Bank of The Bahamas
LIMITED

NEW /UPDATE PERSONAL ACCOUNT, SERVICES AND PRODUCTS APPLICATION FORM
Required for each Savings and Chequing Account Product

ACCOUNT NAME:	ACCOUNT NUMBER:	CURRENCY: ☐ BSD ☐ USD
	BRANCH NAME AND NUMBER:	PRIMARY CIF#:

TYPE OF ACCOUNT: ☐ SAVINGS ☐ CHEQUING   **ACCOUNT PRODUCT NAME:**

FOR JOINTS ACCOUNTS ONLY *(Select one from the following options):*

☐ JOINT AND FIRST (both to sign)	☐ JOINT OR FIRST (any of two (2) to sign)	☐ JOINT AND OTHER (for three (3) or more, all to sign)	☐ JOINT OR OTHER (for three (3) or more, any to sign)

FULL NAME OF JOINT ACCOUNT HOLDER:	CIF # OF JOINT ACCOUNT HOLDER:
FULL NAME OF JOINT ACCOUNT HOLDER:	**CIF # OF JOINT ACCOUNT HOLDER:**

ACCOUNT PROFILE

INTIAL DEPOSIT: $ *(If more than $4,999 a Source of Funds Declaration is required)*	MONTHLY POTENTIAL ACTIVITY: $ *(If over $15,000.00 the Source of Funds must be verified)*

PURPOSE OF ACCOUNT:	MOST FREQUENTLY USED INSTRUMENT TYPE ☐ CASH ☐ WIRES ☐ CHEQUES	MOST FREQUENTLY USED CURRENCY ☐ BSD ☐ USD ☐ CAD ☐ EUR ☐ GBP

EXPECTED MONTHLY TRANSACTIONS: $

INCOMING
- ☐ <$15,000
- ☐ $15,001 - $20,000
- ☐ $20,001 - $50,000
- ☐ $50,001 - $100,000
- ☐ >$100,000

OUTGOING
- ☐ <$15,000
- ☐ $15,001 - $20,000
- ☐ $20,001 - $50,000
- ☐ $50,001 - $100,000
- ☐ >$100,000

EXPECTED MONTHTLY TRANSACTIONS (VOLUME):

INCOMING
- ☐ Low (0-10)
- ☐ Medium (11 -15)
- ☐ High (16 - 20)
- ☐ Very High (> 20)
- ☐ If >20 please indicate the reason:

OUTGOING
- ☐ Low (0-10)
- ☐ Medium (11 -15)
- ☐ High (16 - 20)
- ☐ Very High (>20)
- ☐ If >20 please indicate the reason:

ADDITIONAL PRODUCTS

VISA DEBIT CARD

ATM functions as applicable will be available by default to ALL your **eligible** accounts unless you specify accounts to exclude below. The Primary Account will be debited at POS terminals, for online purchases, and the ATM 'Fast path" transactions.

PRIMARY ACCOUNT No.: _____

BOB

NEW/UPDATE PERSONAL ACCOUNT APPLICATION FORM

ONLINE BANKING					USER NAME:			
E-NOTIFIER		*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

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 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:
☐ Online Banking (Online ID)   ☐ E-Notifier
☐ Debit Card *(Within 7 working Days)*

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

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