



Bank of The Bahamas

L I M I T E D

NEW/UPDATE BUSINESS ACCOUNT AND SERVICES APPLICATION

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

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. ACCOUNT PROFILE: (Complete this Section for The Company)			
PURPOSE OF ACCOUNT:		MONTHLY POTENTIAL ACTIVITY: \$ <i>(If over \$10,000 the Source of Funds must be verified)</i>	
SOURCE OF FUNDS:		INITIAL DEPOSIT: \$ <i>(If more than \$10,000.00 a Source of Funds Declaration is required)</i>	
MOST FREQUENTLY USED INSTRUMENT TYPE <input type="checkbox"/> CASH <input type="checkbox"/> WIRES <input type="checkbox"/> CHEQUES		MOST FREQUENTLY USED CURRENCY <input type="checkbox"/> BSD <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> EUR <input type="checkbox"/> GBP	
EXPECTED MONTHLY TRANSACTIONS: \$		EXPECTED MONTHLY TRANSACTIONS (VOLUME):	
INCOMING	OUTGOING	INCOMING	OUTGOING
<input type="checkbox"/> <\$10,000	<input type="checkbox"/> <\$10,000	<input type="checkbox"/> Low (0-10)	<input type="checkbox"/> Low (0-10)
<input type="checkbox"/> \$10,001 - \$20,000	<input type="checkbox"/> \$10,001 - \$20,000	<input type="checkbox"/> Medium (11 -15)	<input type="checkbox"/> Medium (11 -15)
<input type="checkbox"/> \$20,001 - \$50,000	<input type="checkbox"/> \$20,001 - \$50,000	<input type="checkbox"/> High (16 - 20)	<input type="checkbox"/> High (16 - 20)
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> Very High (> 20)	<input type="checkbox"/> Very High (>20)
<input type="checkbox"/> >\$100,000	<input type="checkbox"/> >\$100,000	<input type="checkbox"/> If >20 please indicate the reason:	<input type="checkbox"/> If >20 please indicate the reason:
Will this account be used by or on behalf of a third party? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____			
OTHER SERVICES REQUIRED: <i>(If applicable, please select from the products and services below)</i>			
<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 SERVICE



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B. 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 with regard to 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.

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



FOR INTERNAL USE ONLY		
ACCOUNT CENSUS TRACT:	CHARGE GROUP:	R <input type="checkbox"/> NR <input type="checkbox"/> ZC <input type="checkbox"/>