

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 infori	nation.			
Account type: Achiever Plus	i ☐Home Start ☐Honour 50 ☐Ore	DINARY SUPER SAVER		
A. ACCOUNT HOLDER PERSO	NAL DETAILS			
	□FR □LADY □MISS □MR	*First Middle New	(a).	
*Title: ☐MRS ☐MS ☐MSG	□PROF □REV □SIR □SR	*First, Middle Nai	me(s):	
*Surname:		*Date of Birth:		*Social Sec. #:
B. PRIMARY ACCOUNT HOLD	ER CONTACT INFORMATION		(mmmm/dd/yyyy)	
*Home Phone #:		s Phone #:		
C. PRIMARY ACCOUNT HOLD	ER ADDRESS DETAILS			
*Residential Address:		*Mailing Addr	ess: □Same as residential ad	DRESS (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 Signatories Require	od: □1 □2 □2 □4			
*First Name, Middle Name(s), S	urname		*D.O.B. (month/day/year)	*CIF#
2.				
3.				
4.				
E. SOURCE OF FUNDS				
				e information provided is not clear processing of your application and
*Purpose of Account: DAY TO	DAY EXPENSES SALARY DIVIDEND	PAYMENTS STANDING ORDER	rs □Investment □Savings □P	AYMENT TO SUPPLIERS OTHER
*Original Deposit Amount:				
	ACCUMULATED SAVINGS □CONSULTANG SALE OF PROPERTY (LAND, VEHICLE, ETC.)		ITANCE INVESTMENT RETURNS]Loan Proceeds □Salary/bonus
Sending Bank:				
		ED SAVINGS CONSULTANCY F	— EES □DIVIDENDS □INHERITANCE OF PROPERTY (LAND, VEHICLE, ETC.	
*Please indicate the expected n	nethods of payment on the accou	nt: □Cash □Cheque □V	VIRE TRANSFER DRAFTS OTH	ER

F. ACCOUNT EXPECTED ACTIVITY

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

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

	Monthly Deposi	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:						
My signature and in the case of my death, to my estate.						

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.

I/we hereby certify that the information provided above is true, accurate and complete and I/we have read, understood and by my/our signature/s hereunder agree to be bound by the **General Terms** & **Agreement** and **Mandates** for each of my/our accounts held with Bank of Saint Lucia Limited.

(Signature Specimen for SAV Acct Nu	mber:)	
Signatory 1 (Full Na		Signature	Date (mmmm/dd/yyyy)
Signatory I (Full No	ine)	Signature	Date (IIIIIIIII) ad/yyyyy
Signatory 2 (Full Name)		Signature	Date (mmmm/dd/yyyy)
Signatory 3 (Full Name)		Signature	Date (mmmm/dd/yyyy)
Signatory 4 (Full Name)		Signature	Date (mmmm/dd/yyyy)
Witness (Full Name)		Witness Signature	Date (mmmm/dd/yyyy)
		BANK USE ONLY	
Loaded by:			
Initial	Name:	Signature:	(mmmm/dd/yyyy)
Verified by:	Name:	Signature:	(mmmm/dd/yyyy)

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