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- (ii)  **A U.S. PERSON AS DEFINED BY THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**  
 \* A citizen of the U.S. including an individual born in the U.S. but resident in the Bahamas or another country, who has not renounced U.S. citizenship; a lawful resident of the U.S. (including a green card holder) and a person living in the U.S. OR who is present in the U.S. for at least 183 days in the year and is not a diplomat, teacher, student or athlete.
- (iii)  **A REPORTABLE PERSON AS DEFINED BY THE ORGANIZATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT** is an entity or individual who is a resident of a Common Reporting Signatory State for Common Reporting Standards (CRS) purposes.

**Tax Identification Number (TIN)/Social Security Number (SSN) :**

\* Note: The Government of The Bahamas has entered into a tax information agreement with the US Government and the OCED to report relevant information to them regarding financial accounts held by persons who maintain balances of USD \$50,000 and USD \$1,000,000 or more for individuals and businesses respectively.

**C. DECLARATION**

- FOREIGN ENTITIES ONLY:** We hereby acknowledge that you have advised that the business to consult independent legal and tax counsel and that you have not offered such advice on the establishing of an account(s) with the business with regard to legal tax matters in our country of residence.
- We certify that the above information is true, correct and complete and that we have received, read, understood and accepted the Terms and Conditions outlined in the "Account Terms and Conditions Agreement" and shall be bound by its terms and conditions. We hereby give authority to Bank of the Bahamas Limited to obtain independent verification of the above information and to examine such documents or other evidence reasonably capable of providing such verification and agree that the above information may be used to offer the business any services from time to time as permitted by law, regulatory/statutory body and/or government organization.

<b>CUSTOMER NAME: (PRINT)</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>WITNESS NAME: (PRINT)</b>	<b>SIGNATURE:</b>	<b>DATE:</b>



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