

OFFICIAL USE ONLY	
CIF #:	
Acct #:	
Date opened:	
Branch:	

Please review the information and indicate correctness by signing in the space provided below.

ACCOUNT NAME

ACCOUNT HOLDER PERSONAL DETAILS			
SALUTATION	FIRST, MIDDLE	SURNAME	DATE OF BIRTH
ADDRESS: (LINE 1)		CITY:	COUNTRY:
			ZIP CODE/POSTAL CODE:
PHONE NUMBER (HOME):		PHONE NUMBER (BUSINESS):	CELLULAR/FAX NUMBER:

ACCOUNT INFORMATION			
ACCOUNT TYPE:	OPENING AMOUNT:	RATE:	REMARKS:
Select Account Type	\$		

SOURCE OF FUNDS	
WHAT IS THE SOURCE OF YOUR INITIAL DEPOSIT?	
<input type="checkbox"/> SAVINGS	<input type="checkbox"/> INCOME FROM EMPLOYMENT
<input type="checkbox"/> INTERNAL TRANSFER	<input type="checkbox"/> PROPERTY INVESTMENT
<input type="checkbox"/> INHERITANCE	<input type="checkbox"/> OTHER
HOW WILL ACCOUNT BE FUNDED?	
<input type="checkbox"/> SALARY	<input type="checkbox"/> CASHIERS CHEQUES
<input type="checkbox"/> BANK WIRE TRANSFER	<input type="checkbox"/> PROFIT FROM BUSINESS
<input type="checkbox"/> OTHER	

ACCOUNT ACTIVITY (Total value of transaction in and out of the account)	
POTENTIAL ACTIVITY DEPOSIT \$	POTENTIAL ACTIVITY WITHDRAWALS \$
INCOMING /OUTGOING WIRE TRANSFER \$	OTHER \$
FREQUENCY OF DEPOSITS: <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI WEEKLY <input type="checkbox"/> MONTHLY	FREQUENCY OF WITHDRAWALS: <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI WEEKLY <input type="checkbox"/> MONTHLY

JOINT ACCOUNT DETAILS		
First Name, Middle Name(s), Surname	D.O.B (mm/dd/yyyy)	CIF#
2.		
3.		
4.		

AGREEMENT AND DECLARATION

Savings Accounts

A minimum deposit of \$50 is required to open an account. A minimum daily balance of \$50 must be maintained otherwise a service fee of EC\$5.00 will be charged every month the balance remains below \$50. 00.

Interest is added on your account quarterly. Interest will be allowed at the rate and on terms established by the Bank from time to time and shall be added to principal. The current rate can be ascertained at the Bank.

The bank reserves the right to reduce the rate of interest on, and to charge a commission for, the keeping of any account if, in the opinion of the Bank, such account does not appear to be operated as a true savings account.

The Bank reserves the right at anytime to alter the terms and conditions on which savings accounts are conducted.

The completed deposit voucher or withdrawal voucher with your account number, name, signature and the amount should be handed to the Customer Service Representative. The duplicated copy of this voucher will be returned to the depositor initialed and stamped by the cashier.

Cheques may not be drawn on Savings Accounts.

The Bank reserves the right to require fifteen days' notice of withdrawal of all or any portion of the amount at credit of the account.

Statements will be issued quarterly on March 31, June 30, September 30 and December 31 in each year. No Passbook will be issued with this account. The bank will forward all quarterly statements of the savings account/s by ordinary mail to the undersigned at the above stated address, until further notice in writing. The Bank should be notified of any change of address.

Joint Accounts

The undersigned, having opened a deposit account numbered as indicated above with the aforementioned branch of Bank of Antigua Limited, in joint names, in consideration thereof you do hereby agree each with the other or others of us and also with the Bank that all moneys now or which may hereafter be deposited to the credit of the said account, and all interest thereon, shall be and continue the joint property of the parties with right of survivorship. Each of the undersigned, in order to constitute effectually the said joint deposit account, hereby assigns and transfers jointly any and all moneys which may have been heretofore or may now or hereafter be deposited to the credit of the said account, together with all interest which may be accrued thereon. Each of the undersigned hereby authorizes the Bank to accept from time to time as a sufficient discharge for any sum or sums withdrawn from the said account any receipt, cheque or other voucher signed in accordance with the agreed conditions for accepting instructions.

The undersigned jointly and severally agree with the Bank that the death of one or more of the undersigned shall not affect the right of the survivors or any one of them, or of the sole survivor, to withdraw all of the said moneys and interest from the Bank and to give a valid and effectual discharge or receipt therefore.

The undersigned jointly and severally agree with the Bank to pay to the Bank forthwith upon demand any overdraft, indebtedness or liability in its favour in connection with or arising out of the operation of the said account.

Unless otherwise expressly directed in writing, the Bank is hereby authorized by the undersigned and each of them to deposit to the credit of the said account all moneys and the proceeds of all cheques, promissory notes, bills of exchange, securities, coupons and orders for the payment of money received by the Bank payable to or for the credit or account of any one or more of the undersigned.

I hereby certify that the above information provided is true and that I have read the Bank's General Terms and Conditions and agree with the contents thereof.

(Signature Specimen for **Acct Number:**)

Signature 1: _____ (mm/dd/yyyy)

Signature 2: _____ (mm/dd/yyyy)

Signature 3: _____ (mm/dd/yyyy)

Signature 4: _____ (mm/dd/yyyy)



EASTERN CARIBBEAN AMALGAMATED BANK

Account Opening Check List

OFFICIAL USE ONLY	
CIF #:	
Acct #:	
Date opened:	
Branch:	

Check appropriate box and retain list with Customer Opening Documents

SECTION A - PERSONAL ACCOUNTS		
Legible copy of valid Photo ID for each person on Account (Passport, Voters ID, Drivers License) <i>Social Security & Medical Benefits card in cases where there are genuinely no photo ID'</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
True name and any other aliases used by customer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Date and Place of birth	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Copy of Utility Bill no more than six months old (<i>to confirm address</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Original Job Letter or evidence of Work Permit Issued	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Bank or Professional Reference (<i>if applicable</i>) <i>If waived please provide reason</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Credit Check from Local Financial Institutions	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Account Application completed and Signature Card signed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Indemnity Form completed and signed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
OFAC Report including signatories/ directors/ beneficial owner (s) (<i>if applicable</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Nature of the Account	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Source of Funds (<i>if applicable</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Online Banking /TeleBanking Service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Nature of Business if self-employed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Antigua Business License Number (If account is a Trading As) Additional Form to be Completed (BA-8 Sole Ownership or BA-18 Partnership)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Notarized copy of photo ID and Signatures (Only if documents are not being signed in the presence of a Bank Officer)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
SECTION B - CLUBS AND SOCIETIES		
Clubs or Societies' Rules/Constitution	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Letter of Request to open account and Identify Signatories	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Additional Forms to be Completed (BA-19) Plus required Information in Section A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SECTION C – CORPORATE ACCOUNTS		
Letter of Request or Original Corporate Resolution including nature of business to open account	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Certificate of Incorporation and Certificate of Good Standing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Memorandum and Articles of Association	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Certificate showing the Registered Office of the Corporation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Financial Statements (<i>if applicable</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Additional Forms to be Completed (BA-10 , BA-26) Plus required Information in Section A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SECTION D – POWER OF ATTORNEY		
Power of Attorney documents in accordance with our Internal Procedures relative to the account (Refer to POA Manual)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks:		
Additional Forms to be Completed (BA-17) Plus required Information in Section A	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Note:

All copies made by staff must be stamped "True copy of the original document" and signed.
 Any deviation from the above should be referred to Management for prior approval.
 In the event that any of the above items are not obtained please state comments in REMARKS section.

BANK USE ONLY

Prepared by: _____ Signature: _____ Date: _____
 Reviewed by (Supervisor): _____ Signature: _____ Date: _____
 Verifications Department: _____ Signature: _____ Date: _____



ACCOUNT TYPE

Acct Number:

Account Name:		
CIF #:		
Name	INDICATE: Joint/Single/P.O.A. Limitation and Signature Assignment	Signature
		Date:
		Date:
		Date:
		Date:
		Date:
		Date:

Witnessed By: _____