

CORPORATE ONLINE BANKING APPLICATION

Customer No. (CIF#): [Bank Use Only]		Business (Legal) Name:		
Business Type:	<input type="checkbox"/> Corporation / Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship / Trading As	<input type="checkbox"/> Charity, Lodge, Unincorporated Church, Association, Club, etc.
Business (Trading As / Doing Business As) Name:				
Business Address:				
City:		Island/State (Zip):		
Country:		P.O. Box		
Main Telephone Number: ()		Sector: (Select One):	<input type="checkbox"/> 9410-Private Financial Institution	<input type="checkbox"/> 9584-Other Private Non-Financial Institution
			<input type="checkbox"/> 9101-Central Gov't/Public Corp.	

BOB Online Banking - Service Details:

The following online banking functions will be available on **BOB Online Banking** for the designated Business Accounts selected for Online Banking access:

Information: Account Information; Account Transactions; Account Turnovers; Term Deposits Inquiry; Account Statements

Payments: Payment History; Internal Funds Transfer; Bill Payments (Internal & External); Pending Authorizations; Domestic Funds Transfers; Card Load/Payments

Requests: Cheque Books; Cheque Stop Payments; Manager's Cheques

Foreign Currency Transactions: American Express Payments; Foreign Wires and Transfers; Request Foreign Drafts

Settings: View User Profile; Personalize Dashboard; Change password; Change PIN

Inbox: View System Messages

Account Information and Signing Authority:

The Business Online Banking Primary User/Administrator is designated by the business's delegated signatories and will serve as the Point Person to manage the coordination of administering the business' online access to accounts and the onboarding of all additional users. All online banking change requests must be summarily approved by the business' delegated signatories.

For each Account to be added for online access, specify the Delegated.

☐ I / We confirm the Business' Online Banking Administrator role is delegated to:

Designated Primary User Information

Authorised User Details		Existing BOB Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:		NIB / SSN / ID Number:	
Position:			
Birth Date: DD MM YYYY	P.O. Box / Zip Code:		
Home Address:	City:	Country:	
Work Email Address:	Work Mobile Number: ()		
Personal Email Address:	Work Phone Number: ()		
	Personal Mobile Number: ()		

DECLARATION / USER LIABILITY CLAUSE

I / We hereby declare that the information provided by me/us in this application is correct and complete to the best of my/our knowledge and that I/we have read, understood and accepted the Terms and Conditions outlined in the BOB Accounts Terms and Conditions Agreement, Telephone, Fax and Email Agreement, Online Banking Agreement and the Additional Terms and Conditions for Businesses subscribing for Online Banking Services, and shall be bound by the terms and conditions therein. I/We agree that the information provided may be used to establish and maintain the services specified with the Bank, and the Bank may offer me/us any services from time to time, as permitted by law, regulatory and / or statutory body and / or government organization.

I/ We acknowledge that the Bank will only provide login identification to the Delegated Administrator, as the Primary User of the Electronic Banking Services to the Account. The Delegated Administrator will create his/her own password.

I/ We agree that Authorized Users to the Electronic Banking Services to the Account will be authorized by the Delegated Administrator and must first be an Authorized Signatory to the Account with exception for users with View Only access

I/ We agree to be the Administrator of the Electronic Banking Services to the Account. Authorized Users will be provided with login identification by the Delegated Administrator. Authorized Users will create their own password.

I/ We agree to assume full responsibility for all actions taken by Authorized Users on the Account and agree to indemnify and hold harmless the Bank against any claim, cost, or liability incurred in connection with or arising out of an Authorized User's use of any Electronic Banking Services to the Account.

I/ We hold ALL responsibility regarding ANY adjustments for Electronic Banking Services users inclusive of being reset or unlocked, etc.

_____ Authorised Signature	_____ Date	_____ Authorised Signature	_____ Date
_____ Name of Signing Officer		_____ Name of Signing Officer	
_____ Title of Signing Officer		_____ Title of Signing Officer	

-- BANK USE ONLY --

<ol style="list-style-type: none"> 1. <input type="checkbox"/> Business Online Banking Application Reviewed with ALL Supporting Documents. Application is aligned with Business Accounts Mandate 2. <input type="checkbox"/> Customer administrator Callback Completed 3. <input type="checkbox"/> Customer Signature(s) Verified to Bank Records 4. <input type="checkbox"/> Customer CIF, CASA records / Account Signatory Mandates created / updated: 5. <input type="checkbox"/> Authorized Users CIF, Contact, Secret Question, Menu Access created /updated: 7. <input type="checkbox"/> Authorized Users CASA, Signatory Assignments, Limits created / updated 8. <input type="checkbox"/> Online username Generated and logged 9. <input type="checkbox"/> Online Registration Completed 	Relationship Manager Code: _____ <u>Application Form and Pre-requisites:</u> Vetted By: (Name/Signature/Date) _____ <u>Core Banking Setup</u> Input By: (Name/Signature/Date) _____ Authorized By: (Name/Signature/Date) _____ Reviewed By: (Name/Signature/Date) _____
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