

# Personal Account Application Form



# Personal Account Application Form

BANK USE ONLY

CIF Number	
1)	
2)	
CIF Number	
3)	

**A Please print and sign where indicated.**

New Account       Amend 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: <input type="text"/>	<input type="text"/>	<input type="text"/>

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)

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"/> <input type="text"/> - <input type="text"/> <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"/> <input type="text"/> Secondary Account #: <input type="text"/> <input type="text"/> Additional Account #: <input type="text"/> <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="text"/> - <input type="text"/> <input type="text"/> _____ <input type="checkbox"/> *eStatement <input type="checkbox"/> Mail <input type="text"/> <input type="text"/> <input type="text"/> <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="text"/> - <input type="text"/> <input type="text"/> _____ <input type="checkbox"/> *eStatement <input type="checkbox"/> Mail <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**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)

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

Name    Mailing Address or    Residential Address    Home Telephone    Work Telephone    Cell

**Preferred method of collecting cheques:**

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

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

**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: \_\_\_\_\_ %

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

**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 (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:   
(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:   
(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:   
(DD/MM/YYYY)

Customer #2: \_\_\_\_\_ Signature #2: \_\_\_\_\_ Date:   
(DD/MM/YYYY)

Customer #3: \_\_\_\_\_ Signature #3: \_\_\_\_\_ Date:   
(DD/MM/YYYY)

## G For Bank Use Only

New Account #:   
 Type: \_\_\_\_\_ Currency: \_\_\_\_\_

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

## Banking Operations

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

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