

# Personal Account Application Form



# Personal Account Application Form

BANK USE ONLY	
CIF Number	CIF Number
1)	2)
	CIF Number
	3)

## A Please print and sign where indicated.

☐ New Account
 ☐ Amend Existing Account

Existing Account #: 
 Existing Account #: 
 Existing Account #:

Account Name

Amended Account Name (If Applicable)

### Statement Mailing Address & Postal Code

Customer #1	Customer #2	Customer #3
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> New Customer <input type="checkbox"/> Existing Customer <input type="checkbox"/> Joint <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Signatory <input type="checkbox"/> Other <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> New Customer <input type="checkbox"/> Existing Customer <input type="checkbox"/> Joint <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Signatory <input type="checkbox"/> Other <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other: _____	<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> New Customer <input type="checkbox"/> Existing Customer <input type="checkbox"/> Joint <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Signatory <input type="checkbox"/> Other <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other: _____
Title:		
First Name:		
Middle Name:		
Last Name:		
Date of Birth: (DD/MM/YYYY)		

Bank Use Only	Customer CIF up to date	Customer CIF up to date	Customer CIF up to date
<input type="checkbox"/> Yes <input type="checkbox"/> No (Complete change of Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Complete change of Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Complete change of Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Complete change of Details)
Would you like to use eBanking for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like a Debit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact No. <input type="text"/> How would you like to receive your statements (select one) <input type="checkbox"/> *eStatement <input type="checkbox"/> Mail Primary Account #: <input type="text"/> Secondary Account #: <input type="text"/> Additional Account #: <input type="text"/> *eStatements available for Savings and Chequing Accounts only.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="checkbox"/> *eStatement <input type="checkbox"/> Mail <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="checkbox"/> *eStatement <input type="checkbox"/> Mail <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="checkbox"/> *eStatement <input type="checkbox"/> Mail <input type="text"/> <input type="text"/> <input type="text"/>

## 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: ☐ BMD ☐ USD ☐ Stub ☐ No Stub Number of Books: \_\_\_\_\_  
 (Books must be ordered in multiples of 4)

### Preferred method of collecting cheques:

☐ 19 Reid Street ☐ Paget Plaza  
☐ Collect from Wealth Management, 3rd Floor Reception

### Tick information to be printed on cheques:

☐ Name ☐ Mailing Address or ☐ Residential Address ☐ Home Telephone ☐ Work Telephone ☐ Cell

### Statement Savings

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

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

### 45 Day Notice Account

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

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### Long Term Savings

**Accumulator:** Term: ☐ 1Yr ☐ 3Yr ☐ 5Yr

☐ BMD ☐ USD

Opening Deposit: \_\_\_\_\_ Start Date (DD/MM/YYYY) \_\_\_\_\_ Mature Date (DD/MM/YYYY) Interest Rate: \_\_\_\_\_ %

**5 Year Saver:**
☐ BMD

Opening Deposit: \_\_\_\_\_ Start Date (DD/MM/YYYY) \_\_\_\_\_ Mature Date (DD/MM/YYYY) Interest Rate: \_\_\_\_\_ %

### Standing Instructions

Account # (To be debited monthly)

Amount \$ (per month)

Start Date (DD/MM/YYYY)

End Date (DD/MM/YYYY)

Trans Order #: \_\_\_\_\_

### Certificate of Deposit

Currency	Opening Deposit	Term	Rate	Start Date (DD/MM/YYYY)	Maturity Date (DD/MM/YYYY)

Interest Payment Options: ☐ Monthly ☐ Quarterly ☐ Bi-annually ☐ Annually ☐ At Maturity Notes: \_\_\_\_\_

Account #: \_\_\_\_\_ Interest Account to be credited Trans Order #: \_\_\_\_\_

## 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 ☐ Investments

☐ Clarien Account #: \_\_\_\_\_ (to be debited) Wire or Cheque Drawn on \_\_\_\_\_

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: ☐ Salary ☐ Rent ☐ Other (Specify): \_\_\_\_\_

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

☐ International Wires ☐ Local Bank to Bank transfer ☐ Bank Drafts ☐ Debit Card ☐ Cash

## D Operation of Account(s) (to be answered by any one of the account owners)

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

If an overseas customer, why have you chosen Bermuda to establish an account? \_\_\_\_\_

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

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

Relationship to account holder(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

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## E Changes to Account Holder/Signatories

Please note that all title changes or removal of signatory(ies) on joint account type(s) "AND" or "AND/OR" require the signatures of all parties on an instruction in order to effect the required change on an account.

☐ Delete an Account Holder/Signatory (Remaining signatories to complete and sign section F)

I/We \_\_\_\_\_ agree to be removed from the account(s).

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: 

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(DD/MM/YYYY)

☐ Add an Account Holder/Signatory (Remaining signatories to complete and sign section F)

I/We \_\_\_\_\_ agree to be added to the account(s).

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: 

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(DD/MM/YYYY)

## F Agreement

I/We agree to Clarien Bank Limited's ("Bank") terms and conditions for its products and services which are located at [www.clarienbank.com](http://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 of a joint account, 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: \_\_\_\_\_ Joint Account Survivorship: ☐ Yes ☐ No

Customer #1: \_\_\_\_\_ Signature #1: \_\_\_\_\_ Date: 

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(DD/MM/YYYY)

Customer #2: \_\_\_\_\_ Signature #2: \_\_\_\_\_ Date: 

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(DD/MM/YYYY)

Customer #3: \_\_\_\_\_ Signature #3: \_\_\_\_\_ Date: 

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(DD/MM/YYYY)

## G For Bank Use Only

New Account #: 

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 Type: \_\_\_\_\_ Currency: \_\_\_\_\_

New Account #: 

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 Type: \_\_\_\_\_ Currency: \_\_\_\_\_

New Account #: 

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 Type: \_\_\_\_\_ Currency: \_\_\_\_\_

New Account #: 

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 Type: \_\_\_\_\_ Currency: \_\_\_\_\_

New Account #: 

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 Type: \_\_\_\_\_ Currency: \_\_\_\_\_

FSR/RM/ADMIN: \_\_\_\_\_ Date (DD/MM/YYYY) 

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 Approved By SRE: \_\_\_\_\_ Date (DD/MM/YYYY) 

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## Banking Operations

Completed By: \_\_\_\_\_ Date (DD/MM/YYYY) 

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 Approved By SRE: \_\_\_\_\_ Date (DD/MM/YYYY) 

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Special Instructions: \_\_\_\_\_