



ACCOUNT OPENING APPLICATION: COMPANY

We 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 ANCILLIARY SERVICES

- | | | |
|--|--|--|
| <input type="checkbox"/> Current Account
<input type="checkbox"/> Fixed Deposit
<input type="checkbox"/> Other _____
<p style="text-align: center; font-size: small;"><i>Please specify</i></p> | <input type="checkbox"/> Internet Banking
<input type="checkbox"/> Telephone Banking
<input type="checkbox"/> Credit Card
<input type="checkbox"/> CUB Card
<input type="checkbox"/> Bill Pay
<input type="checkbox"/> Safety Deposit | |
|--|--|--|

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

THE FOLLOWING CHECKLIST OF DOCUMENTS ARE REQUIRED FOR OPENING AN ACCOUNT FOR A COMPANY

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

- | | |
|--|---|
| <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Memorandum & Articles of Association |
| <input type="checkbox"/> Picture identification (Drivers Licence, Identification Card, Passport) of signatories to account | |

PIN CODE/PASSWORD (Telephone Account(s) Enquiry) _____
(Four to six characters: letters, numbers or combination of both)

RESOLUTION OF BOARD OF DIRECTORS TO CONDUCT BANKING BUSINESS (Appointment of Banker's Mandate)

At a meeting of the Board of Directors ofwhose registered office is located held on theday of, it was resolved:

That Caribbean Union Bank Limited be appointed/continue as the Bankers of the Company. That regarding the Company's account(s) the said Bank is hereby authorized and requested:-

1. To honour and comply with all cheques, drafts, bills of exchange, promissory notes, acceptances, negotiable instruments, and orders expressed to be drawn, accepted, made or given on behalf of this Company at any time or times whether the banking account or accounts of this Company are overdrawn or any overdraft is increased by any payment thereof or in relation thereto or are in credit or otherwise but without prejudice to the Bank's right to refuse to allow any overdraft or increase of overdraft.
2. In the event of the said account becoming overdrawn at any time, we hereby agree that you shall be entitled to charge compound interest on the sum by which the said account is overdrawn calculated on daily balances with monthly rate, and that the rate of interest charged from time to time shall be at your sole discretion. You shall not be bound to notify us in advance of any change in the rate of interest but on receipt of a written request from us, you shall be obliged to specify the rate of interest being charged at the time of such request.
3. To honour and comply with all instructions to deliver or dispose of any securities or documents or property held by the Bank on behalf of the Company; to hold the Company liable on all agreements and indemnities in connection with the issue of letters of credit, drafts and telegraphic transfers and with all banking transactions.

Provided any such cheques, drafts, bills of exchange, promissory notes, acceptances, negotiable instruments, orders, instructions, agreements and indemnities are signed by the persons holding the undermentioned offices for the time being.* (State whether signing singly or otherwise.)

(Name of person and office held to be specified)

and countersigned by (if applicable) (Name of person and office held to be specified)

4. To treat all cheques, drafts, bills of exchange, promissory notes, acceptances, negotiable instruments and orders, as being endorsed on behalf of the Company and to discount or otherwise deal with them provided such endorsements purport to be signed by*

(Name of person and office held to be specified)

5. To cancel all existing mandates (if any) in force at the date hereof with regard to the Company's said Account(s) which Mandates are hereby terminated.

Provided that all authorities, instructions, instruments and transaction authenticated in accordance with any existing Mandate and purporting to have been given, made issued or entered into prior to receipt by CARIBBEAN UNON BANK, LTD. of notice of this resolution shall have effect as between the company and as though this resolution had never been passed.

That a list of the names and specimen signatures of the persons at present authorised to sign under this resolution be furnished to the Bank.

That the foregoing mandate and list of names remain in force until receipt by the said Bank of a duly certified copy of a resolution rescinding or amending the same.

We hereby certify the above to be a true copy from the Minutes.

Signed by: _____ *(Company's Corporate Seal to be affixed)*

Chairman/Director _____
Signature

Corporate Secretary/Director _____ *Signature* _____ *Date*

THE POSITION OCCUPIED BY EACH SIGNATORY, (I.E. DIRECTOR, SECRETARY, ETC.), MUST BE STATED AFTER HIS/HER NAME BEFORE EACH SPECIMEN [OF] SIGNATURE.

(Please print clearly - Use Black Ball Point Pen for signature and sign inside and away from the edges of the box)

SPECIMEN SIGNATURES OF ACCOUNT SIGNATORIES

LAST NAME	FIRST NAME	POSITION HELD
_____ <i>Signature</i>		_____ <i>Date</i>

LAST NAME	FIRST NAME	POSITION HELD
_____ <i>Signature</i>		_____ <i>Date</i>

LAST NAME	FIRST NAME	POSITION HELD
_____ <i>Signature</i>		_____ <i>Date</i>

LAST NAME	FIRST NAME	POSITION HELD
_____ <i>Signature</i>		_____ <i>Date</i>

DETAILS OF SIGNATORIES [PLEASE PRINT CLEARLY]

_____	_____
First Name	Last Name
Address _____	

Mailing Address if different from above _____	

Telephone Number: _____	Email Address: _____
Occupation/Profession _____	Identification Details _____

_____	_____
First Name	Last Name
Address _____	

Mailing Address if different from above _____	

Telephone Number: _____	Email Address: _____
Occupation/Profession _____	Identification Details _____

_____	_____
First Name	Last Name
Address _____	

Mailing Address if different from above _____	

Telephone Number: _____	Email Address: _____
Occupation/Profession _____	Identification Details _____

DETAILS OF SIGNATORIES [PLEASE PRINT CLEARLY]

First Name _____	Last Name _____
Address _____	
Mailing Address if different from above _____	
Telephone Number: _____ Email Address: _____	
Occupation/Profession _____ Identification Details _____	

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 (ANNUAL) \$ _____

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

We agree that you may use that information to establish and maintain our relationship with you, and to offer us any services from time to time, as permitted by law.

_____ Signature and office held	_____ Date
_____ Signature and office held	_____ Date
_____ Signature and office held	_____ Date
_____ Signature and office held	_____ Date
(Company's Corporate Seal to be affixed)	

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 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

Monthly
 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(S) ASSIGNED	ACCOUNT RELATIONSHIP OFFICER	VERIFIED BY	APPROVED BY

DATE LOADED: _____ DATA ENTRY OFFICER'S INITIALS: _____

ANNUAL ATTESTATION FORM

Shareholders

Name	Address	Share Percentage

Directors

Name	Address	Effective Date

Officers

Name	Position	Address	Effective Date

I declare that the information listed on this document is true and correct to the best of my knowledge.

Signature:

Office:

Date: