

OFFICIAL USE ONLY				
PIF #:				
Acct #:				
Date opened:				
Branch:				

Please review the information below and indicate correctness by signing in the space(s) provided.

* Denotes required information.

Account type: ACHIEVER PLUS			
A. ACCOUNT HOLDER PERSONAL DETAILS			
Br DAME DR FR LADY MISS *Title: MRS MS MSG PROF REV SIR		ame(s):	
*Surname:	*Date of Birth:	*S	ocial Sec. #:
		*S (mmmm/dd/yyyy)	
B. PRIMARY ACCOUNT HOLDER CONTACT INFORMA	TION		
*Home Phone #:	Business Phone #:		
C. PRIMARY ACCOUNT HOLDER ADDRESS DETAILS			
*Residential Address:	*Mailing Add	Tress: SAME AS RESIDENTIAL ADDR	ess (Select if applicable)
Address Line 1:	Address Line	1:	
Address Line 2:	Address Line	2:	
Country:	Country:		
Zip Code:	Zip Code:		
D. JOINT ACCOUNT DETAILS			
*Number of Signatures Required: 1 2 3 4			
*First Name, Middle Name(s), Surname		*D.O.B. (month/day/year)	*CIF#
2.			
3.			
4.			

E. SOURCE OF FUNDS

The information in this section enables us to better understand the transactions passing through your account. If the information provided is not clear and is not consistent with other information provided we may have to ask for your clarification. This may delay the processing of your application and transactions.

*Purpose of Account: Day to Day Expenses Salary Dividend Payments Standing Orders Investment Savings Payment to Suppliers Other

*Original Deposit Amount:

	Accumulated Savings Consultancy fees Dividends Inheritance Investment returns Loan Proceeds Salary/Bonus
Source of Original Deposit:	□SALE OF PROPERTY (LAND, VEHICLE, ETC.) □OTHER

Sending Bank:

□ Accumulated Savings □ Consultancy fees □ Dividends □ Inheritance □ Investment returns
*Source of Funds for continued funding of account: 🗌 LOAN PROCEEDS 🔤 SALARY/BONUS 🔤 SALE OF PROPERTY (LAND, VEHICLE, ETC.) 🔲 OTHER

*Please indicate the expected methods of payment on the account: CASH CHEQUE WIRE TRANSFER DRAFTS OTHER

F. ACCOUNT EXPECTED ACTVITIY

*Average Monthly Balance: □< \$25,000.00 □\$25,000.00-\$99,999.99 □\$100,000.00+

	Monthly Deposits		Monthly Withdrawals	
Transaction	Amount	Count	Amount	Count
*Cash:	□<\$25K □\$25K-\$99,999.99 □\$100K+	□1-20 □21-40 □40+	□< \$25K □\$25K-\$99,999.99 □\$100K+	□1-20 □21-40 □40+
*Wires:	□<\$25K □\$25K-\$99,999.99 □\$100K+	□1-20 □21-40 □40+	□< \$25K □\$25K-\$99,999.99 □\$100K+	□1-20 □21-40 □40+
*Internal Transfers:	□< \$25K □\$25K-\$99,999.99 □\$100K+	□1-20 □21-40 □40+	□< \$25K □\$25K-\$99,999.99 □\$100K+	□1-20 □21-40 □40+
*Cheques:	□< \$25K □\$25K-\$99,999.99 □\$100K+	□1-20 □21-40 □40+	□< \$25K □\$25K-\$99,999.99 □\$100K+	□1-20 □21-40 □40+
*ATM:	□<\$25K □\$25K-\$99,999.99 □\$100K+	□1-20 □21-40 □40+	□<\$25K □\$25K-\$99,999.99 □\$100K+	□1-20 □21-40 □40+

G. AGREEMENTS AND DECLARATIONS

To Bank of Saint Lucia (The Bank)

I/We agree to open this account at The Bank in my/our name. All monies deposited in this account from time to time, and the interest thereon must be paid upon:

О **My** signature and in the case of my death, to my estate.

O Our signature, and in the case of our death, to our estate.

О Either signature, and in the case of either death, on the signature of the survivors.

I/We hereby agree that any cheque or orders for payments of money payable to me/either of the undersigned may be deposited to the individual/joint account conducted with The Bank in my/our names.

I/We hereby agree that should this account become inactive/dormant with a balance below the minimum as specified by the bank from time to time, the account may be closed at the discretion of the Bank, without further notice. Where an inactive/dormant reminder notice is issued for this account, the Bank may levy a fee for issuing such notice.

nber:)	
me)	Signature	Date (mmmm/dd/yyyy)
e)	Witness Signature	Date (mmmm/dd/yyyy)
	BANK USE ONLY	
Name:	Signature:	(mmmm/dd/yyyy)
Name:	Signature:	(mmmm/dd/yyyy)
		me) Signature me) Signature me) Signature me) Signature e) Witness Signature BANK USE ONLY Name: Signature: