



Cheque Book Application Form

Please read the "Information For Drawers" before completing this form

Account Number:

Please note: This must be an ordinary Savings Account.

Account Holder 1:

Name:
Address:

Account Holder 2:

Name:
Address:

Contact Details (Tel/Email/Fax)

Cheque Book Title

Delivery (please select one):

Collect from St. Helena Offices

Collect from Ascension Island Offices

Printing Costs (£5):

Please deduct from my account:

Cash with order:

I/we* would like to apply for a Bank of St. Helena cheque book facility on my/our* account.

I/we* have read and agree to the terms and conditions of issue.

Signed:	Signed:
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* Delete as appropriate

Bank use only	Order Ref:	
Approval:	Book Number:	
	Ordered:	
	Despatched/collected:	