



Bank of The Bahamas

L I M I T E D

NEW/EXISTING BUSINESS ACCOUNT AND SERVICES APPLICATION

For Corporation/Company, Sole Proprietorship, Trading-As-Business, Partnership, Charities, Lodges,
Unincorporated Churches, Associations/Clubs, Not-For Profit

ACCOUNT NAME:		ACCOUNT NUMBER:	CIF#:
		BRANCH NAME AND NUMBER:	CURRENCY: <input type="checkbox"/> BSD <input type="checkbox"/> USD
<input type="checkbox"/> NEW CUSTOMER <input type="checkbox"/> EXISTING CUSTOMER		TYPE OF ACCOUNT: <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHEQUING	
A. BUSINESS INFORMATION			
LEGAL NAME OF BUSINESS:			
TRADE NAME (i.e. Trading or Operating as):			
DATE BUSINESS COMMENCED: (DD/MM/YYYY)		BUSINESS LICENSE NUMBER:	TAX ID# (TIN/VAT):
NATIONAL INSURANCE NUMBER:	DATE OF INCORPORATION: (DD/MM/YYYY)	COUNTRY OF INCORPORATION:	
NAME & LOCATION OF REGISTERED OFFICE AND REGISTERED AGENT:	LOCATION OF PRINCIPAL BUSINESS:	BUSINESS TEL: () -	
		BUSINESS FAX: () -	
COUNTRY:	COUNTRY:	WEBSITE URL:	
Explain the Primary function of the Business? (Please be as specific as possible; e.g. auto-mechanic services, retail clothing store; asset management and consultancy, real estate investments, including product and services provided).			
Does this business have a relationship with any other Financial Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state the name of the Financial Institution(s) and the length of time of the relationship:			
TYPE OF BUSINESS (Select one)		REQUIRED DOCUMENTS (Please attached)	

<input type="checkbox"/> CORPORATION/COMPANY	<input type="checkbox"/> Certificate of Incorporation or Equivalent (<i>please specify</i>) _____ <input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Certificate of Good Standing (<i>if the company was opened for more than one year at the time of opening account with Bank of the Bahamas Limited</i>) <ul style="list-style-type: none"> • Register of <input type="checkbox"/> Officers, <input type="checkbox"/> Directors <input type="checkbox"/> Shareholders <input type="checkbox"/> Board Resolution or Mandate to Open Account at BOB <input type="checkbox"/> Signatory Listing <input type="checkbox"/> Business License (<i>if applicable</i>)
<input type="checkbox"/> SOLE PROPRIETORSHIP, TRADING AS/BUSINESS	<input type="checkbox"/> Registration Documents or Equivalent (<i>please specify</i>) _____ <input type="checkbox"/> Business License
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> Partnership Agreement <input type="checkbox"/> Mandate from Partnership to Open Account at BOB <input type="checkbox"/> Listing of Partners
<input type="checkbox"/> CHARITIES, LODGES UNINCORPORATED CHURCHES, ASSOCIATION/ CLUBS, NOT FOR PROFIT ETC.	<input type="checkbox"/> Constitutive Documents or Equivalent (e.g. Constitution, Certificate of Registration etc.) <i>please specify</i> _____ <input type="checkbox"/> Governing Documents (e.g. by-laws, charter/ mandate etc.) <i>please specify</i> _____ <input type="checkbox"/> Board Resolution or Mandate to Open Account at BOB <ul style="list-style-type: none"> • Register of <input type="checkbox"/> Officers <input type="checkbox"/> Directors <input type="checkbox"/> Shareholders <input type="checkbox"/> Signatory Listing

B. ACCOUNT PROFILE: (Complete this Section For The Company)

PURPOSE OF ACCOUNT:		INITIAL DEPOSIT: \$ <i>(If more than \$4,999 a Source of Funds Declaration is required)</i>																							
MONTHLY POTENTIAL ACTIVITY: <i>(If over \$15,000 the Source of Funds must be verified)</i> \$	MOST FREQUENTLY USED INSTRUMENT TYPE <input type="checkbox"/> CASH <input type="checkbox"/> WIRES <input type="checkbox"/> CHEQUES	MOST FREQUENTLY USED CURRENCY <input type="checkbox"/> BSD <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> EUR <input type="checkbox"/> GBP																							
EXPECTED MONTHLY TRANSACTIONS :\$		EXPECTED MONTHLY TRANSACTIONS (VOLUME):																							
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Will this account be used by or on behalf of a third party? Yes No **If Yes, please complete the following:**

NAME AND ADDRESS OF THIRD PARTY: _____

BUSINESS/OCCUPATION OF THIRD PARTY: _____

RELATIONSHIP OF THIRD PARTY TO ACCOUNT HOLDER/BUSINESS: _____

OTHER SERVICES REQUIRED: (If applicable, please select from the products and services below)

- ONLINE BANKING
 PAYROLL
 MERCHANT SERVICES
 FIXED/INVESTMENT DEPOSIT
 CREDIT FACILITY
 NIGHT DEPOSITORY
 SAFETY DEPOSIT BOX
 OTHER PAYMENT SERVICES

C. BENEFICIAL OWNERSHIP DETAILS: (To be completed for Corporations and Partnerships only)

NAME:	NATIONALITY:	%OWNERSHIP/INTEREST:
NAME:	NATIONALITY:	%OWNERSHIP/INTEREST:
NAME:	NATIONALITY:	%OWNERSHIP/INTEREST:
NAME:	NATIONALITY:	%OWNERSHIP/INTEREST:
NAME:	NATIONALITY:	%OWNERSHIP/INTEREST:
NAME:	NATIONALITY:	%OWNERSHIP/INTEREST:

D. DECLARATION - Select the appropriate boxes below:

- Foreign Entities Only:** We hereby acknowledge that you advised the business to consult with independent legal and tax counsel and that you have not offered such advice on the establishing of an account(s) with the business with regard to legal or tax matters in our country of residence.
- We 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 & 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 given 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.

NAME OF SIGNING OFFICER:	TITLE OF SIGNING OFFICER:	SIGNATURE:
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FOR INTERNAL USE ONLY

CIF FX Sector Code <i>(Select One)</i> :			Account Census Tract: <input type="text"/>
<input type="checkbox"/> 9101 – Central Gov't / Public Corp	Charge Group: <input type="checkbox"/> R <input type="checkbox"/> NR <input type="checkbox"/> ZC		
<input type="checkbox"/> 9410 – Private Financial Institution			
<input type="checkbox"/> 9584 - Other Private Non-Financial Institution			
Input By: Name (Print):	Signature:	Date:	
Authorized By: Name (Print):	Signature:	Date:	