

# Corporate Account Application Form





**B Please choose the type of account that you would like to open (please tick applicable boxes)**

**Chequing Account**

Opening Deposit: \_\_\_\_\_  BMD  USD

**Cheques**

Cheque Books: Currency  BMD  USD Quantity  120  300

**Preferred method of collecting cheques:**

- Collect from Business Banking, 2nd Floor Reception
- Collect from Private Banking, 3rd Floor Reception
- 19 Reid Street  Paget Plaza

**Tick information to be printed on cheques:**

- Name  Mailing Address  Home Telephone  Work Telephone  Cell

**Statement Savings**

Opening Deposit: \_\_\_\_\_  BMD  USD  EUR  CAD  GBP **USD Premium:** Opening Deposit: \_\_\_\_\_  USD

**45 Day Notice Account**

Opening Deposit: \_\_\_\_\_  BMD  USD

**Corporate Savings Plan**

BMD  USD Opening Deposit: \_\_\_\_\_ Amount \$ (per month) \_\_\_\_\_

Interest Rate: \_\_\_\_\_ %

Start Date (DD/MM/YYYY)

Maturity Date (DD/MM/YYYY)

**Standing Instructions**

Account # (To be debited monthly) Amount \$ (per month) \_\_\_\_\_

Start Date (DD/MM/YYYY)  End Date (DD/MM/YYYY)

**Certificate of Deposit**

Currency	Opening Deposit	Term	Rate	Start Date	Maturity Date
				D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y
				D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y
				D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y
				D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y
				D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y

Payment Options:  Monthly  Quarterly  Bi-annually  Annually  At Maturity

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Account #:  Interest Account to be credited

Account #:  Interest Account to be credited

Account #:  Interest Account to be credited

**C Account Financial Details**

**Source of Initial Deposits:**  Earnings  Savings  Investments  Other: \_\_\_\_\_

Initial funds will be deposited via:  Local Bank Transfer  Wire  Bank draft  Personal cheque  Cash  Internal Bank Transfer

Clarien Account #:  (to be debited)

Estimated total monthly incoming funds: \_\_\_\_\_ Estimated total monthly outgoing funds: \_\_\_\_\_ Estimated number of transactions per month: \_\_\_\_\_

No additional credits expected  Other (Specify): \_\_\_\_\_

Source of additional credits:  Sales Income  Rental Income  Commissions  Donations  
 Investment Income  Other (Specify): \_\_\_\_\_

**Method of Outgoing Funds (Select all that apply)**

- Int'l Wires  Local Bank to Bank transfer  Bank Drafts  Cash  Cheques

**D Operation of Account**

What is the purpose of this account(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an overseas client, why have you chosen Bermuda to establish an account(s)? \_\_\_\_\_  
\_\_\_\_\_

Is this account(s) being held for the benefit of another party other than those named on the account(s)?  Yes  No

If so, please state their name: \_\_\_\_\_  
First Name Last Name Middle Initial(s)

**I/We would like information on any of the products and services listed below, please tick applicable boxes.**

- Trusts  Private Banking  Mortgages and Loans  Investments  Commercial Banking  Insurance Products  Credit Cards

**E Agreement**

Pursuant to a resolution of the Board of Directors, we apply to open an account or amend signatories on accounts with Clarien Bank Limited.

\_\_\_\_\_  
Officer/Director Title Signature Date (DD/MM/YYYY)

I/We agree to CLarien Bank Limited's ("Bank") terms and conditions for its products and services which are located at www.clarienbank.com

The Customer(s) apply(ies) to open an account with the Bank which shall be governed by the Bank's terms and conditions located on its website, as amended from time to time, and any other agreement between the Bank and its Customer(s).

In the case that multiple signatories are required, the Bank is authorised to act upon instructions from any/all of us or as follows: \_\_\_\_\_  
(please write any or all above)

until we give notice to the contrary in writing. Number of signatures required: \_\_\_\_\_

Signatory #1: \_\_\_\_\_ Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name (DD/MM/YYYY)

Signatory #2: \_\_\_\_\_ Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name (DD/MM/YYYY)

Signatory #3: \_\_\_\_\_ Signature #3: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name (DD/MM/YYYY)

Signatory #4: \_\_\_\_\_ Signature #4: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name (DD/MM/YYYY)

Signatory #5: \_\_\_\_\_ Signature #5: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name (DD/MM/YYYY)

Signatory #6: \_\_\_\_\_ Signature #6: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name (DD/MM/YYYY)

**F For Bank Use Only**

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Currency: \_\_\_\_\_ CIF#: \_\_\_\_\_  
Corporate

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Currency: \_\_\_\_\_ CIF#: \_\_\_\_\_  
Corporate

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Currency: \_\_\_\_\_ CIF#: \_\_\_\_\_  
Signatory

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Currency: \_\_\_\_\_ CIF#: \_\_\_\_\_  
Signatory

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Currency: \_\_\_\_\_ CIF#: \_\_\_\_\_  
Signatory

Account #: \_\_\_\_\_ Type: \_\_\_\_\_ Currency: \_\_\_\_\_ CIF#: \_\_\_\_\_  
Signatory

FSR/RM/ADMIN: \_\_\_\_\_ Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_  
Approved By SRE: \_\_\_\_\_ Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

**G Clarien Business Resolution**

I, \_\_\_\_\_, Secretary of \_\_\_\_\_ (the "Company") a company duly organised and existing under the laws of \_\_\_\_\_ and having its registered address at \_\_\_\_\_ hereby certify that the following is a true copy of a resolution duly adopted by the Board of Directors of the Company at a meeting thereof convened and held in accordance with the Memorandum of Association and the Bye-laws of the Company and held on \_\_\_\_\_ and that such a resolution is now in full force and effect and is in accordance with the Memorandum of Association and the Bye-laws of the Company.

FURTHER RESOLVED that the person(s) listed below, singly or jointly (delete as applicable) are hereby authorised on behalf of the Company to utilise Clarien Banking:

Print Name	Signature

FURTHER RESOLVED that as security for obligations of the Company in connection with the eBanking cards, the Company pledge to the Bank such of its deposits with the Bank and/or such of its other investments on such terms and conditions as may be agreed (as evidenced under separate cover) from time to time by the persons authorised to sign documents on behalf of the Company in connection therewith.

The Bank will be advised immediately via fax or letter should there be any changes to the eBanking details. Witness my hand and seal of the Company, this \_\_\_\_\_ day of \_\_\_\_\_.

Secretary \_\_\_\_\_