



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

**PERSONAL ACCOUNT OPENING APPLICATION: JOINT**

SAVINGS		CHEQUING DEPOSITS		CERTIFICATES	
Junior Saver	<input type="checkbox"/>	Priority	<input type="checkbox"/>	CD	<input type="checkbox"/>
Priority	<input type="checkbox"/>	Prestige	<input type="checkbox"/>	Flex CD	<input type="checkbox"/>
Prestige	<input type="checkbox"/>			Call Account	<input type="checkbox"/>
Dollar A Day	<input type="checkbox"/>				
Premium Savers	<input type="checkbox"/>				
Silver Advantage +	<input type="checkbox"/>				

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

- Picture identification (Driver's License, Identification Card, Passport)**
- Banker's Reference Letter**
- Professional Reference Letter (must have known individual for more than two years)**
- Verification of Address**
- Job Letter**

**We, the undersigned, request and authorize you to open bank account(s) in the names of-**

\_\_\_\_\_  
*(Name of Customers)*

\_\_\_\_\_  
*(Name of Customers)*

\_\_\_\_\_  
*(Name of Customers)*

\_\_\_\_\_  
*(Name of Customers)*

and to honour withdrawals of any and all funds, and accept instructions in relations to the account(s), providing such withdrawals or instructions is signed by either/both/any one or all of us. This authority is to remain in force until either/both/any one or all of us shall have expressly revoked it by a notice in writing. It shall not be revoked by the death of any of us, whereafter the signature of the survivors may be accepted as a sufficient discharge for any balance on this account or any part of such balance. We also confirm that we have read, understood and accepted all of the Terms and Conditions of the Financial Services Agreement. We agree to be bound thereby, and acknowledge that same may be amended by you from time to time. We confirm that we are the beneficial owners of this account.

**SIGNATURES OF ACCOUNT HOLDERS**

_____ <b>Signature</b>	_____ <b>Date</b>
_____ <b>Signature</b>	_____ <b>Date</b>

Signature	Date
Signature	Date

**DETAILS OF ACCOUNT HOLDER (PLEASE PRINT CLEARLY)**

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

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

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address ( if different from above) \_\_\_\_\_

Telephone Number: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_ Identification Details: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

## SOURCE OF FUNDS

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

Income from Employment  Investments & Savings  Property Investments

Business Operations

Other (please specify) \_\_\_\_\_

**What is the Source of Initial Deposit?**

Income from Employment  Investments & Savings  Property Investments

Business Operations  Box Monies

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 \_\_\_\_\_

Salary \$ \_\_\_\_\_

\*Other Sources \_\_\_\_\_ Amount \$ \_\_\_\_\_

Box Monies Yes  No  Amount \$ \_\_\_\_\_ Frequency \_\_\_\_\_

Amount & Type of Opening Deposit

\$ \_\_\_\_\_ Cheque  Cash  Internal Transfer  Wire Transfer/EFT

Please indicate the purpose of this account \_\_\_\_\_

**REFERENCE / CONTACT INFORMATION**

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	<b>Name</b>	<b>Address</b>	<b>Contact #</b>	<b>Occupation</b>	<b>Relationship</b>
1					
2					

**ANCILLARY SERVICES**

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Please select the services required with this account:

Debit Card     Internet Banking     Loans     Credit Card     POS Services

Cheque Book     Safety Deposit Box

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

**INTERNET BANKING**

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**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

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 with 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.

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**Signature (Primary Account Holder)**

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**Date**

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**Signature (Additional Account Holder)**

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**Date**

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**Signature (Additional Account Holder)**

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**Date**

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**Signature (Additional Account Holder)**

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**Date**

**FOR BANK USE ONLY**

**Details of Existing Accounts**

<b>Account Number</b>	<b>Account Type</b>	<b>Signing Capacity/Authority</b>

**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"/> |
| 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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Social Security Number or TIN  Copy of W-9 Form

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Social Security Number or TIN  Copy of W-9 Form

**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**

\_\_\_\_\_  
**General Manager Name**

\_\_\_\_\_  
**General Manager Signature**

\_\_\_\_\_  
**Date Loaded**

\_\_\_\_\_  
**Data Entry Officer Signature**