



ACCOUNT OPENING APPLICATION: INDIVIDUAL

I require the following account and/or services:-

Please tick the appropriate box to indicate the type of account.

DEMAND DEPOSIT/SAVINGS ACCOUNT CERTIFICATE OF DEPOSIT ANCILLARY SERVICES

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Priority Chequing
<input type="checkbox"/> Priority Savings
<input type="checkbox"/> Prestige Chequing
<input type="checkbox"/> Prestige Savings | <input type="checkbox"/> Priority Deposit
<input type="checkbox"/> Prestige Deposit | <input type="checkbox"/> Internet Banking
<input type="checkbox"/> Telephone Banking
<input type="checkbox"/> Credit Card
<input type="checkbox"/> Debit Card
<input type="checkbox"/> Bill Pay
<input type="checkbox"/> Safety Deposit |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Other _____

Please specify

Please note that separate applications may have to be completed for ancillary services.

- EC Dollar US Dollar Other

THE FOLLOWING CHECKLIST OF DOCUMENTS ARE REQUIRED FOR OPENING AN ACCOUNT FOR AN INDIVIDUAL

Please tick each box as evidence that these documents have been obtained from the customer to be placed on file.

- | | |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Picture identification (Drivers Licence, Identification Card, Passport) | <input type="checkbox"/> Banker's Reference Letter |
| <input type="checkbox"/> Professional Reference Letter (must have known individual for more than two years) | <input type="checkbox"/> Verification of address |

PIN CODE/PASSWORD (Telephone Account(s) Enquiry) _____

(Four to six characters: letters, numbers or combination of both)

I have received, read, understood and accepted the Terms and Conditions of the Financial Services Agreement. I agree to be bound thereby, and acknowledge that same may be amended by you from time to time. I confirm that I am the beneficial owner of this account.

SIGNATURE OF ACCOUNT HOLDER

_____ <i>Signature</i>	_____ <i>Date</i>
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DETAILS OF ACCOUNT HOLDER [PLEASE PRINT CLEARLY]

_____ FIRST NAME	_____ LAST NAMES
Address: _____ _____	
Mailing Address (if different from above): _____ _____	
Telephone Number: (W) _____ (H) _____ (C) _____ E-mail Address: _____	
Occupation/Profession: _____ Identification Details: _____	
Employer: _____ E-mail Address: _____	
Employer's Address: _____	
Date of Birth: _____ Social Security Number: _____	

REFERENCE/ CONTACT INFORMATION

	NAME	ADDRESS	TELEPHONE #	OCCUPATION	RELATIONSHIP
1.					
2.					
3.					

SOURCE OF FUNDS

How has your wealth been accumulated? (Please note that we may request further confirmation.)

Income from employment
 Investment & Savings
 Property Investments
 Other

What is the source of your initial deposit? (Please note that we may require further confirmation)

Income from employment
 Investment & Savings
 Property Investments
 Other

Please indicate the purpose for this account _____

ACCOUNT ACTIVITY

Please indicate the annual expected turnover of your account (i.e total value of transactions in and out of the account)

Potential activity Deposits _____

Potential activity Withdrawals _____

Incoming/Outgoing Wire Transfers _____

Box Monies/Average amounts _____

Salary Range \$ _____

*Other Sources _____

Amount \$ _____

Frequency of deposits:
 Weekly
 Monthly
 Intermittently

Frequency of Withdrawals:
 Weekly
 Monthly
 Intermittently

Average amount of each Deposit _____

Average amount of each Withdrawal _____

Amount of Opening Deposit \$ _____

Current Balance \$ _____

Source of funds
 Cheque
 Cash
 Internal Transfer

You are authorised from time to time, to give any credit information about me, including any information on this form, to and receive such information from any: (a) credit bureau or reporting agency (b) person with whom I may have or proposed to have financial dealings (c) Caribbean Union Bank Limited (d) person(s) in connection with any dealings I have or propose to have with you.

I agree that you may use that information to establish and maintain my relationship with you, and to offer me any services from time to time, as permitted by law.

<p style="text-align: center;"><i>Signature</i></p>	<p style="text-align: center;"><i>Date</i></p>
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FREQUENCY & MAILING PREFERENCES FOR CORRESPONDENCE & STATEMENTS

PLEASE INDICATE YOUR PREFERENCE FOR RECEIVING GENERAL CORRESPONDENCE, NOTICES, STATEMENTS AND PROMOTIONAL MATERIAL FROM THE BANK BY PLACING A TICK IN THE APPROPRIATE BOX

Please tick the appropriate box to indicate your preference.

Regular Mail
 Facsimile
 E-mail
 Courier
 Other

If other please specify _____

- Please send all correspondence, notices, account statements and promotional material on a regular basis to my address on record.
- Please hold all correspondence, notices, account statements and promotional material at your office at an annual charge of EC\$150.00. Any mail that remains unclaimed for a period of one year may be destroyed.
- Please observe and abide by the following delivery instructions.

PLEASE INDICATE THE PREFERRED FREQUENCY FOR PRINTING AND DISPATCHING YOUR ACCOUNT STATEMENT(S)

Please tick the appropriate box to indicate your preference

Quarterly
 Semi-Annually
 Annually
 Other

If other please specify _____

DETAILS OF EXISTING/OTHER ACCOUNTS

ACCOUNT NUMBER	ACCOUNT TYPE	SIGNING CAPACITY/AUTHORITY
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR BANK USE ONLY

INITIALS OF INTERVIEWING, VERIFICATION & APPROVING OFFICERS

ACCOUNT NUMBER ASSIGNED	ACCOUNT RELATIONSHIP OFFICER	VERIFIED BY	APPROVED BY

DATE LOADED: _____
(Month/ Date/ Year)

DATA ENTRY OFFICER'S INITIALS: _____