



Bank of St. Helena

www.sainthelenabank.com

ACCOUNT OPENING FORM New Life Savings Account

SECTION 1 DO YOU HAVE THE RIGHT FORM?

This form is only for opening a New Life Savings Account for an individual.

SECTION 2 ACCOUNT DETAILS

Title of account:

SECTION 3 APPLICANT DETAILS

3.1.1 Personal Details

Full Name:

Address:

Date of Birth:

Nationality:

If under 18, state name & address of parent or guardian:

3.1.2 Employment

Employer's Name:

Address:

Nature of business:

3.1.3 Other Bank Accounts Held

At Bank of St. Helena (*GIVE NUMBERS*):

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

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

ACCOUNT OPENING FORM New Life Savings Account, page 2 of 4

At other banks (GIVE BANK NAME AND ADDRESS):

3.1.4 Proof of identity (PLEASE INDICATE WHICH ARE PROVIDED)

Passport	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>
Letter of Introduction	<input type="checkbox"/>
Other (PLEASE SPECIFY BELOW)	<input type="checkbox"/>

SECTION 4 COMMUNICATIONS

4.1 COMMUNICATION PREFERENCES (PLEASE COMPLETE ALL THAT ARE APPLICABLE)

Phone (GIVE NUMBERS):
Fax (GIVE NUMBERS):
Email (GIVE ADDRESSES):
Post (GIVE ADDRESSES):

4.2 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 5 AUTHORISATION**5.1 DECLARATION**

FOR PERSONS OF UNDER 16 YEARS A PARENT/GUARDIAN MUST SIGN.

I hereby confirm that: <ol style="list-style-type: none">1. the above details are correct and complete;2. I will operate the account in accordance with the applicable Terms & Conditions set by the Bank of St Helena;3. I will promptly notify the bank of any changes in the above details.
Name:
Date:
Signature:
Signed on behalf of (<i>WHERE APPLICANT IS UNDER 16</i>):

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 6 FOR BANK USE ONLY

Form Ref: Savings Account opening form - New Life.doc 2007-10-30

Account number allocated:

Account opened by:

Account authorised by:

Date processed:

Identity verification (delete as appropriate):

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