



# NATIONAL COMMERCIAL BANK OF ANGUILLA LTD.

P. O. BOX 44, The Valley AI-2640, Anguilla, BWI  
Tel: (264) 497-2101 | 497-2571 Fax: (264) 497-3310 | 497-3570  
Website: <http://www.ncbal.com> Email: [service@ncbal.com](mailto:service@ncbal.com)

## INDIVIDUAL ACCOUNT APPLICATION

This application is to be completed by an applicant who wishes to operate a Banking account with this institution.

### TO APPLY FOR THIS ACCOUNT: -

- (1) Complete this application form.
- (2) Submit evidence substantiating the source of the funds to be deposited.
- (3) Submit required documents

The above requirements are not exhaustive in that some applicants may be required by the Bank to submit additional documents and information. In order to avoid delay it is to your advantage to provide documentation that is as complete as possible when submitting your application.

### APPLICANT'S DETAILS

Name of Customer: Given Name \_\_\_\_\_ Middle \_\_\_\_\_ Surname \_\_\_\_\_ Title (Mr. Ms. Miss. Mrs.) \_\_\_\_\_

Other names (Maiden, Alias) \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Do you Own, Rent or Live with Family \_\_\_\_\_ Marital Status (Single, Married, Divorced, Widowed) \_\_\_\_\_

If married, Name of Spouse \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Status of Individual:  Resident  Non-Resident

\_\_\_\_\_  
If Non-Resident, please indicate the reason for opening an account with NCBA

## CUSTOMER IDENTIFICATION

Passport No. \_\_\_\_\_ Date of Issue (DD | MM | YYYY) \_\_\_\_\_ Date of Expiry (DD | MM | YYYY) \_\_\_\_\_

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

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_

Politically Exposed Person (PEP<sup>1</sup>):  Yes  No \_\_\_\_\_  
Name of PEP \_\_\_\_\_ Relationship \_\_\_\_\_

## TAX INFORMATION

If you are a US Resident tick the appropriate classification:

US Citizen  Green Card Holder  Reside in the USA for over 183 days.

Tax Identification Number (TIN<sup>2</sup>) \_\_\_\_\_ Customer Identification Number (CIN)<sup>3</sup> \_\_\_\_\_

If US Tax Payer:  W-9<sup>4</sup> (US entity)  W-8 BEN<sup>5</sup> (Non-US Person for Tax Purposes) If a US Person complete the appropriate tax form.

I hereby certify that  I am a citizen of the United States for tax purposes. Kindly initial here \_\_\_\_\_  
 I am not

## EMPLOYER DATA

Name of Employer/Business (1) \_\_\_\_\_ Name of Employer/Business (2) \_\_\_\_\_

Address of Employer/Business \_\_\_\_\_ Address of Employer/Business \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Job Title \_\_\_\_\_ Job Title \_\_\_\_\_

<sup>1</sup> An individual who has been entrusted with prominent public function, immediate family members and close associates of that individual

<sup>2</sup> For US person's this may be your Social Security Number

<sup>3</sup> Can be obtained from the Anguilla Inland Revenue Department

<sup>4</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>5</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)

Salary 1: \_\_\_\_\_ M/A \_\_\_\_\_

Salary 2: \_\_\_\_\_ M/A \_\_\_\_\_

If self-employed state nature of business \_\_\_\_\_

### PREVIOUS BANKER INFORMATION

Name of Bank \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

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 of paper and attach.

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

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

Time that debt is outstanding \_\_\_\_\_

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

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

Time that debt is outstanding \_\_\_\_\_

### CHARACTER REFERENCE

Contact Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

### CRIMINAL OFFENCES

1. Has the client 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. Are there any pending criminal charges against you or your associates?  Yes  No. If Yes, state/provide details: \_\_\_\_\_  
\_\_\_\_\_
3. Are you presently the subject of any criminal investigations?  Yes  No. If Yes, state/provide details: \_\_\_\_\_  
\_\_\_\_\_

4. Has the client or any company which he/she has been a Director or Officer ever been convicted of any criminal offense?  Yes  No. If Yes, state/provide details: \_\_\_\_\_  
\_\_\_\_\_
  
5. Has the client or any company which he/she has been a Director or Officer within the last ten years ever gone into creditor's liquidation or been obliged to compound with creditors?  Yes  No. If Yes, state/provide details: \_\_\_\_\_  
\_\_\_\_\_
  
6. Is the client 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 individual 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 his/her knowledge and that he/she 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 Operation of Account 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 have provided above or falsified that may result in any claim being 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 uncured.

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

\_\_\_\_\_  
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