



Bank of St. Helena Ltd.

www.sainthelenabank.com

CURRENT ACCOUNT APPLICATION FORM

Charity



@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 Charity's registration and status, as well as the identity of those individuals that are authorised signatories to the account. Charities are therefore required to provide supporting documentation for the necessary identity verifications. Please refer to Section 6 for full details of supporting documentation requirements.

About the Bank of St Helena Current Accounts

Bank of St Helena Charity 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						
Charity Legal Name:						
Country of Registration:						
Charity Registration Number:						
Charity Core Activities:						
Legal Address:						
Charity Operating Address: <i>(if different to above)</i>						
Do you operate in other countries?	No	☐	Yes	☐	<i>(if yes, please specify):</i>	
Associated Companies/Organisations/Charities:						
Charity Primary Contact Person:						
Full Name:						
Position / Role:						
Email Address:						
Telephone Number:	Home		Work		Mobile	

SECTION 2: CHARITY STAKEHOLDER INFORMATION

Number of Directors/Committee Members:	
2.1. Director/Committee Members	
PERSON 1	
Full Name:	
Nationality: <i>(if individual)</i>	
Date of Birth:	
Country of Residence:	
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.			
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 2			
Full Name:			
Nationality: <i>(if individual)</i>			
Date of Birth:			
Country of Residence:			
TAXATION DETAILS			
Country for Tax Reporting:			
Tax ID Number:			
US TAX REPORTING			
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Date:			
Signature:			
PERSON 3			
Full Name:			
Nationality: <i>(if individual)</i>			
Date of Birth:			
Country of Residence:			
TAXATION DETAILS			
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Tax ID Number:			
US TAX REPORTING			
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Signature:			
PERSON 4			
Full Name:			
Nationality: <i>(if individual)</i>			
Date of Birth:			
Country of Residence:			
TAXATION DETAILS			
Country for Tax Reporting:			
Tax ID Number:			
US TAX REPORTING			
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Date:	
Signature:	

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			
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Date:						
Signature:						
AUTHORISED SIGNATORY 2						
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	☐		
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Signature:						
AUTHORISED SIGNATORY 3						
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 (please sign below)	☐	No	☐		
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Date:						
Signature:						
AUTHORISED SIGNATORY 4						
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	☐		
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Date:						

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

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)

Online Banking Account Type:	Single User	☐	Multiple User	☐
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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 ORGANISATION 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:

A signed Letter from the St Helena Charity Commission with Charity Registration Number	☐
A copy of the Constitution under which the Charity operates	☐
Verification of Address (letter/formal document verifying the address of the Charity)	☐
Proof of ID (passport* or birth certificate**) and address for account signatories	☐

*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.*

**A birth certificate may be provided as proof of ID for St Helenian's only, in cases where persons do not have a passport.

SECTION 7: DECLARATION

It is hereby confirmed that:	
1. The above details are correct and complete;	
2. The Charity 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 Charity 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 Charity 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 Charity 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 Charity):	

FOR BANK USE ONLY

Application received by:	
Date:	
Signature:	