



Iron Kids Account Opening & Youth Debit Card Application Form

Iron Kid CIF Number
Adult Signatory(1) CIF Number
Adult Signatory(2) CIF Number

A PLEASE PRINT

Account Name

Statement Mailing Address & Postal Code

Signatories Only - Iron Kid

View Only Online Access: Yes No

Full Name of Customer (First, Middle, Last)

Date of Birth (DD/MM/YYYY)

Home Telephone

Cell

Existing Client: Yes No

E-mail

Nationality

Place of Birth

Residential Address

Postal Code

School Attending

I.D. Type

I.D. Expiration Date (DD/MM/YYYY)

Adult Signatory (#1)

Online Banking: Access my Iron Kids Account online Yes No

Full Name of Customer (First, Middle, Last)

Date of Birth (DD/MM/YYYY)

Adult Signatory (#2)

Online Banking: Access my Iron Kids Account online Yes No

Full Name of Customer (First, Middle, Last)

Date of Birth (DD/MM/YYYY)



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B Deposit Information

Source of Initial Deposit(s): Earnings Savings Cash Other Amount of Initial Deposit \$ _____

Source, if cash: _____ Cheque Transfer from Clarien Account #

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Purpose of this account? Short-term Savings Long-term Savings Other: _____

What will be the expected levels of activity on the account and the expected source of regular credits?

Deposits of _____ BMD USD from source _____ to be made: Weekly Monthly Quarterly Annually

No additional credits expected Other: _____

The Applicants apply to open an account with Clarien Bank Limited, which shall be governed by the Banking Services Agreement and the Iron Kids Account Terms & Conditions modified from time to time by the Bank. Completion and signature of this account opening form and usage of the account applied for represents your acceptance of the Terms and Conditions as governed by Clarien Bank's Banking Services Agreement and Iron Kids Account Terms & Conditions. By signing below, I acknowledge receipt of the said documents referred hereto.

I, the adult co-signatory to this Iron Kids account, hereby unconditionally guarantee the full and prompt payment, when due, of all amounts owed by the Iron Kid named above to Clarien Bank under the Iron Kids Account Terms and Conditions and the Clarien Banking Services Agreement. I further consent to all extensions, renewals, changes in interest rate or other indulgences which may be granted with respect to the obligations hereby guaranteed any of which may be granted without notice to and without affecting my liability.

I also waive acceptance of this Guarantee and all other notices and demands of any kind with respect to this Guarantee or the obligations guaranteed and agree that the release of any person liable for the obligations guaranteed shall not release any other party. In addition to the obligations guaranteed, I also agree to pay to the Bank the amount of all costs incurred by the Bank in enforcing this Guarantee, including reasonable attorney fees. This guarantee shall be binding upon my heirs, personal representatives, successors and assigns.

I confirm that everything I have stated in this application is correct to the best of my knowledge.

I authorise the undersigned person(s) to charge on my account and I agree to accept responsibility for the debts incurred in accordance with the terms and conditions stated. In the case of a joint account, Clarien Bank Limited is authorised to act upon instructions from any/all of us or as follows: _____

until I give notice to the contrary in writing. Number of signatures required: _____

(please write any or all above)

Iron Kid

Signature

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Date (DD/MM/YYYY)

Adult Signatory (#1)

Signature

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Date (DD/MM/YYYY)

Adult Signatory (#2)

Signature

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Date (DD/MM/YYYY)

C The following documents are required, or confirmed in place:

- Proof of Identity:** Original or notarized copy of passport or birth certificate combined with government issued ID.
- Verification of Address:** Recent utility bill or other bank statement verifying the residential addresses of the account adult signatories.
- Minimum deposit:** BMD \$100 is required.

D Youth Debit Card

Please select the Clarien Iron Kids Account Youth card limit:
(Please tick one)

Daily Limits	Purchase	ATM
<input type="checkbox"/> Default	\$50.00	\$50.00
<input type="checkbox"/>	\$50.00	\$50.00
<input type="checkbox"/>	\$100.00	\$100.00
<input type="checkbox"/>	\$200.00	\$200.00
<input type="checkbox"/>	\$300.00	\$300.00
<input type="checkbox"/>	\$350.00	\$350.00
<input type="checkbox"/>	\$400.00	\$400.00

Declaration of parent/guardian of account holder age 8 up to 17yrs old:

I give the above named young person permission to obtain and operate a Youth Card and I have agreed to the daily card limits.

Signatory #1 (Print Name):

Signatory #1 (Signature):

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Date (DD/MM/YYYY)

Signatory #2 (Print Name):

Signatory #2 (Signature):

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Date (DD/MM/YYYY)



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E For Bank Use Only

Iron Kid: NO ID# & Type: _____ YES

Adult Signatory(1) NO ID# & Type: _____ YES

Adult Signatory(2) NO ID# & Type: _____ YES

Iron Kid Account #:

Card #:

Completed By: _____

Date (DD/MM/YYYY)

Embossing Name:

Approval: I am satisfied as to the existence, identity and residency of the above applicant(s). I have sent the service group a notification to assign view access to www.clarienbank.com which includes CIF and Account numbers.

Completed By (Print Name): _____ Signature: _____

F Operations

Approved by: _____ Date (DD/MM/YYYY)

PLACE STAMP HERE

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.