



SUPPLEMENTAL BANKING SERVICES APPLICATION FORM

CUSTOMER INFORMATION												
CUSTOMER FULL NAME:												
NIB NO.:						CIF NO.:						
MOBILE TELEPHONE:												
EMAIL ADDRESS:												
HOME ADDRESS:												
PRODUCTS												
(Tick the boxes below to Accept or Decline your Product choices.)												
VISA DEBIT CARD		<input type="checkbox"/>	ACCEPT		<input type="checkbox"/>	DECLINE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Primary Account will be debited at POS terminals, for online purchases, and the ATM 'Fast path' transactions.												
PRIMARY ACCOUNT No.:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 ATM access:												
<input type="text"/>												
<input type="text"/>												
PREPAID VISA CARD		<input type="checkbox"/>	ACCEPT		<input type="checkbox"/>	DECLINE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same as Applicant /Customer Above? <input type="checkbox"/> Yes <input type="checkbox"/> 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).												
<input type="text"/>				<input type="text"/>				<input type="text"/>				
(Last Name)				(First Name)				(Middle Name)				
Cardholder Customer Information File Number (CIF) <input type="text"/>												
Branch the Card is to be collected from: <input type="text"/>												
ONLINE BANKING		<input type="checkbox"/>	ACCEPT		<input type="checkbox"/>	DECLINE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:												
<input type="text"/>												
<input type="text"/>												
E-NOTIFIER		<input type="checkbox"/>	ACCEPT		<input type="checkbox"/>	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				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>				



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<p>Would you like to know more about BOB Credit Cards? <input type="checkbox"/> Accept <input type="checkbox"/> Decline</p> <p>Would you like to know more about BOB Loans? <input type="checkbox"/> Accept <input type="checkbox"/> Decline</p>							
DECLARATIONS							
<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>I/We confirm receipt of the following per the above-noted Supplemental Banking Services:</p> <p><input type="checkbox"/> ATM Banking Card <input type="checkbox"/> Online Banking (Online ID) <input type="checkbox"/> Pre-Paid Visa Card <input type="checkbox"/> E-Notifier</p>							
SIGNATURES							
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: <input type="checkbox"/> R <input type="checkbox"/> NR <input type="checkbox"/> ZC							
INPUTTED BY							
NAME:			SIGNATURE:			DATE:	
AUTHORIZED BY							
NAME:			SIGNATURE:			DATE:	
FOR USE BY CARD SERVICES ONLY							
INPUT BY NAME (PRINT):			SIGNATURE:			DATE:	
REVIEWED BY NAME (PRINT):			SIGNATURE:			DATE:	
AUTHORIZED BY NAME (PRINT):			SIGNATURE:			DATE:	