



SUPPLEMENTAL BANKING SERVICES APPLICATION FORM

<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:			