

Account Opening Application: Individual – Joint



**GLOBAL BANK
OF COMMERCE**

We require the following account and/or services:-

DEMAND DEPOSIT OPERATING ACCOUNT:

USD GBP CAD EURO

CLASSIC SAVINGS ACCOUNT:

USD GBP CAD EURO

GOLD BOND CERTIFICATE OF DEPOSIT:

USD GBP CAD EURO

**PIN CODE/PASSWORD (Telephone Account(s) Enquiry)
(Please complete when mailing original application)**

Beneficial Holder #2—Surname and First Names:

Residential Address: _____

(Four to six characters: letters, numbers or combination of both)

We, the authorized signatories, have received, read, understood and accepted the Terms and Conditions of the Customer Agreement in the "Leading The Way In International Banking" Brochure. We agree to be bound thereby, and acknowledge that same may be amended by you from time to time.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

BENEFICIAL OWNERSHIP SECTION

Beneficial Holder #1—Surname and First Names:

Residential Address: _____

Beneficial Holder #3—Surname and First Names:

Residential Address: _____

Are you a U.S. National? Yes No
If yes, please provide a copy of your U.S. Passport or Green Card as appropriate

Tax Identification/Social Security Number _____

Please list **ALL** countries of Citizenship (if different from above)
(Please provide copies of related Passport(s) or other form of Citizenship). If none, please state.

Are you a U.S. National? Yes No
If yes, please provide a copy of your U.S. Passport or Green Card as appropriate

Tax Identification/Social Security Number _____

Please list **ALL** countries of Citizenship (if different from above)
(Please provide copies of related Passport(s) or other form of Citizenship). If none, please state.

ACCOUNT HOLDER INFORMATION SECTION

Account Holder #1—Surname and First Names:

Residential Address: _____

Tel: _____ Fax: _____

E-mail: _____

Occupation: _____

Passport Number _____ Expiration Date _____

Country of Residence _____ Date of Birth _____

Are you a U.S. National? Yes No
If yes, please provide a copy of your U.S. Passport or Green Card as appropriate

Tax Identification/Social Security Number _____

Please list **ALL** countries of Citizenship (if different from above)
(Please provide copies of related Passport(s) or other form of Citizenship). If none, please state.

Account Holder #2—Surname and First Names:

Residential Address: _____

Tel: _____ Fax: _____

E-mail: _____

Occupation: _____

Passport Number _____ Expiration Date _____

Country of Residence _____ Date of Birth _____

Are you a U.S. National? Yes No
If yes, please provide a copy of your U.S. Passport or Green Card as appropriate

Tax Identification/Social Security Number _____

Please list **ALL** countries of Citizenship (if different from above)
(Please provide copies of related Passport(s) or other form of Citizenship). If none, please state.

Account Holder #3—Surname and First Names:

Residential Address: _____

Tel: _____ Fax: _____

E-mail: _____

Occupation: _____

Passport Number _____ Expiration Date _____

Country of Residence _____ Date of Birth _____

Are you a U.S. National? Yes No
If yes, please provide a copy of your U.S. Passport or Green Card as appropriate

Tax Identification/Social Security Number _____

Please list **ALL** countries of Citizenship (if different from above)
(Please provide copies of related Passport(s) or other form of Citizenship). If none, please state.

JOINT ACCOUNT AGREEMENT

We, the undersigned, request and authorize you to open bank account(s) in the names of:-

Signature of Account Holder #2

(Use Black Ball Point Pen for signature and sign inside and away from the edges of the box)

(Name of Customers)

(Name of Customers)

(Name of Customers)

(Name of Customers)

(Name of Customers)

Signature of Account Holder #3

(Use Black Ball Point Pen for signature and sign inside and away from the edges of the box)

and to honour withdrawals of any and all funds, and accept instructions in relations to the account(s), providing such withdrawals or instruction is signed by: **(Tick as appropriate)**

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| either | both | any one | any two | all |

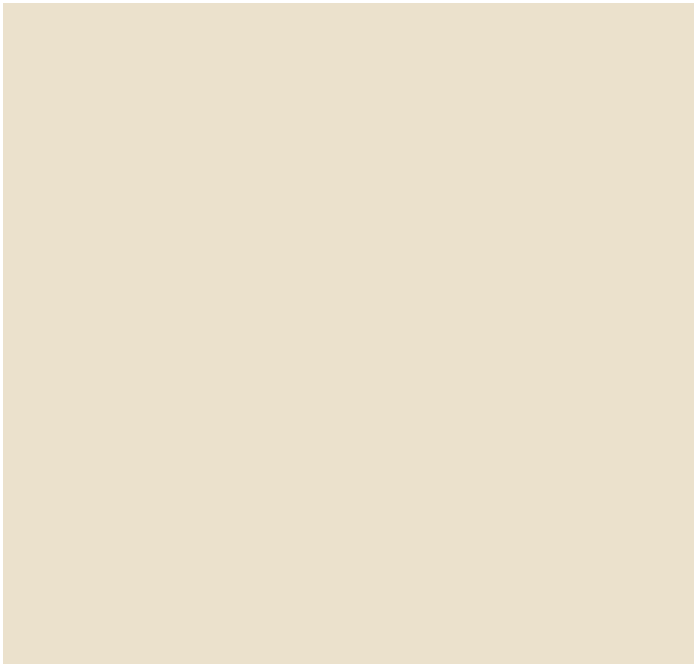
(initial by all parties)

This authority is to remain in force until:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| either | both | any one | any two | all |

(initial by all parties)

shall have expressly revoked it by a notice in writing. It shall not be revoked by the death of any of us, whereafter the signature of the survivors may be accepted as a sufficient discharge for any balance on this account or any part of such balance. We also confirm that we have read, understood and accepted all of the Terms and Conditions of the Customer Agreement in the "Leading The Way In International Banking" Brochure. We agree to be bound thereby, and acknowledge that same may be amended by you from time to time. We confirm that we are non-residents of Antigua & Barbuda. We confirm that we are the beneficial owners of this account.



REFERRAL SOURCE: _____

Please list the name of who (Individual or Company) referred you to the Bank

Signature of Account Holder #1

(Use Black Ball Point Pen for signature and sign inside and away from the edges of the box)

FOR BANK USE ONLY:

ACCOUNT NUMBER (To be assigned by the Bank): _____

Account Type/Currency: _____

Date Account Opened: _____

Relationship Officer: _____