Personal Account Application Form

CLARIEN

Personal Account Application Form

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 ☐ Add ☐ Delete	Customer #2 ☐ Add ☐ Delete	Customer #3 ☐ Add ☐ Delete
	☐ New Customer ☐ Existing Customer	☐ New Customer ☐ Existing Customer	☐ New Customer ☐ Existing Customer
	☐ Joint ☐ Tenants in Common ☐ Signatory ☐ Other	☐ Joint ☐ Tenants in Common ☐ Signatory ☐ Other	☐ Joint ☐ Tenants in Common ☐ Signatory ☐ Other
Title:	☐ Mr ☐ Mrs ☐ Ms ☐ Dr. ☐ Other: ___	☐ Mr ☐ Mrs ☐ Ms ☐ Dr. ☐ Other: ___	☐ Mr ☐ Mrs ☐ Ms ☐ Dr. ☐ Other: ___
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
	☐ Yes ☐ No (Complete change of Details)	☐ Yes ☐ No (Complete change of Details)	☐ Yes ☐ No (Complete change of Details)

Contact No.	⬚⬚⬚⬚ – ⬚⬚⬚⬚⬚⬚⬚	⬚⬚⬚⬚ – ⬚⬚⬚⬚⬚⬚⬚	⬚⬚⬚⬚ – ⬚⬚⬚⬚⬚⬚⬚

* eStatements available via iBank. You can also deregister from paper statement via iBank.

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)

Cheque collection:
☐ 25 Reid Street, 2nd Floor

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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CIF Number	CIF Number
1)	2)

CIF Number
3)

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

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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

PAAF-02/14/2023

CIF Number	CIF Number
1)	2)

	CIF Number
	3)

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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

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: _____

New Account #: ☐☐☐☐☐☐☐☐☐☐ Type: _____ Currency: _____

New Account #: ☐☐☐☐☐☐☐☐☐☐ Type: _____ Currency: _____

New Account #: ☐☐☐☐☐☐☐☐☐☐ Type: _____ Currency: _____

New Account #: ☐☐☐☐☐☐☐☐☐☐ Type: _____ Currency: _____

FSR/RM/ADMIN: _____ Date (DD/MM/YYYY) ☐☐☐☐☐☐☐☐

Approved By SRE: _____ Date (DD/MM/YYYY) ☐☐☐☐☐☐☐☐

	Customer #1	Customer #2	Customer #3
Debit:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Primary Account #:	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐
Secondary Account #:	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐
Additional Account #:	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐

Banking Operations

Completed By: _____ Date (DD/MM/YYYY) ☐☐☐☐☐☐☐☐

Approved By SRE: _____ Date (DD/MM/YYYY) ☐☐☐☐☐☐☐☐

Special Instructions: _____