



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 Priority Chequing Prestige Chequing Junior Saver
Priority Savings Prestige Savings Dollar –a- Day Savings Silver Advantage +
Priority Deposit Premium Savings

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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Surname _____

MM/DD/YYYY

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

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 & Type 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:

Credit Card

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)

7. Internet Banking

Authority to debit my account

I request and authorize Caribbean Union Bank to debit my account _____ for the transaction
charges commencing on _____

These instructions are to remain in force until cancelled by me in writing and receipt of such cancellation in writing is acknowledged by the Bank in writing.

I hereby confirm that the information given is true and correct and agree to abide by the Terms and Conditions for the Caribbean Union Bank Internet Banking service.

Authorized Signature

Date

8. 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

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) institutions whom I may have or proposed to have financial dealings (c) Caribbean Union Bank Limited (d) institution(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

Details of Existing Accounts

Account Number	Account Type	Signing Capacity/Authority

New Account Number Assigned _____

KYC Document Checklist

ID #1

ID #2

Proof of Address

Job Letter

Reference Letter

For US Residents Only

Social Security Number or TIN

Copy of W-9 Form

Interviewing Officer Name

Interviewing Officer Signature

Approving Officer Name

Approving Officer Signature

Compliance Officer Name

Compliance Officer Signature

Date Loaded

Data Entry Officer Signature

General Manager Name

General Manager Signature