



# NATIONAL COMMERCIAL BANK OF ANGUILLA LTD.

P. O. BOX 44, The Valley AI-2640, Anguilla, BWI  
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## CORPORATE ACCOUNT APPLICATION

When completing our corporate account application form, please pay special attention to the types of payments you want to send and receive from your account, as well as the Bank's services that are available.

### TO APPLY FOR THIS ACCOUNT: -

- (1) Complete this application form.
- (2) Submit evidence substantiating the source of the funds to be deposited and/or your source of wealth.
- (3) Submit all due diligence documents required.

**Important Note:** All fields on this application must be filled. If you consider the field not applicable to you, please insert "not-applicable". The Bank may require additional documents and information. In order to avoid delay, it is to your advantage to submit documentation which is as complete as possible when submitting your application.

### APPLICANT'S DETAILS

Company Name | Customer Name \_\_\_\_\_ Trading Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_ Business Website \_\_\_\_\_

Company Registration Number \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ Country of Incorporation \_\_\_\_\_

Registered Agent \_\_\_\_\_ Registered Address \_\_\_\_\_

### BENEFICIAL OWNER

Name of Beneficial Owner (1) \_\_\_\_\_ Nationality \_\_\_\_\_

Country of Residence \_\_\_\_\_ Date of Birth (DD | MM | YYYY) \_\_\_\_\_

Passport Number \_\_\_\_\_ Date of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_

\_\_\_\_\_  
Name of Beneficial Owner (2)

\_\_\_\_\_  
Nationality

\_\_\_\_\_  
Country of Residence

\_\_\_\_\_  
Date of Birth (DD | MM | YYYY)

\_\_\_\_\_  
Passport Number

\_\_\_\_\_  
Date of Issue

\_\_\_\_\_  
Date of Expiry

## BUSINESS ACTIVITIES

\_\_\_\_\_  
Nature of Business

\_\_\_\_\_  
Physical Place of Business

\_\_\_\_\_  
Country(s) of Business Operations

\_\_\_\_\_  
Last Year's Turnover

\_\_\_\_\_  
Expected Turnover

Is the Company affiliated with any other companies or organizations? If Yes, please specify.

If you have any obligations that are in default, these should be indicated below. If there is insufficient space, please give full details on an additional sheet and attach.

\_\_\_\_\_  
Name of organization owed

\_\_\_\_\_  
Amount owed

\_\_\_\_\_  
# of months/years debt is outstanding

\_\_\_\_\_  
Name of organization/individual owed

\_\_\_\_\_  
Amount owed

\_\_\_\_\_  
# of months/years debt is outstanding

## CONTACT INFORMATION

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact Telephone

\_\_\_\_\_  
Contact Mobile

\_\_\_\_\_  
Contact Fax

\_\_\_\_\_  
Contact Email

\_\_\_\_\_  
Relation to Company

## TAX INFORMATION

If your company is a US Owned Foreign Entity, please tick the most appropriate box relative to your company/ultimate beneficial owner. If not, proceed to the next section.

\_\_\_ Corporation – substantial US Owner (held by one or more specified US persons owning directly or indirectly 10% or more of the stock of this corporation (by vote or value).

\_\_\_ Partnership (partners born in or out of the United States. Owns directly or indirectly more that 10% of the profits, interest or capital interest in such partnership)

\_\_\_ Trust (US person holds directly or indirectly 10% or more of the beneficial interest of such trust. If FATCA related entity tick and complete the most appropriate tax for \_\_\_ W-9<sup>1</sup> (US entity) \_\_\_ W-8 BEN-E<sup>2</sup> (entity is the Beneficial Owner)

If your Corporation/Partnership/Trust is a US Owner Foreign Entity, list the name, country of citizenship and/or Residency of each US Beneficial Owner who are ultimate holders of 10% or more of the corporation, partnership or trust (If additional space is required please give full details on an additional sheet with details requested):

Customer Identification Number<sup>3</sup> (CIN)

Tax Identification Number<sup>4</sup> (TIN)

Name

USA Citizen or Resident

Country of Citizenship and Residency

Home Address (Include Apt. No., Street, City, Province and Postal Code)

Mailing Address

Name

USA Citizen or Resident

Country of Citizenship and Residency

Home Address (Include Apt. No., Street, City, Province and Postal Code)

Mailing Address

## PREVIOUS BANKER INFORMATION

Name of Bank (1)

Contact

Address

State

Zip Code

Country

Name of Bank (2)

Contact

Address

State

Zip Code

Country

<sup>1</sup> Complete this form if the US person's income is connected with the conduct of a trade or business in the United States

<sup>2</sup> Complete this form if the US Person's income is not connected with the conduct of a trade or business in the United States (referred to as a Non US Person)

<sup>3</sup> Can be obtained from the Anguilla inland Revenue Department for local companies

<sup>4</sup> For US Person's this may be your Social Security Number

## CRIMINAL OFFENCES

1. Has the company ever been convicted of a criminal offense even though the subject of a pardon, amnesty, or such legal action? Yes \_\_\_ No. If Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Is the company presently the subject of any criminal investigations? \_\_\_ Yes \_\_\_ No. If Yes, state/provide details: \_\_\_\_\_  
\_\_\_\_\_
3. Is the company currently being investigated by or involved in litigation with the Internal Revenue Services, or other tax authorities in any jurisdiction, or any other Government Agency? \_\_\_ Yes \_\_\_ No. If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

By signing below, the company named in this application is: a) applying for banking services, b) attesting that the information provided in this document is true and accurate to the best of their knowledge and the company will notify the bank immediately of any substantial changes in this information, c) indicating that he/she has read, understood and agrees to the terms and conditions set out in the Disclosure Agreement (as may be amended from time to time).

I hereby indemnify the Bank and hold it harmless of any and all claims that may be brought against it as a result of the information that I have provided above or falsified that may result in any claim to be brought against the Bank.

I further understand that the Anguilla Confidential Relationships Act applies and that the bank may be obliged to disclose the information on an account holder to bank regulators or law enforcement authorities, if requested.

I hereby authorize the Bank and/or its agents to verify the information provided in this document by whatever means necessary. Further, I agree to pay the Bank all costs incurred.

I hereby acknowledge and agree that any deposit(s) to my account(s) whether single or aggregate that exceeds US\$9,999.99 or its equivalent agree to provide the source of the said funds and evidence of its source. Further, I agree to pay to the Bank all costs incurred I also acknowledge and agree that if over a 30-day period, deposits made to my account(s) aggregately exceeds US\$9,999.99 or its equivalent, I may be required to declare the source of said funds and provide documentation to support its source.

Dated at The National Commercial Bank of Anguilla Ltd, The Valley, Anguilla on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

The signature(s) below will represent your specimen to be used for all transactions for your account(s)

\_\_\_\_\_  
PRINT NAME

SIGNATURE

\_\_\_\_\_  
PRINT NAME

SIGNATURE

\_\_\_\_\_  
PRINT NAME

SIGNATURE

\_\_\_\_\_  
Witness: PRINT NAME

\_\_\_\_\_  
SIGNATURE

As soon as we receive your application and if your eligibility to hold the account can be determined on the basis of the application form and the documents submitted therewith, the Bank will promptly open the account as requested. If there are any questions concerning your documentation or eligibility, the Bank will conduct inquiries if you are prepared to cover the costs.

**OFFICIAL USE:**

Were all the required documents/information obtained and certified where necessary?  Yes  No

**RISK RATING:**

Customer Risk Profile:  High  Medium  Low

OTHER COMMENTS TO FILE:

Prepared by \_\_\_\_\_

Authorizing Officer Signature \_\_\_\_\_

Authorizing Officer Code \_\_\_\_\_