



Bank of St. Helena Ltd.

www.sainthelenabank.com

ACCOUNT FEATURES APPLICATION FORM

JOINT



@sainthelenabank



Bank of St Helena Ltd

Head Office: Market Street · Jamestown · St. Helena · South Atlantic · STHL 1ZZ

Tel: +290 22390 · Fax: +290 22553 · e-mail: info@sainthelenabank.com · web: www.sainthelenabank.com

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



Cardholder Name:	
Cardholder Date of Birth:	
Name on Card – Account Holder Two: 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:	

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.

Account Number	
Name of Additional Cardholder	
Date of Birth	
Relationship to Account Holder (PP/POA)	
Name on Card: In the field below, please print the Cardholder's name as it should be displayed on the 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:	

Account Number	
Name of Additional Cardholder	
Date of Birth	
Relationship to Account Holder (PP/POA)	
Name on Card: In the field below, please print the Cardholder's name as it should be displayed on the 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:	

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 additional cardholders (Please Tick as agreed).

SECTION 3: ONLINE BANKING

Please detail all Joint 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 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)

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- 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 correct and complete;	
2. I have read and accepted all applicable Terms & Conditions for this Account, and will operate the Account in accordance with these Terms & Conditions as set by Bank of St Helena Ltd.	
3. I will promptly notify the Bank of any changes in the above details.	
Applicant One	
Full Name:	
Date:	
Signature:	
Applicant Two	
Full Name:	
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.



SECTION 6: FOR BANK USE ONLY

			Signature	Date
Application Received				
Application Entered				
Customer Services				
AML Screening				
Chart of Account				
OVERDRAFT				
Overdraft Set-up				
Standing Order	Seq #:	Initial:		
ONLINE BANKING				
Online Banking Set Up				
Online Banking Data Input Verification				
LOCAL DEBIT CARD				
Data Input				
Data Input Verification				
IT				
Card Production				
Card Inspection				
CUSTOMER SERVICES				
Changes Verified by Assistant Customer Service Manager				
Pack Assembled and Customer Contacted				



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