



## 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.

*Signature*

*Date*

**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: \_\_\_\_\_