



# Bank of The Bahamas

## L I M I T E D

### NEW/UPDATE BUSINESS ENTITY CUSTOMER INFORMATION FORM

For Corporation/Company, Sole Proprietorship, Trading-As-Business, Partnership, Charities, Lodges, Unincorporated Churches, Associations/Clubs, Not-For Profit Organizations

<input type="checkbox"/> New Customer <input type="checkbox"/> Existing Customer	<b>ACCOUNT TYPE:</b> <input type="checkbox"/> Chequing Account <input type="checkbox"/> Savings Account		
<b>OTHER SERVICES REQUIRED:</b>			
<input type="checkbox"/> Online Banking	<input type="checkbox"/> Payroll	<input type="checkbox"/> Merchant Services	<input type="checkbox"/> Fixed/Investment Deposit
<input type="checkbox"/> Credit Facility	<input type="checkbox"/> Night Depository	<input type="checkbox"/> Safety Deposit Box	<input type="checkbox"/> Other Payment Services
<b>A. BUSINESS INFORMATION (TO BE COMPLETED FOR NEW ACCOUNTS ONLY)</b>			
LEGAL NAME OF BUSINESS:			
TRADE NAME (i.e., Trading or Operating as):			
DATE BUSINESS COMMENCED: (DD/MM/YYYY)	BUSINESS LICENSE NUMBER:	TAX ID NUMBER (TIN/VAT):	
NATIONAL INSURANCE NUMBER:	DATE OF INCORPORATION: (DD/MM/YYYY)	COUNTRY OF INCORPORATION:	
NAME & LOCATION OF REGISTERED OFFICE AND REGISTERED AGENT:	LOCATION OF PRINCIPAL BUSINESS:	BUSINESS TEL: (    )    -	
COUNTRY:	COUNTRY:	BUSINESS FAX: (    )    -	
WEBSITE URL:			
<b>Explain the Primary function of the Business?</b> (Please be as specific as possible, e.g. auto-mechanic services, retail clothing store; asset management and consultancy, real estate investments, including product and services provided).			
<hr/> <hr/>			
<b>TYPE OF BUSINESS</b> <i>(Select one)</i>	<b>REQUIRED DOCUMENTS</b> <i>(Please attached)</i>		
<input type="checkbox"/> CORPORATION/COMPANY	<input type="checkbox"/> Certificate of Incorporation or Equivalent <i>(please specify)</i> _____ <input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Certificate of Good Standing <i>(if the company was opened for more than one year at the time of opening account with Bank of The Bahamas Limited)</i> • Register of <input type="checkbox"/> Officers <input type="checkbox"/> Directors <input type="checkbox"/> Shareholders <input type="checkbox"/> Board Resolution or Mandate to Open Account at BOB <input type="checkbox"/> Signatory Listing <input type="checkbox"/> Business License <i>(if applicable)</i> <input type="checkbox"/> NIB Certificate <i>(if applicable)</i>		



# NEW/UPDATE BUSINESS ENTITY APPLICATION FORM

<input type="checkbox"/> <b>SOLE PROPRIETORSHIP, TRADING AS BUSINESS</b>	<input type="checkbox"/> Registration Documents or Equivalentent ( <i>please specify</i> ) _____ <input type="checkbox"/> Business License <input type="checkbox"/> NIB Certificate ( <i>if applicable</i> )
<input type="checkbox"/> <b>PARTNERSHIP</b>	<input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Mandate from Partnership to Open Account at BOB <input type="checkbox"/> Listing of Partners <input type="checkbox"/> NIB Certificate ( <i>if applicable</i> )
<input type="checkbox"/> <b>NOT FOR PROFIT (i.e. CHARITIES, LODGES UNINCORPORATED CHURCHES, ASSOCIATION/ CLUBS, etc.)</b>	<input type="checkbox"/> Registration of Not-for-Profit Organization Registration Number: _____ Registration Expiration Date (2 years after Registration date): _____ <input type="checkbox"/> Constitutive Documents or Equivalentent (e.g., Constitution, Certificate of Registration etc.) <i>please specify</i> _____ <input type="checkbox"/> Governing Documents (e.g., by-laws, charter/ mandate etc.) <i>please specify</i> _____ <input type="checkbox"/> Board Resolution or Mandate to Open Account at BOB <ul style="list-style-type: none"> <li>• Register of <input type="checkbox"/> Officers <input type="checkbox"/> Directors <input type="checkbox"/> Shareholders <input type="checkbox"/> Signatory Listing</li> </ul> <input type="checkbox"/> NIB Certificate ( <i>if applicable</i> )

## B. ACCOUNT PROFILE

**PURPOSE OF ACCOUNT:** (*i.e., savings, operational expenses*)

<b>SOURCE OF FUNDS:</b> ( <i>i.e., account funding - salaries, sales</i> )	<b>INITIAL DEPOSIT: \$</b> ( <i>If more than \$10,000.00, a Source of Funds Declaration is required</i> )
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<b>MOST FREQUENTLY USED CURRENCY</b> <input type="checkbox"/> BSD <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> EUR <input type="checkbox"/> GBP	<b>MOST FREQUENTLY USED INSTRUMENT TYPE</b> <input type="checkbox"/> CASH <input type="checkbox"/> WIRES <input type="checkbox"/> CHEQUES
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<b>MONTHLY POTENTIAL ACTIVITY (MPA):</b> The maximum dollar being deposited to <u>each</u> of the client's account. ( <i>If over \$10,000 the Source of Funds must be verified</i> )	<b>EXPECTED MONTHLY TRANSACTIONS: \$</b> <table border="0"> <tr> <td style="text-align: center;"><u><b>INCOMING</b></u></td> <td style="text-align: center;"><u><b>OUTGOING</b></u></td> </tr> <tr> <td><input type="checkbox"/> &lt;\$10,000</td> <td><input type="checkbox"/> &lt;\$10,000</td> </tr> <tr> <td><input type="checkbox"/> \$10,001 - \$20,000</td> <td><input type="checkbox"/> \$10,001 - \$20,000</td> </tr> <tr> <td><input type="checkbox"/> \$20,001 - \$50,000</td> <td><input type="checkbox"/> \$20,001 - \$50,000</td> </tr> <tr> <td><input type="checkbox"/> \$50,001 - \$100,000</td> <td><input type="checkbox"/> \$50,001 - \$100,000</td> </tr> <tr> <td><input type="checkbox"/> &gt;\$100,000</td> <td><input type="checkbox"/> &gt;\$100,000</td> </tr> </table>	<u><b>INCOMING</b></u>	<u><b>OUTGOING</b></u>	<input type="checkbox"/> <\$10,000	<input type="checkbox"/> <\$10,000	<input type="checkbox"/> \$10,001 - \$20,000	<input type="checkbox"/> \$10,001 - \$20,000	<input type="checkbox"/> \$20,001 - \$50,000	<input type="checkbox"/> \$20,001 - \$50,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> >\$100,000	<input type="checkbox"/> >\$100,000
<u><b>INCOMING</b></u>	<u><b>OUTGOING</b></u>												
<input type="checkbox"/> <\$10,000	<input type="checkbox"/> <\$10,000												
<input type="checkbox"/> \$10,001 - \$20,000	<input type="checkbox"/> \$10,001 - \$20,000												
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<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$50,001 - \$100,000												
<input type="checkbox"/> >\$100,000	<input type="checkbox"/> >\$100,000												

Will this account be used by or on behalf of a third party?  Yes  No (If yes, please complete the following):

**NAME AND ADDRESS OF THIRD PARTY:**

\_\_\_\_\_

**BUSINESS/OCCUPATION OF THIRD PARTY:**

\_\_\_\_\_

**RELATIONSHIP OF THIRD PARTY TO ACCOUNT HOLDER/BUSINESS:** \_\_\_\_\_

**C. SIGNATURES** *(Signing authorities must match the Company's resolution)*

NAME OF SIGNING OFFICER:	TITLE OF SIGNING OFFICER:	SIGNATURE:	CIF NUMBER:
NAME OF SIGNING OFFICER:	TITLE OF SIGNING OFFICER:	SIGNATURE:	CIF NUMBER:
NAME OF SIGNING OFFICER:	TITLE OF SIGNING OFFICER:	SIGNATURE:	CIF NUMBER:
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NAME OF SIGNING OFFICER:	TITLE OF SIGNING OFFICER:	SIGNATURE:	CIF NUMBER:
WITNESS NAME (PRINT):	SIGNATURE:	DATE:	

**D. DECLARATION – Select the appropriate boxes below:**

**Foreign Entities Only:** We hereby acknowledge that you advised the business to consult with independent legal and tax counsel and that you have not offered such advice on the establishing of an account(s) with the business about legal or 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 & 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 given 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 certify that none of the customer information previously submitted to Bank of The Bahamas Limited has changed.



**FOR INTERNAL USE ONLY**

**CIF FX Sector Code** *(Select One):*  
 **9101** – Central Gov't / Public Corp   
 **9410** – Private Financial Institution   
 **9584** - Other Private Non-Financial Institution

Input By: Name (Print):	Signature:	Date:
Reviewed By: Name (Print):	Signature:	Date:
Authorized By: Name (Print):	Signature:	Date: