

**COMPANY INFORMATION**

Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company / Partnership <input type="checkbox"/> Other	
Name of Company	Email
Registered Office	Correspondence Address
Work No. (        )        -	Fax No. (        )        -
What is the primary function or activity of the business? <i>(Please be as specific as possible; e.g. retail bakery, small boat sales and repair, consulting in computer software purchase and installation)</i>	

**OWNERSHIP DETAILS (for Corporation or Partnership only)**

Name:	% Ownership / Interest
Name:	% Ownership / Interest

NOTE: If more than 2, please attached the remaining ownership details and subsequent details of each owner below.

**BENEFICIAL OWNERS**
**1 - Beneficial Owner**

Title	First Name	Last Name
Permanent Residence	City	Country
Nationality	:at birth (if different)	Date of Birth (dd/mm/yy)
Passport No.	Country of Issue	Occupation
Home No. (        )        -	Mobile No. (        )        -	
Work No. (        )        -	Fax No. (        )        -	

**2 - Beneficial Owner**

Title	First Name	Last Name
Permanent Residence	City	Country
Nationality	:at birth (if different)	Date of Birth (dd/mm/yy)
Passport No.	Country of Issue	Occupation
Home No. (        )        -	Mobile No. (        )        -	
Work No. (        )        -	Fax No. (        )        -	

**INSTRUCTION SCHEDULE - Authorized Signatories**

The following persons are hereby authorized to execute any instructions in connection with the account(s) opened pursuant to the Bank Mandate executed by the Company with the Bank dated \_\_\_\_\_. The signatures adjacent to each of the names are the genuine signatures of such persons and shall operate as specimen signatures of such persons.

Name (Block Capitals)	Usual Signature	Title (e.g. Director)
1		
2		
3		

**Signature Authority**

<input type="checkbox"/> Any one signature required to operate the account	<input type="checkbox"/> All signatures required to operate the account
<input type="checkbox"/> Any two signatures required to operate the account	<input type="checkbox"/> Other _____

**AUTHORIZED SIGNATORY (if not a Beneficial Owner)**

NOTE: If more than one, please attach the same signatory details as requested below for any additional signatories

Title	First Name	Last Name
Permanent Residence	City	Country
Nationality	:at birth (if different)	Date of Birth (dd/mm/yy)
Passport No.	Country of Issue	Occupation
Home No. (        )        -	Mobile No. (        )        -	
Work No. (        )        -	Fax No. (        )        -	

**NATURE OF COMPANY**

We are obliged by law to monitor your account and therefore need to have an understanding of your source of funds and how you expect the account to run. We appreciate that your circumstances may change in the future, however an idea of the expected annual turnover is required from the outset.

**SOURCE OF INITIAL DEPOSIT AND INTENDED USE OF COMPANY'S FUNDS**

**DEPOSITS / WITHDRAWALS**

Amount of Initial Deposit	US \$
Estimated Monthly Deposits to Account	US \$
Estimated Monthly Withdrawals from Account	US \$

**NOTE:** Clients opening new accounts are requested to provide the Bank with the above information concerning the expected operation of the account. The Bank reserves the right to request further information if activities on the account differ considerably from those anticipated.

**TYPE OF ACCOUNT**

<input type="checkbox"/> Current Account	Minimum US\$1,000 required. Unless otherwise instructed, statements are mailed automatically at the end of each month. Chequebook will be supplied upon request.
<input type="checkbox"/> Term Deposit Account	Minimum US\$10,000 required. Interest payable on maturity of deposit. Unless advised to the contrary, interest will be added to the account and the account rolled over for a further term. Please note that you need a current account to open a term deposit.  Other Instructions: _____
<input type="checkbox"/> Other	

**INDEMNITY**

In respect of any account held by me/us with the Bank, in consideration of your agreeing to accept telephone/telex/facsimile/email/internet instructions from myself/ourselves with the Personal Identification Code (PIC) of \_\_\_\_\_ and acting on such instructions I/we hereby covenant and undertake:

- a) That you shall be entitled to debit our account with the amount of any payments you make in respect of having accepted such instructions,
- b) That I/we shall, on demand, provide sufficient funds to meet all payments under such instructions, and
- c) That I/we shall indemnify, hold harmless and defend you and each of your respective officers, directors, employees, representatives and agents from and against all claims, demands, actions, suits, proceedings, writs, judgments, orders and decrees brought, made or rendered against you or any or all of them and all damages, losses and expenses (including reasonable attorneys' fees) that you or any or all of them may suffer, incur or sustain by reason or on account of you having accepted such instructions.

**ACCOUNT OPENING CHECKLIST**

Please ensure that you complete all sections of the application form and attach the following documentation whether you are an existing customer or not.

- 1 - True, complete and up-to-date copy of the incorporation documents of the Company (with certified English translation thereof where necessary) including Notarized copies of the **Certificate of Incorporation** and **Memorandum & Articles of Association** of the Company (or equivalent as the case may be depending on the Company's jurisdiction of incorporation).
- 2 - Notarized Copies of (a) **Resolution of Appointment of Directors** and Officer; (b) Registers of Directors and (c) Register Members of the Company.
- 3 - **Resolution of Board of Directors of Company** and **Bank Mandate** form regulating the conduct of the Company's Account duly signed
- 4 - **Notarized copy of Passport** / Photo identification of each of the said beneficial owners and authorized signatories.
- 5 - **Due Diligence Authorization Form** for each of the said beneficial owners and authorized signatories duly signed.
- 6 - **Bank References** for each of the said beneficial owners & authorized signatories from a bank having in excess of two years' banking relationship with said persons.
- 7 - **Proof of Address** - Original utility bill showing address of each of the said beneficial owners and authorized signatories.

The above - mentioned Company hereby requests you to open an account for them. We certify that we have read and understood and that we agree to be bound by the Bank's Standard Terms & Conditions governing the operation of accounts as are currently in effect and as amended from time to time. We certify that to the best of our knowledge any information provided to the Bank as part of this application process is true and correct and that we will notify the Bank in a timely manner in writing concerning any material change to any such disclosure, information or representation.

Signed: \_\_\_\_\_ Date \_\_\_\_\_ Director/Secretary \_\_\_\_\_ Date \_\_\_\_\_

*For Official Use Only*

Approved By: \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_



**Due Diligence Authorization Form**

Governor's Road / P.O. Box 270  
 Providenciales, Turks & Caicos Islands  
 Tel: (649) 941-5028  
 Fax: (649) 941-5029

Applicant Information	
First Name	Last Name
Permanent Residence	Office Address
Nationality: _____ at birth (if different)	Country of Residence
Home No. (        ) -	Mobile No. (        ) -
Work No. (        ) -	Fax No. (        ) -
Passport No.	Country of Issue                      Exp Date
Authorization	
<p>I hereby authorize and grant consent to the disclosure and/or delivery of any information or report in relation to the undersigned by any person or source on the request by British Caribbean Bank Limited and/or any of its servants or agents in their sole and absolute discretion for due diligence purposes in the establishing or maintaining of a banker customer relationship with the undersigned.</p>	
<p>Dated the _____ day of _____ 20_____                      <u>  X  </u></p>	

**NOTE:** Each Applicant must complete and sign a separate Due Diligence Authorization Form.

**STEP 1 - ACCOUNT INFORMATION**

 Type of Business:  Corporation  Limited Liability Company / Partnership  Other  Personal

Name of Company

**AUTHORIZED AGENT** (person to be granted online access to account)

Name

Passport No.

Expiry Date

Email Address

**STEP 2 - ENTER A USERNAME FOR AUTHORIZED AGENT TO ACCESS BRITISH CARIBBEAN BANK'S ONLINE SERVICE**

Username

Alternate Username

(in case above username is already in use)

**STEP 3 - PROVIDE THE FOLLOWING MEMORABLE WORD & HINT**

\*The memorable word you specify will be requested when your first log on, to authenticate your identity. Your memorable word will also be requested should you forget your password any time and need to reset it. Your hint will be provided to you if you ever forget your memorable word. Note: Answers must be between 8 and 20 characters

Memorable word

Hint

(should relate to memorable word)

**STEP 4 - LIST ALL ACCOUNTS YOUR COMPANY WOULD LIKE AVAILABLE ONLINE TO AUTHORIZED AGENT**

Account 1		Account 2	
<b>*SECURITY LEVEL:</b>	<input type="checkbox"/> Operator <input type="checkbox"/> Verifier <input type="checkbox"/> Authorizer	<b>*SECURITY LEVEL:</b>	<input type="checkbox"/> Operator <input type="checkbox"/> Verifier <input type="checkbox"/> Authorizer
Account Type	<input type="checkbox"/> Current <input type="checkbox"/> Term Deposit <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card	Account Type	<input type="checkbox"/> Current <input type="checkbox"/> Term Deposit <input type="checkbox"/> Loan <input type="checkbox"/> Credit Card
Account Number		Account Number	
Account Name		Account Name	

\* The **SECURITY LEVEL** defines the Authorized Agent's position with each specific account, so that only permitted functions are available to them, depending on their level.

**OPERATOR:** An Operator is restricted to only enter (not post) transactions, which must be authorized according to terms and conditions of the account. Operators can view transaction history but are prohibited to view any balances.

**VERIFIER:** A Verifier controls the accuracy of the transaction (which must be authorized according to terms and conditions of the account). Includes the functionality of the Operator .

**AUTHORIZER:** A poster has full authorization to operate the account. Includes functionality of both Operator and Verifier. PLEASE NOTE: If the Authorizer is not an authorized signatory on the account, due diligence must be performed.

**STEP 5 - CERTIFICATION OF RESOLUTION**

I/We, on behalf of the above-named Company, hereby certify that at a meeting of the Board of Directors of the above-named Company, held on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, having reviewed British Caribbean Bank Limited Online Banking Access Agreement, it was resolved that the above mentioned Authorized Agent shall be granted online access to the accounts at the Security Levels indicated in Step 4 above.

Chairman:

X

Print

Signature

Date (dd/mm/yy)

Director/Secretary:

X

Print

Signature

Date (dd/mm/yy)

NOTE: Authorized Agent will receive email notification of their username and password when the specified account(s) has/have been registered in our system, so please confirm the correct email address in Step 1. Once your Authorized Agent receives this notification, they simply log on with their Username and Password to British Caribbean Bank Limited Online at [www.britishcaribbeanbank.com](http://www.britishcaribbeanbank.com). For additional security, the next screen, after they log on for the first time, will ask them to change their password, provide their memorable Word (Step 3 above) and their ID number (Step 1 above).

For Official Use Only

Approved By:

X

Date