

CUSTOMER INFORMATION FORM

Insert CIF #

TITLE	Select Title.	FIRST NAME				SURNAME		
		MIDDLE NAME						
DATE OF BIRTH	Click here to enter a date.	COUNTRY OF BIRTH	(1)	NATIONALITY				
MARITAL STATUS	Choose an item.		ALTERNATE COUNTRIES OF CITIZENSHIP		(1)			
EDUCATION	Choose an item.	US STATUS	NOT A US PERSON	<u>W9 Completed</u> Choose an item.	<u>W8 COMPLETED</u> Choose an item.			
PHOTO ID TYPE #1	Choose an item.	PHOTO ID #	COUNTRY OF ISSUE		EXPIRY DATE	Click here to enter a date.		
PHOTO ID TYPE #2	Choose an item.	PHOTO ID #	COUNTRY OF ISSUE		EXPIRY DATE	Click here to enter a date.		
HOME TEL #		WORK TEL #		CELL #				
EMAIL #1			EMAIL #2					
RESIDENTIAL ADDRESS				MAILING ADDRESS				
CITY				CITY				
STATE				STATE				
COUNTRY		ZIP		COUNTRY		ZIP		
RESIDENCE	Choose an item.	Own Land?	Choose an item.	EMPLOYMENT STATUS	Choose an item.			
NAME OF EMPLOYER			CURRENT OCCUPATION		YEARS EMPLOYED			
ADDRESS OF EMPLOYER			CURRENT JOB TITLE		ANNUAL INCOME			
US TAX IDENTIFICATION			US SOCIAL SECURITY #		Power of Attorney (POA) for account in USA?		POA?	
If Yes to POA, state account holder name			Do you receive regular payments from the USA?	Choose an item.	If yes, state source and frequency			



**CUSTOMER DECLARATION:** I, \_\_\_\_\_ Of \_\_\_\_\_-hereby declare under penalty of perjury, that all information provided in support of this application is true and correct to the best of my knowledge and belief, and confirm that the Bank is entitled to verify same directly or through any third party. I also agree that, if any such declaration made by me is found to be incorrect, the Bank is not bound to pay any interest on the account(s) opened by me and is entitled to terminate the account relationship.

I confer authority on the Bank to disclose information and data relating to my account as part of relevant statutory and regulatory mandates on a confidential basis to any agency duly authorized by law, rule or regulation without any further consent or authorization from me.

.....  
Signature

\_\_\_\_\_  
Date

## ACCOUNT INFORMATION DETAILS

<b>FIRST APPLICANT</b>		FIRST AND MIDDLE NAME	
CIF #		SURNAME	
TITLE	Choose an item.	RELATIONSHIP	<b>Principal Owner</b>

<b>SECOND APPLICANT</b>		FIRST AND MIDDLE NAME	
CIF #		SURNAME	
TITLE		RELATIONSHIP	

<b>THIRD APPLICANT</b>		FIRST AND MIDDLE NAME	
CIF #		SURNAME	
TITLE		RELATIONSHIP	

<b>FOURTH APPLICANT</b>		FIRST AND MIDDLE NAME	
CIF #		SURNAME	
TITLE		RELATIONSHIP	

CURRENCY OF ACCOUNT	Choose an item.	ACCOUNT TYPE	Choose an item.	NT OPTIONS	Choose an item.
OPENING DEPOSIT AMOUNT		SOURCE	Choose an item.	SOURCE	Choose an item.
Expected Deposit Amount		Frequency of Deposit	Choose an item.	Frequency of Withdrawal	Choose an item.



Expected Withdrawal Amount					
Exp. Incoming Wire Amount	-	Frequency of Incoming Wire	Choose an item.	Frequency of Outgoing Wire	Choose an item.
Exp. Outgoing Wire Amount	-				
Purpose of Account			Beneficiary of wires		
Signing Instructions	Any One to Sign				

International Debit Card		Name on Card		
Expiry Date		Card #		
Primary Account #		Type		
Secondary Account #				

Taken By:			Date:
Reviewed By:			Date:

