

BUSINESS ONLINE BANKING APPLICATION - Phase 1

Customer No. (CIF#): (Bank Use Only) Business (Legal) Name:									
Business Type:	Corporation / P Company		☐ Partnership		Sole Proprietorship / Trading As			Charity, Lodge, Unincorporated Church, Association, Club, etc.	
Business (Trad	Business (Trading As / Doing Business As) Name:								
Business Addre	Business Address:								
City:	City: Island/State (Zip):								
Country:			P.O. Box						
Main Telephone	e Number: ()		Sector: (Select One):	Fir	9410-Private		9584-Other Private9101-CentralNon-Financial Institution.Gov't/Public Corp		
BOB Express	Online Banking -	Service Req	uest Details: Phase 1						
The following online banking functions will be made available during the Phase 1 roll-out of BOB Express Online Banking for the designated Business Accounts selected for Online Banking access (current and any additional identified): <u>Information</u> : Account Information; Account Transactions; Account Turnovers; Loans & Term Deposits Inquiry; Account Statements; Cheque Images <u>Inbox</u> : View System Messages; <u>Settings</u> : View User Profile; Change password; Change PIN; <u>Login & Logout</u> <u>When Available</u> We want to perform foreign currency transactions online (e.g. Foreign Wires and Transfers, Amex Pmts., Request Foreign Drafts)									
Online Banki	ng Administrator li	nformation:	_						
The Business Online Banking Administrator is designated by the business' delegated signatories, and will serve as the Point of Contact to assist with the coordination of administering the business' online access to accounts and users. All online banking change requests must be summarily approved by the business' delegated signatories.									
Administrator Name: Work Phone Number: ()									
Work Email Address:					Work Mobile Number: ()				
Account Information:									
Specify whether f will be provided c		ccounts accessit	ble to the Business' online ba	anking	registration. For eacl	h Business /	Account specified,	only View Access	
Action	Account Number			Signing Authority: Phase 1 CIF # S/C/CA (Internal Use Only)					
ADD Remove					View Only				
ADD REMOVE					View Only				
ADD REMOVE					View Only				
ADD Remove					View Only				
ADD Remove					View Only				
ADD REMOVE					View Only				
ADD REMOVE					View Only				
ADD REMOVE					View Only				

Authorised User Information::

See the Addendum Page Provided. Make copies as required and provide the details required for the setup of each User that is duly authorised to access the Business' Accounts online

.../Specify Authorised User Information on Additional Sheets Provided (copy as needed)

DECLARATION

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 and Online Banking Agreement 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.

Authorised Signature		Authorised Signature	Date
Name of Signing Officer		Name of Signing Officer	
Title of Signing Officer		Title of Signing Officer	
Authorised Signature	Date	Authorised Signature	Date
Name of Signing Officer		Name of Signing Officer	
Title of Signing Officer		Title of Signing Officer	
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					
 Customer Application Reviewed with ALL Supporting Documents Customer User Callbacks Completed Customer Signature(s) Verified to Bank Records Customer CIF, CASA Records created / updated: Auth. Users CIF, CASA Records created / updated Online IDs Generated and logged Online Registration Completed Relationship Manager: (Name)	Core Banking Setup Input By: (Name/Signature/Date) Reviewed By: (Name/Signature/Date) Bank Setup – Phase 1 Input By: (Name/Signature/Date) Reviewed By: (Name/Signature/Date) Reviewed By: (Name/Signature/Date)				

Form 121 (Rev. 12/2019)

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BUSINESS ONLINE BANKING APPLICATION

Authorised U	ser Information:	COPY	Phase 1					
and NIB / SSN refe		e of View Access required and which reg	Accounts online. Provide copies of the Kno istered Accounts should be made available eir login once Registration is completed.					
		User (#) Pha	ase 1					
Action Authorised User Details								
	Name: Existing Bo Customer?							
	Job Title:			CIF # (Internal Use Only)				
	Birth Date: D D M M M YYYY NIB / SSN Number:							
CHANGE	KYC Document Type	KYC Document Number	KYC Doc. Issuing Country	KYC Doc. Expiry Date				
	Work Email:	-	Work Mobile Number: ()					
	User Access Type: (Select as Required)	w Accounts	☐ View Loans and Term Deposits					
Specify A/Cs to <u>View</u> :	#	#	#	#				
	#	#	#	#				
Bank Use Only:	New Br-CIF#	Online ID:	Response:					

User (#) Phase 1						
Action	Authorised User Details					
	Name:	Existing BOB Customer?				
	Job Title:	CIF # (Internal Use Only)				
	Birth Date: D D	ΜΜΜ ΥΥΥΥ	NIB / SSN Number:			
	KYC Document Type	KYC Document Number	KYC Doc. Issuing Country	KYC Doc. Expiry Date		
	Work Email:		Work Mobile Number: ()			
			Work Phone Number: ()			
	User Access Type: (Select as Required)	w Accounts	☐ View Loans and Term Deposits			
Specify A/Cs to <u>View</u> :	#	#	#	#		
	#	#	#	#		
Bank Use Only:	New Br-CIF# Online ID:		Response:			

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