



# Bank of St. Helena

[www.sainthelenabank.com](http://www.sainthelenabank.com)

## ACCOUNT OPENING FORM Current Account - Registered Charity

### SECTION 1 DO YOU HAVE THE RIGHT FORM?

This form is only for opening a Current Account for a Charity that is Registered in St. Helena under the Registered Charities Ordinance.

### SECTION 2 ACCOUNT DETAILS

Title of account:

### SECTION 3 REGISTERED CHARITY DETAILS

Registered Charity Name:

Legal Address:

Registration Number:

Place of Registration:

Charitable Activity (*PLEASE DESCRIBE*):

Head Office: Post Office Building, Main Street, Jamestown, St. Helena, South Atlantic, STHL 1ZZ

Tel: +290 2390, Fax: +290 2553, e-mail: [info@sainthelenabank.com](mailto:info@sainthelenabank.com)

Established and regulated in St. Helena under the *Banking Ordinance 2003* and the *Bank of St. Helena Ordinance 2003*.

**SECTION 4 PERSONS CONTROLLING THE ACCOUNT****4.1 AUTHORISED SIGNATORY 1**

Name:
Personal Address:
Role in the Registered Charity:
Specimen Signature:

**4.2 AUTHORISED SIGNATORY 2** *(PLEASE CROSS THROUGH IF NOT APPLICABLE)*

Name:
Personal Address:
Role in the Registered Charity:
Specimen Signature:

**4.3 AUTHORISED SIGNATORY 3** *(PLEASE CROSS THROUGH IF NOT APPLICABLE)*

Name:
Personal Address:
Role in the Registered Charity:
Specimen Signature:

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**4.4 AUTHORISED SIGNATORY 4** *(PLEASE CROSS THROUGH IF NOT APPLICABLE)*

Name:
Personal Address:
Role in the Registered Charity:
Specimen Signature:

**SECTION 5 COMMUNICATIONS**

**5.1 COMMUNICATION PREFERENCES** *(PLEASE COMPLETE ALL THAT ARE APPLICABLE)*

Phone <i>(GIVE NUMBERS)</i> :
Fax <i>(GIVE NUMBERS)</i> :
Email <i>(GIVE ADDRESSES)</i> :
Post <i>(GIVE ADDRESSES)</i> :

**5.2 REGULAR STATEMENTS** *(PLEASE SELECT ONE)*

	By Post to the address above	By Fax to the number above	To collect from the bank office at _____
Daily			
Weekly			
Monthly			
Quarterly			
Annually			
No Statements			

*(NOTE: ADDITIONAL STATEMENTS CAN ALSO BE REQUESTED AT ANY TIME)*

## **SECTION 6 AUTHORISATION**

### **6.1 INSTRUCTIONS**

*(DELETE AS APPROPRIATE)* The bank should only accept instructions signed by:  
Any single signatory / All signatories / Other, as described below:

### **6.2 DECLARATION**

I hereby confirm that:

1. the above details are correct and complete;
2. the Registered Charity will operate the account in accordance with the applicable Terms & Conditions set by the Bank of St Helena;
3. the Registered Charity will promptly notify the bank of any changes in the above details.

Signed for and on behalf of the Registered Charity:

Date:

**MEASURES TO PREVENT CRIMINAL ACTIVITY:** Bank of St. Helena reserves the right to conduct business in a manner which allows it to meet local and international obligations with regard to the prevention of criminal activities, including money laundering. Therefore, please note that: you may be asked to explain, and provide evidence to support that explanation, any transaction you request the bank to conduct on your behalf, or any transaction the bank has conducted on your behalf; the bank may decline to conduct a transaction on your behalf, without giving a reason; and the bank may be required to report any transaction you request it to conduct, whether or not it has agreed to conduct it, to the appropriate authorities, as required in the applicable legislation. The bank will attempt to minimise the impact of these requirements on its conduct of your transactions, and requests your cooperation in the operation of these procedures.

## **SECTION 7 FOR BANK USE ONLY**

Form Ref: Current Account opening form - Registered Charity.doc 2008-01-25

Account number allocated:

Account opened by:

Account authorised by:

Date processed:

*Attach charity constitution and registration documents*

Identity verification for officers (delete as appropriate):

- Existing customer (give account number(s) below)
- By documents (attach copies)
- By personal knowledge (name and signature below)