



Bank of St. Helena Ltd.

www.sainthelenabank.com

CURRENT ACCOUNT APPLICATION FORM

BUSINESS



@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

BEFORE YOU APPLY

Terms and Conditions

Customers applying for a Bank of St Helena Ltd Account MUST agree to and meet, where required, the relevant Terms and Conditions of the Account and all services utilised in the operation of the Account.

Supporting documentation

When applying for a Bank of St Helena Account, the Bank is required to verify the applicant's identity and address. Applicants are therefore required to provide supporting documentation as proof. Please refer to Section 6 for full details of supporting documentation requirements.

About the Bank of St Helena Current Accounts

Bank of St Helena Personal Current Accounts come with three features: Local Debit Card, Online Banking and £300 Overdraft, or £500 Overdraft. Customers requesting an overdraft should note this will incur a monthly fee (£5 for £300 Overdraft and £15 for £500 Overdraft). Customers are also advised that a cheque book request will incur a one-off £7 charge. For more information on the banks fees and charges please visit our website at <https://www.sainthelenabank.com/wp-content/uploads/Rates-Fees-and-Charges.pdf>.

Please complete the full application including sections for Local Debit Card and Online Banking.

Completing the Current Account Opening Form

Please be advised this Application can be completed and submitted online.

For assistance with an Account Openings please contact the Customer Service Department. Completed application forms should be returned, via any Bank of St Helena Branch, to the Customer Service Department, Bank of St Helena, Market Street, Jamestown, St Helena Island.

SECTION 1: ACCOUNT DETAILS

1.1. BUSINESS INFORMATION					
Business Legal Name:					
Business Trade Name: <i>(if different to legal name)</i>					
Legal Form:	Sole Trader		Partnership		
	Company Limited by Shares		Company Limited by Guarantee		
	Limited Liability Partnership				
Country of Registration:					
Business Tax Identification Number:					
Business Industry Type	Agriculture Forestry & Fishing		Mining & Quarrying		
	Manufacturing		Utilities		
	Construction		Wholesale & Retail		
	Transport & Storage		Accommodation & Food Services		
	Information & Communication		Financial & Insurance		
	Real Estate		Professional & Scientific		
	Administrative & Support		Public Administration & Defence		
	Education		Human Health & Social Work		
	Arts & Entertainment		Other <i>(please state)</i>		
Legal Address:					
Business Operating Address: <i>(if different to above)</i>					
Do you operate in other countries?	No		Yes		<i>(if yes, please specify):</i>
Associated Companies:					
Total number of employees:					
Business Primary Contact Person:					
Full Name:					
Position / Role:					
Email Address:					

Telephone Number:	Home		Work		Mobile	
-------------------	------	--	------	--	--------	--

SECTION 2: BUSINESS STAKEHOLDER INFORMATION

Number of Directors / Partners:	
Number of Shareholders / Ultimate Beneficiaries:	

2.1. NATURAL PERSONS WHO OWN OR CONTROL DIRECTLY, OR INDIRECTLY, HAVING 25% OR MORE EQUITY OWNERSHIP						
PERSON 1						
Full Name:						
Nationality:						
Please detail any dual nationality:						
Date of Birth:						
County of Residence:				Residence Permit Number (if applicable)		
Role / Capacity:	Owner / Partner	☐	Director	☐	Authorised Signature	☐
Percentage of Ownership / Interest, please state:						
TAXATION DETAILS						
Country for Tax Reporting:						
Tax ID Number:						
US TAX REPORTING						
Are you a US Resident or Citizen?	Yes (please sign below)	☐	No	☐		
If you are a US Resident or Citizen, we will contact you to complete Form W-9 - Request for Taxpayer Identification Number and Certification. I hereby authorise the Bank of St Helena to report to the IRS all applicable information concerning this banking relationship, including but not limited to, name and address, the tax identification number, account statements, the amount of assets held at the Bank, revenues and income received on any account with the Bank, and any other information regarding this banking relationship which may be requested by the IRS. I hereby acknowledge and accept that any data that the Bank discloses to the IRS will be subject to the laws of the US which may follow different principals of bank-client confidentiality and/or St Helena data protection laws. I hereby acknowledge that all data disclosed to the IRS is disclosed irrevocably and will remain in the control of the US even after the termination of this banking relationship.						
Are you classified as a Politically Exposed Person? *	Yes	☐	No	☐		
*A Politically Exposed Person (PEP) is someone who has been entrusted with a prominent function to a high-profile position either in a full-time role (e.g. Chief Secretary) or in a part-time capacity (e.g. Board Director). Bank of St Helena keeps a record of PEP's who have accounts with the Bank to ensure compliance with Anti-Money Laundering and PEP Policy.						
Date:						
Signature:						



PERSON 2					
Full Name:					
Nationality:					
Please detail any dual nationality:					
Date of Birth:					
Country of Residence:		Residence Permit Number (if applicable)			
Role / Capacity:	Owner / Partner		Director	Authorised Signature	
Percentage of Ownership / Interest, please state:					

TAXATION DETAILS					
Country for Tax Reporting:					
Tax ID Number:					
US TAX REPORTING					
Are you a US Resident or Citizen?	Yes (please sign below)		No		
If you are a US Resident or Citizen, we will contact you to complete Form W-9 - Request for Taxpayer Identification Number and Certification.					
I hereby authorise the Bank of St Helena to report to the IRS all applicable information concerning this banking relationship, including but not limited to, name and address, the tax identification number, account statements, the amount of assets held at the Bank, revenues and income received on any account with the Bank, and any other information regarding this banking relationship which may be requested by the IRS.					
I hereby acknowledge and accept that any data that the Bank discloses to the IRS will be subject to the laws of the US which may follow different principals of bank-client confidentiality and/or St Helena data protection laws.					
I hereby acknowledge that all data disclosed to the IRS is disclosed irrevocably and will remain in the control of the US even after the termination of this banking relationship.					
Are you classified as a politically Exposed Person?	Yes		No		
<i>*A Politically Exposed Person (PEP) is someone who has been entrusted with a prominent function to a high-profile position either in a full-time role (e.g. Chief Secretary) or in a part-time capacity (e.g. Board Director). Bank of St Helena keeps a record of PEP's who have accounts with the Bank to ensure compliance with Anti-Money Laundering and PEP Policy.</i>					
Date:					
Signature:					

PERSON 3					
Full Name:					
Nationality:					
Please detail any dual nationality:					
Date of Birth:					
Country of Residence:		Residence Permit Number (if applicable)			
Role / Capacity:	Owner / Partner		Director	Authorised Signature	

Percentage of Ownership / Interest, please state:			
TAXATION DETAILS			
Country for Tax Reporting:			
Tax ID Number:			
US TAX REPORTING			
Are you a US Resident or Citizen?	Yes (please sign below)	☐	No ☐
If you are a US Resident or Citizen, we will contact you to complete Form W-9 - Request for Taxpayer Identification Number and Certification.			
I hereby authorise the Bank of St Helena to report to the IRS all applicable information concerning this banking relationship, including but not limited to, name and address, the tax identification number, account statements, the amount of assets held at the Bank, revenues and income received on any account with the Bank, and any other information regarding this banking relationship which may be requested by the IRS. I hereby acknowledge and accept that any data that the Bank discloses to the IRS will be subject to the laws of the US which may follow different principals of bank-client confidentiality and/or St Helena data protection laws. I hereby acknowledge that all data disclosed to the IRS is disclosed irrevocably and will remain in the control of the US even after the termination of this banking relationship.			
Are you classified as a Politically Exposed Person?	Yes ☐	☐	No ☐
<i>*A Politically Exposed Person (PEP) is someone who has been entrusted with a prominent function to a high-profile position either in a full-time role (e.g. Chief Secretary) or in a part-time capacity (e.g. Board Director). Bank of St Helena keeps a record of PEP's who have accounts with the Bank to ensure compliance with Anti-Money Laundering and PEP Policy.</i>			
Date:			
Signature:			

PERSON 4					
Full Name:					
Nationality:					
Please detail any dual nationality:					
Date of Birth:					
Country of Residence:		Residence Permit Number (if applicable)			
Role / Capacity:	Owner / Partner ☐	Director ☐	Authorised Signature	☐	
Percentage of Ownership / Interest, please state:					
TAXATION DETAILS					
Country for Tax Reporting:					
Tax ID Number:					
US TAX REPORTING					
Are you a US Resident or Citizen?	Yes (please sign below)	☐	No	☐	

If you are a US Resident or Citizen, we will contact you to complete Form W-9 - Request for Taxpayer Identification Number and Certification.

I hereby authorise the Bank of St Helena to report to the IRS all applicable information concerning this banking relationship, including but not limited to, name and address, the tax identification number, account statements, the amount of assets held at the Bank, revenues and income received on any account with the Bank, and any other information regarding this banking relationship which may be requested by the IRS.

I hereby acknowledge and accept that any data that the Bank discloses to the IRS will be subject to the laws of the US which may follow different principals of bank-client confidentiality and/or St Helena data protection laws.

I hereby acknowledge that all data disclosed to the IRS is disclosed irrevocably and will remain in the control of the US even after the termination of this banking relationship.

Are you classified as a Politically Exposed Person?	Yes		No	
---	-----	--	----	--

**A Politically Exposed Person (PEP) is someone who has been entrusted with a prominent function to a high-profile position either in a full-time role (e.g. Chief Secretary) or in a part-time capacity (e.g. Board Director).*

Bank of St Helena keeps a record of PEP's who have accounts with the Bank to ensure compliance with Anti-Money Laundering and PEP Policy.

Date:	
-------	--

Signature:	
------------	--

2.2. ORGANISATION / ENTITY WHO OWN OR CONTROL DIRECTLY, OR INDIRECTLY, HAVING 25% OR MORE EQUITY OWNERSHIP**ENTITY 1**

Entity Name:			
Incorporation Registration Number			
Shareholding/Control %			
Name Natural Person			
Nationality/Dual Nationality			
Country of Residence		Residence Permit Number (if applicable)	

ENTITY 2

Entity Name:			
Incorporation Registration Number			
Shareholding/Control %			
Name Natural Person			
Nationality			
Dual Nationality		Residence Permit Number (if applicable)	

ENTITY 3

Entity Name:			
Incorporation Registration Number			
Shareholding/Control %			
Name Natural Person			
Nationality			
Dual Nationality		Residence Permit Number (if applicable)	

ENTITY 4

Entity Name:			
Incorporation Registration Number			
Shareholding/Control %			
Name Natural Person			
Nationality			
Dual Nationality		Residence Permit Number (if applicable)	

2.3. AUTHORISED SIGNATORIES DETAILS

Anyone to sign	☐	All to sign	☐	Other: (please specify)		
AUTHORISED SIGNATORY 1						
Full Name:						
Date of Birth:						
Nationality: (please include any dual nationality)						
Current Address:						
Email Address						
Telephone Number:	Home		Work		Mobile	
TAXATION DETAILS						
Country for Tax Reporting:						
Tax ID Number:						
US TAX REPORTING						
Are you a US Resident or Citizen?	Yes (please sign below)	☐	No	☐		
If you are a US Resident or Citizen, we will contact you to complete Form W-9 - Request for Taxpayer Identification Number and Certification.						
I hereby authorise the Bank of St Helena to report to the IRS all applicable information concerning this banking relationship, including but not limited to, name and address, the tax identification number, account statements, the amount of assets held at the Bank, revenues and income received on any account with the Bank, and any other information regarding this banking relationship which may be requested by the IRS. I hereby acknowledge and accept that any data that the Bank discloses to the IRS will be subject to the laws of the US which may follow different principals of bank-client confidentiality and/or St Helena data protection laws. I hereby acknowledge that all data disclosed to the IRS is disclosed irrevocably and will remain in the control of the US even after the termination of this banking relationship.						
Date:						
Signature:						
AUTHORISED SIGNATORY 2						
Full Name:						
Date of Birth:						
Nationality: (please include any dual nationality)						
Current Address:						
Email Address						
Telephone Number:	Home		Work		Mobile	
TAXATION DETAILS						
Country for Tax Reporting:						
Tax ID Number:						

US TAX REPORTING					
Are you a US Resident or Citizen?	Yes (please sign below)	☐	No	☐	
If you are a US Resident or Citizen, we will contact you to complete Form W-9 - Request for Taxpayer Identification Number and Certification.					
I hereby authorise the Bank of St Helena to report to the IRS all applicable information concerning this banking relationship, including but not limited to, name and address, the tax identification number, account statements, the amount of assets held at the Bank, revenues and income received on any account with the Bank, and any other information regarding this banking relationship which may be requested by the IRS. I hereby acknowledge and accept that any data that the Bank discloses to the IRS will be subject to the laws of the US which may follow different principals of bank-client confidentiality and/or St Helena data protection laws. I hereby acknowledge that all data disclosed to the IRS is disclosed irrevocably and will remain in the control of the US even after the termination of this banking relationship.					
Date:					
Signature:					
AUTHORISED SIGNATORY 3					
Full Name:					
Date of Birth:					
Nationality: (please include any dual nationality)					
Current Address:					
Email Address					
Telephone Number:	Home		Work		Mobile
TAXATION DETAILS					
Country for Tax Reporting:					
Tax ID Number:					
US TAX REPORTING					
Are you a US Resident or Citizen?	Yes (please sign below)	☐	No	☐	
If you are a US Resident or Citizen, we will contact you to complete Form W-9 - Request for Taxpayer Identification Number and Certification.					
I hereby authorise the Bank of St Helena to report to the IRS all applicable information concerning this banking relationship, including but not limited to, name and address, the tax identification number, account statements, the amount of assets held at the Bank, revenues and income received on any account with the Bank, and any other information regarding this banking relationship which may be requested by the IRS. I hereby acknowledge and accept that any data that the Bank discloses to the IRS will be subject to the laws of the US which may follow different principals of bank-client confidentiality and/or St Helena data protection laws. I hereby acknowledge that all data disclosed to the IRS is disclosed irrevocably and will remain in the control of the US even after the termination of this banking relationship.					
Date:					
Signature:					

AUTHORISED SIGNATORY 4						
Full Name:						
Date of Birth:						
Nationality: <i>(please include any dual nationality)</i>						
Current Address:						
Email Address						
Telephone Number:	Home		Work		Mobile	
TAXATION DETAILS						
Country for Tax Reporting:						
Tax ID Number:						
US TAX REPORTING						
Are you a US Resident or Citizen?	Yes <i>(please sign below)</i>	☐	No	☐		
If you are a US Resident or Citizen, we will contact you to complete Form W-9 - Request for Taxpayer Identification Number and Certification.						
I hereby authorise the Bank of St Helena to report to the IRS all applicable information concerning this banking relationship, including but not limited to, name and address, the tax identification number, account statements, the amount of assets held at the Bank, revenues and income received on any account with the Bank, and any other information regarding this banking relationship which may be requested by the IRS. I hereby acknowledge and accept that any data that the Bank discloses to the IRS will be subject to the laws of the US which may follow different principals of bank-client confidentiality and/or St Helena data protection laws. I hereby acknowledge that all data disclosed to the IRS is disclosed irrevocably and will remain in the control of the US even after the termination of this banking relationship.						
Date:						
Signature:						

SECTION 3: BUSINESS INCOME AND ACCOUNT ACTIVITY				
Purpose of Account:				
Primary Source of Income:				
Expected Transaction Types:	Cash Deposits	☐	Domestic (local) Transfers	☐
	Cash Withdrawals	☐	International Payments	☐
	Loan Payments	☐	Foreign Currency Exchange	☐
	Card Acceptance Payments	☐	Other <i>(please state)</i>	
Expected Annual Gross Sales / Revenue:				

SECTION 4: ACCOUNT FEATURES

Customers must provide details regarding the operation of the Current Account.

- All business accounts will be given both Online Banking and Local Debit Card free of charge.
- Customers selecting Online Banking should note the service will apply to all the Business Banking Current Accounts. This will not apply to any personal accounts held.
- Online Banking customers are not eligible for the monthly printed statement.
- Customers opting for the interest-free overdraft account feature should note that this feature is chargeable with a fee deducted on a monthly basis from your primary account only

Local Debit Card	
------------------	--

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.

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 or the Business name.

[illegible]

Online Banking	
----------------	--

The Online Banking sections below are only applicable for New Online Banking Customers

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. Please note, Business banking customers can request a higher limit. The default referral limit for customers upon registration to the service is £5,000.00. Should you require a lower (or higher) 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)

Online Banking Account Type:	Single User		Multiple User	
-------------------------------------	-------------	--	---------------	--

Cheque Book	
-------------	--

Name of Cheque Book	
---------------------	--

A one-off £7 charge for your cheque book will be deducted from your primary account

£300.00 Authorised Overdraft (£5 monthly fee)	
---	--

£500.00 Authorised Overdraft (£15 monthly fee)	
--	--

SECTION 5: ASSOCIATED BUSINESS RELATIONSHIPS

ACCOUNTS HELD WITH OTHER BANKS (PLEASE STATE IF APPLICABLE)		
Bank Name	Country	Account Type

SECTION 6: SUPPORTING DOCUMENTATION

Businesses Accounts cannot be opened without the following:

Certified copy of Certificate of Incorporation	
Certified copy of Articles of Incorporation	
Certificate of Tax Compliance	
Certified copy of the Appointment of Board of Directors and their particulars	
Certified copy of Passport* for Directors and/or signatories and proof of address	
Acceptable documentation to prove business ownership	
a) Audited or unaudited financial statements where entity is greater than 12 months old; or b) 12 months cash flow forecast for new entities	

*A certified passport copy is needed in cases where the customer is not physically present for identification purposes. *Passport copies may be certified by member of the judiciary, an officer of an embassy, consulate or high commission of the country or territory of issue, a Justice of the Peace, or professional person such as a lawyer, notary public, certified public accountant or professional company secretary. The certifier will be required to date, print their name, and capacity clearly on the certified copy.*

SECTION 7: DECLARATION

It is hereby confirmed that:	
1. The above details are correct and complete;	
2. The Business has read and accepted all applicable Terms & Conditions for this account, and will operate the account in accordance with these Terms & Conditions, as set by the Bank of St Helena Ltd.	
3. The Business understands and agrees that, should it opt for Bank of St Helena Ltd.'s St Helena Pay Service, it has read and accepted the applicable Terms & Conditions for the St Helena Pay Service and any subsequent products or services used, and will operate the Service in accordance with these Terms & Conditions.	
4. The Business agrees that the Monthly Account Package Fee is to be credited to Bank of St Helena Ltd from the account (the fixed payment date will be set by Bank of St Helena Ltd).	
5. The Business will promptly notify the bank of any changes in the above details.	
6. I am not operating this account on behalf of someone else.	
Name:	
Date:	

Signed (on behalf of the business):	
-------------------------------------	--

FOR BANK USE ONLY

Application received by:	
Date:	
Signature:	