

www.sainthelenabank.com

ACCOUNT FEATURES APPLICATION FORM

INDIVIDUAL





Bank of St Helena Ltd

Head Office: Market Street · Jamestown · St. Helena · South Atlantic · STHL 1ZZ Tel: +290 22390 · Fax: +290 22553 · e-mail: <u>info@sainthelenabank.com</u> · web: <u>www.sainthelenabank.com</u> Established and regulated in St Helena under the Financial Services Ordinance, 2008 and 2017, the Financial Services Regulations, 2017, the Company Ordinance, 2004 and the Company Regulations, 2004



SECTION 1: CUSTOMER DETAILS

Primary Account Number	
Account Name	
Address	
(minimum of 2 lines)	
Date of Birth	
Telephone Number	
Email Address	

Please complete the Sections for the features you would like on your exisiting account/s

SECTION 2: LOCAL DEBIT CARD DETAILS

CARD DETAILS

For each existing account on which you would like a Card, please complete a separate section below. Please note that Account Numbers will not be printed on Cards and the Card Name must contain alpha characters only (symbols cannot be accepted). Card Names must bear resemblance to Cardholder's Forename(s) and Surname. Cards can not be requested for Savings Accounts.

Acc	ount	Num	ber																
Prin	Name on Card: In the field below, please print your name as you would like it printed on your Local Debit Card using alpha characters only. Print one character per box, not more than 24 characters, this will include any spacing. Card Names must bear resemblance to Cardholder's Forename(s) and Surname:																		

Acc	ount	Num	ber															
Prin	Name on Card: In the field below, please print your name as you would like it printed on your Local Debit Card using alpha characters only. Print one character per box, not more than 24 characters, this will include any spacing. Card Names must bear resemblance to Cardholder's																	
Fore	Forename(s) and Surname:																	

ADDITIONAL CARDS – For additional account users such as Per Pro or Power of Attorney authorities

Account holders should note that an Additional Card Fee (see Rates, Fees and Charges) will apply for each additional card requested. Where an Account Holder authorises an additional cardholder on their Account, the Bank will issue the additional Cards directly to the third parties identified here, and the named third parties will, in accepting and using the additional card, have accepted the Local Debit Card, and relevant Account, Terms and Conditions.

Ac	cour	nt Nu	mber												
Name of Additional Cardholder															
Date of Birth															
Relationship to Account Holder (PP/POA)															
Name on Card: In the field below, please print the Card character per box, not more than 24 characters, this will inclu															



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Account Number										
Name of Additional Cardholder										
Date of Birth										
Relationship to Account Holder (PP/POA)										
	dholder's name as it should be displayed on the Local Debit Card using alpha characters only. Print one lude any spacing. Card Names must bear resemblance to Cardholder's Forename(s) and Surname:									
I agree that the person(s) named above as additional cardholders, may hold a Local Debit Card affiliated with my account and										
the Card(s) may be distributed to the named additi	tional cardholders (Please Tick as agreed).									

SECTION 3: ONLINE BANKING

Please detail all Individual Accounts you would like to add to your Online Banking Portal (this can include Savings Accounts)									
Account Number	Account Type (Current/Savings)	Account Name							

REFERRAL LIMIT: Minimum £1,000.00 and Maximum £5,000.00

Referral limits restrict straight through processing of individual transactions to a limited value. Any transaction meeting or exceeding the the referral limit will be delayed until confirmation is provided to the Bank. The default referral limit for customers upon registration to the service is £5,000.00. Should you require a lower Online Banking Referral Limit please stipulate the amount in the box below:

£

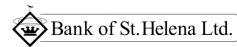
CUSTOMER SECURITY DETAILS

Please complete the following two security detail sections. They will be used to verify Customer Identity when contacting the Bank for Online Banking Assistance.

The Security Number and Memorable Date cannot be the same, or your Date of Birth. You will not be able to use your Account Number or Local Debit Card Number for your Security Number.

1. Please provide an 8-digit Security Number (numeric only)

2. Choose a memorable date (DD/MM/YYYY)



SECTION 4: OVERDRAFT

Personal Account Holders can request a ± 100 Overdraft on their Primary Account for ± 1 per month. This is an optional feature and the monthly fee will be debited from the Primary Account.

OVERDRAFT

Include a £100 Overdraft on the Primary Account in Section 1 for £1 per month

SECTION 5: DECLARATION

I hereby confirm that:										
1. The above details are cor	. The above details are correct and complete;									
2. I have read and accepted	. I have read and accepted all applicable Terms & Conditions for this Account, and will operate the									
Account in accordance with the	ese Terms & Conditions as set by Bank of St Helena Ltd.									
3. I will promptly notify the B	3. I will promptly notify the Bank of any changes in the above details.									
Full Name:	Full Name:									
Date:	Date:									
Signature:										

MEASURES TO PREVENT CRIMINAL ACTIVITY: Bank of St. Helena Ltd 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.



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SECTION 6: FOR BANK USE ONLY											
			Signature	Date							
Application Receive	ed										
Application Entered	d										
Customer Services											
AML Screening											
Chart of Account											
OVERDRAFT											
Overdraft Set-up											
Standing Order	Seq #:	Initial:									
ONLINE BANKING											
Online Banking Set	t Up										
Online Banking Da	ta Input Verification										
LOCAL DEBIT CARE)										
Data Input											
Data Input Verifica	tion										
П											
Card Production											
Card Inspection											
CUSTOMER SERVIC	CES										
Changes Verified b	y Assistant Customer Se	ervice Manager									
Pack Assembled a	nd Customer Contacted										



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