## Corporate Account Application Form







Corporate CIF Number:

## **Corporate Account Application Form**

A Please print and sign where indicated.		
New Account		
Amend Existing Account Existing Account #:	ing Account #: Existing Account #:	
Account Name:	Industry:	
Amended Account Name (If Applicable)		
Statement Mailing Address & Postal Code:		
Signatory #1: CIF Number:	□ New Customer □ Existing Customer	
□Mr □Mrs □Ms □Dr □Other:	First Name:	
Middle Name:	Last Name:	
Date of Birth:	anking for this account? 🛛 Yes 🖾 No	
Bank Use Only Customer CIF up to date Yes No (Complete change of Details)		
Signatory #2: CIF Number:	-	
□ Mr □ Mrs □ Ms □ Dr □ Other:		
	Last Name:	
(DD/MM/YYYY)	anking for this account? 🛛 Yes 🔹 No	
Bank Use Only Customer CIF up to date Yes No (Complete change of Details)		
Signatory #3: CIF Number:	□ New Customer □ Existing Customer	
□Mr □Mrs □Ms □Dr □Other:	First Name:	
Middle Name:	Last Name:	
	anking for this account? 🛛 Yes 🗇 No	
(DD/MM/YYYY) Bank Use Only Customer CIF up to date Yes No (Complete change of Details)		
Signatory #4: CIF Number: Add Delete	Ũ	
□Mr □Mrs □Ms □Dr □Other:	First Name:	
Middle Name:	Last Name:	
Date of Birth: DD/MM/YYY) Would you like to use online ba	anking for this account? 🛛 Yes 🔹 No	
Bank Use Only Customer CIF up to date  Yes No (Complete change of Details)		
Signatory #5: CIF Number:	□ New Customer □ Existing Customer	
□Mr □Mrs □Ms □Dr □Other:	First Name:	
Middle Name:	Last Name:	
Date of Birth:	anking for this account? $\Box$ Yes $\Box$ No	
Bank Use Only Customer CIF up to date Yes No (Complete change of Details)		
Signatory #6: CIF Number:	Ũ	
□ Mr □ Mrs □ Ms □ Dr □ Other:		
	Last Name:	
(DD/MM/YYYY)	anking for this account? 🛛 Yes 🔹 No	
Bank Use Only Customer CIF up to date Yes No (Complete change of Details)		

BANK USE ONLY

B Please choose the type of account that you would like to open (please tick applicable boxes)				
Chequing Account				
Opening Deposit: BN	1D 🗆 USD			
Cheques				
Cheque Books: Currency 🗌 BMD 🗌 USD 🛛 Quar	ntity 🔲 120 🔲 300		Cheque collection:	
Tick information to be printed on cheques:	e 🔲 Work Telephone	🗆 Cell		
Statement Savings				
Opening Deposit: 🛛 Bł	MD 🗌 USD 🗌 EUR 🔲 Ci	AD 🗆 GBP 🕻	JSD Premium: Opening Deposit:	🗆 USD
45 Day Notice Account				
Opening Deposit: BM	AD 🗆 USD			
Corporate Savings Plan			Standing Instructions	
BMD       USD       Opening Deposit:       Amount \$ (per month)         Interest Rate:       %       Amount \$ (per month)				Amount \$ (per month)
Start Date (DD/MM/YYY	Y) Maturity Date (DD)	/MM/YYYY)	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
Payment Options: 🗌 Monthly 🗖 Quarterly 🗖	Bi-annually 🗌 Annually 🛛	] At Maturity	Notes:	
Account #:	Interest Account to be	credited		
Account #:	Interest Account to be	credited		
Account #:				
C Account Financial Details				
Source of Initial Deposits:	□ Savings □ Investments	□ Other:		
Initial funds will be deposited via: 🛛 Local Bank Transfer 🔷 Wire 🖓 Bank draft 🖓 Personal cheque 🖓 Cash 📄 Internal Bank Transfer				
Clarien Account #:				
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				

		BANK U	SEONLY	Corporate CIF Number:
D Operation of Account				
·				
What is the purpose of this account(s)?:				
If an overseas client, why have you chosen Berm	uda to establish an account(s)?			
Is this account(s) being held for the benefit of a	nother party other than those na	med on the account(s)?	□ No	
If so, please state their name: First Name		Last Name		Middle Initial(s)
I/We would like information on any of t	ne products and services liste	ed below, please tick applicable	boxes.	
Trusts Private Banking Mor	gages and Loans 🛛 Investm	ents 🔲 Commercial Banking	Insurance P	roducts 🔲 Credit Cards
E Agreement				
Pursuant to a resolution of the Board of Directo	ors, we apply to open an account c	or amend signatories on accounts wi	th Clarien Bank Lir	nited.
Officer/Director	Title	Signature		
I/We agree to CLarien Bank Limited's ("Bank") t		0	www.clarienbank	
The Customer(s) apply(ies) to open an account				
from time to time, and any other agreement be				
In the case that multiple signatories are require				(please write any or all above)
until we give notice to the contrary in writing. I				
Signatory #1: Print Name				(DD/MM/YYYY)
Signatory #2:	Signature #2:		Date:	(DD/MM/YYYY)
Signatory #3:	Signature #3:		Date:	(DD/MM/YYYY)
Signatory #4:	Signature #4:		Date:	
Signatory #5:	Signature #5:		Date:	
Signatory #6	Signature #6		Date:	
F For Bank Use Only				(DD/MM/YYYY)
	Туре:	Currency:	CIF#: Corporate	
	Туре:	Currency:	CIF#: Corporate	
Account #:	Туре:	Currency:	CIF#:	
Account #:	Туре:	Currency:	CIF#:	
Account #:	Туре:	Currency:	CIF#:	
Account #:	Type:	Currency:		
Account #:	Type:	,		
		,		
Account #:	Туре:	Currency:	CIF#:	
		]		
FSR/RM/ADMIN: Signature:	Date (DD/MM/YYYY):	Approved By SRE: Signat	ure:	Date (DD/MM/YYYY):
age 3 of 4				CAAF-02/14/202

BANK USE ONLY

<b>G</b> Clarien Business Resolution			
I,	, Secretary of		(the "Company") a com-
pany duly organised and existing under the laws of		and having its registered address at	
hereby ce	rtify that the following is a true copy of a r	resolution duly adopted by the Board o	f Directors of the Company at a
we set the set of a second set of both the second sec		h - Due lever af the Commence and held	

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 \_

Clarien Bank Limited, through its wholly owned subsidiary companies, is licensed to conduct bank, investments, corporate service provider and trust business by the Bermuda Monetary Authority.

I have read and understand the terms & conditions, features, functions, rates and fees for this product.