



BOB

SUPPLEMENTAL BANKING SERVICES APPLICATION FORM

CUSTOMER INFORMATION

CUSTOMER FULL NAME:

NIB NO.:

CIF NO.:

MOBILE TELEPHONE:

EMAIL ADDRESS:

PRODUCTS

Tick the boxes below to Accept or Decline your Product choices.

VISA DEBIT CARD ACCEPT DECLINE

The Primary Account will be debited at POS terminals, for online purchases, and the ATM 'Fast path' transactions.

PRIMARY ACCOUNT No.:

ATM functions as applicable will be available by default to ALL your **eligible** accounts unless you specify accounts to exclude below.

EXCLUDE this/these account(s) from my Online Banking access:

PREPAID VISA CARD ACCEPT DECLINE

Same as Applicant /Customer Above? Yes No Please provide the details below.

Cardholder Customer Full Name (if different from the Applicant/Customer above inclusive of minors aged 12-17 years old).

(Last Name)

(First Name)

(Middle Name)

Cardholder Customer Information File Number (CIF)

Branch the Card is to be collected from:

ONLINE BANKING ACCEPT DECLINE

Personal Online Banking functions will be available by default to all your **eligible** accounts unless you specify accounts to exclude below.

EXCLUDE this/these account(s) from my Online Banking access:

E-NOTIFIER ACCEPT DECLINE *Email messages are sent by default for all accounts selected and setup*

Account Number	SMS (Optional)	Transaction Summary Frequency			Balance Amount Trigger for Alert Message		Is this a Joint Signatory Account	
		Daily	Weekly	Monthly	Min Amount (\$)	Max Amount (\$)	(Y/N)	Bank Use Only Indicate Primary CIF



BOB

SUPPLEMENTAL BANKING SERVICES APPLICATION FORM

Would you like to know more about BOB Credit Cards? Accept Decline

Would you like to know more about BOB Loans? Accept Decline

DECLARATIONS

NON-CITIZENS ONLY: I hereby acknowledge that you advised me to consult with independent legal and tax counsel and that you have not offered such advice on the establishing of my account (s) with yourself with regard to legal or tax matters in my country of residence.

FOR ALL CUSTOMERS: I 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.

I/We confirm receipt of the following per the above-noted Supplemental Banking Services:

ATM Banking Card Online Banking (Online ID and Welcome Letter) Pre-Paid Visa Card E-Notifier

SIGNATURES

CUSTOMER NAME: (PRINT)	SIGNATURE:	DATE:
CUSTOMER NAME: (PRINT)	SIGNATURE:	DATE:
CUSTOMER NAME: (PRINT)	SIGNATURE:	DATE:
CUSTOMER NAME: (PRINT)	SIGNATURE:	DATE:
CUSTOMER NAME: (PRINT)	SIGNATURE:	DATE:
CUSTOMER NAME: (PRINT)	SIGNATURE:	DATE:
CUSTOMER NAME: (PRINT)	SIGNATURE:	DATE:
CUSTOMER NAME: (PRINT)	SIGNATURE:	DATE:
WITNESS NAME: (PRINT)	SIGNATURE:	DATE:

FOR INTERNAL USE ONLY

Account Census Tract#: Charge Group: R NR ZC

INPUT BY NAME (PRINT):	SIGNATURE:	DATE:
REVIEWED BY NAME (PRINT):	SIGNATURE:	DATE:
AUTHORIZED BY NAME (PRINT):	SIGNATURE:	DATE:

VISA DEBIT CARD

- Customer Profile Created and on File with ALL Supporting Documents
- Customer Signature(s) Verified to Bank Records
- ATM/Visa Debit Card Number Input and Accounts Attached:



BOB

SUPPLEMENTAL BANKING SERVICES APPLICATION FORM

_____/_____
 _____/_____
 _____/_____

VERIFIED AND INPUTTED BY

Name:	Signature:	Date:
--------------	-------------------	--------------

REVIEWED BY

Name:	Signature:	Date:
--------------	-------------------	--------------

PRE-PAID VISA CARD

- KYC Documents (Residents/Non-Residents; received and copied)
- Receipt of Payment (Select One: Card Only or Bundle Package)
- Application Forms Completed/Signed (Prepared By & Authorization:
 - Customer Signature(s) confirmed (KYC, Parent or Guardian as applicable)
 - Customer Profile Created and on File with ALL Supporting Documents
 - Customer Control Log (List names in batch) & Branch Stamp

PREPARED BY

NAME:	SIGNATURE:	DATE:
--------------	-------------------	--------------

AUTHORIZED BY

NAME:	SIGNATURE:	DATE:
--------------	-------------------	--------------

E-NOTIFIER AND ONLINE BANKING

- Customer Profile Created/Updated & on file with ALL Supporting Documents
- Customer Signature(s) Verified to the Bank's records
- Customer E-Notifier Registration Input
- Customer Online Registration Input (customer accounts signatory, users & online ID, security answer(s), menu group, role access)

_____/_____
 _____/_____
 _____/_____

- Customer Foreign Currency Transactions Access Setup (if applicable)
- Customer Welcome Letter Printed/Registration Report (Final Printed Attached)

VERIFIED BY

NAME:	SIGNATURE:	DATE:
--------------	-------------------	--------------

INPUTTED BY

NAME:	SIGNATURE:	DATE:
--------------	-------------------	--------------

AUTHORIZED BY

NAME:	SIGNATURE:	DATE:
--------------	-------------------	--------------