



Caribbean Union Bank

INTERNAL BANK USE ONLY	
DATE ACCOUNT OPENED	
RIM / CIF #	
OPENING BRANCH	
OPENING REASON (MARKETING)	

PERSONAL ACCOUNT OPENING APPLICATION

Type of Account Required

- | | | |
|---|--|--|
| Silver Advantage <input type="checkbox"/> | Priority Chequing <input type="checkbox"/> | Prestige Chequing <input type="checkbox"/> |
| Junior Saver <input type="checkbox"/> | Priority Savings <input type="checkbox"/> | Prestige Savings <input type="checkbox"/> |
| Silver Advantage + <input type="checkbox"/> | Priority Deposit <input type="checkbox"/> | Prestige Deposit <input type="checkbox"/> |

1. PRIMARY ACCOUNT HOLDER DETAILS

Title Mr. Mrs. Ms. Dr. Other _____

First Name _____ **Gender** Male Female

Middle Name _____ **Date of Birth**

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MM/DD/YYYY

Surname _____ **Marital Status** _____

Nationality _____ **Place of Birth** _____

Do you hold citizenship or legal residency status to any other country? If yes, please indicate _____

If a US citizen, resident or Green Card holder, please provide a copy of either your US Passport, Naturalization Certificate or Green Card along with:

- a) Social Security Number or TIN _____
- b) Copy of W-9 Form _____

2. CONTACT INFORMATION

Address _____ **Cell Phone** _____

_____ **Work Phone** _____

_____ **Home Phone** _____

Email 1 _____ **Email 2** _____

Mailing Address if different from above _____

ID Information Driver's License # _____ Passport # _____

Voters ID # _____ Medical Benefit Card # _____

Social Security Card # _____

3. EMPLOYMENT INFORMATION

Place of Employment _____

Employer's Address _____

Job Title _____ Length of Employment _____
 (YY/MM)

4. SOURCE OF FUNDS

How has your income been accumulated? *(Please note that additional documents may be requested)*

Income from Employment Investments & Savings Property Investments

Other (please specify) _____

What is the Source of Initial Deposit?

Income from Employment Investments & Savings Property Investments

Other (please specify) _____

Account Activity

Potential Number of Deposits Monthly _____ Specify average Amount _____

Potential Number of Withdrawals Monthly _____ Specify average Amount _____

Potential number of incoming/outgoing wires _____ Specify average Amount _____

Box Monies Yes No Amount \$ _____ Frequency _____

Amount & Source of Funds for Opening Deposit

\$ _____ Cheque Cash Internal Transfer

Please indicate the purpose of this account _____

5. REFERENCE / CONTACT INFORMATION

	Name	Address	Contact #	Occupation	Relationship
1					
2					
3					

6. ANCILLARY SERVICES

Please select the services required with this account:

Internet Banking

Telephone Banking

Debit Card

Credit Card

Cheque Book

Safety Deposit Box

Be advised that separate applications may be required for some ancillary services

Pin Code/Password (Telephone Account(s) Enquiry) _____
(Four to six characters: letters, numbers or combination of both)

3. DEBIT CARD INFORMATION

If you wish to have an alternate international address linked to your debit card, please complete below:

Address Line 1 _____

Zip/Postal Code _____

Address Line 2 _____

State/Province _____

City _____

Country _____

Accounts Accessible by Debit Card

Account 1 _____

Account 2 _____

Account 3 _____

Account 4 _____

I the undersigned hereby apply for a Caribbean Union Bank (CUB) MasterCard Debit Card. I confirm that the information given here is true and correct and shall form the basis of this contract. I hereby authorize the Bank to make enquiries which the Bank may deem necessary in order to confirm any of the above particulars and each source of your enquiries hereby authorized by me to provide any required information. Any changes in the above information will be notified to you in writing as outlined in the terms and conditions governing this agreement. I authorize you to debit from the bank account/s identified unspecified amounts due to the bank (inclusive of all Bank charges) each banking day in full repayment of all indebtedness under this agreement and further authorize you to debit the account/s with such amounts in precedence to any other payments from the account/s. I undertake to comply with the terms of the CUB MasterCard Debit Card Cardholder Agreement as amended from time to time. Use of my CUB MasterCard Debit Card and/or PIN at any ATM, Merchant, Point of Sale Device or other such devices as may be introduced by the Bank shall be used as evidence that I have received and read the CUB MasterCard Debit Card Cardholder Agreement and I agree to comply with the terms and conditions specified.

Client Signature

Date

Please indicate your preference for receiving general correspondence, notices and promotional material from Caribbean Union Bank by selecting the appropriate option below:

Regular Mail

Facsimile

Email

Courier

Other _____

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.

I have received, read, understood and accepted the Terms and Conditions of the Customer 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 and that the information provided herein is true and correct.

Signature (Primary Account Holder)

Date

Signature (Additional Account Holder)

Date

Signature (Additional Account Holder)

Date

Signature (Additional Account Holder)

Date

FOR BANK USE ONLY

Details of Existing Accounts

Account Number	Account Type	Signing Capacity/Authority

New Account Number Assigned _____

KYC Document Checklist

- | | | | | |
|--------------------------------|--------------------------------|---|-------------------------------------|---|
| ID #1 <input type="checkbox"/> | ID #2 <input type="checkbox"/> | Proof of Address <input type="checkbox"/> | Job Letter <input type="checkbox"/> | Reference Letter <input type="checkbox"/> |
| ID #1 <input type="checkbox"/> | ID #2 <input type="checkbox"/> | Proof of Address <input type="checkbox"/> | Job Letter <input type="checkbox"/> | Reference Letter <input type="checkbox"/> |
| ID #1 <input type="checkbox"/> | ID #2 <input type="checkbox"/> | Proof of Address <input type="checkbox"/> | Job Letter <input type="checkbox"/> | Reference Letter <input type="checkbox"/> |
| ID #1 <input type="checkbox"/> | ID #2 <input type="checkbox"/> | Proof of Address <input type="checkbox"/> | Job Letter <input type="checkbox"/> | Reference Letter <input type="checkbox"/> |

For US Residents Only

Social Security Number or TIN Copy of W-9 Form

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Interviewing Officer Name

Interviewing Officer Signature

Verification Officer Name

Verification Officer Signature

Approving Officer Name

Approving Officer Signature

Date Loaded

Data Entry Officer Signature