



Bank of St. Helena Ltd.

www.sainthelenabank.com

Communications Preference Form

Customer Name	
Date of Birth	
Address	
Telephone Number	
Email Address	

Account Numbers to which these preferences are to be applied	
Account Number	Account Name

I can be contacted as follows (Please tick to indicate preference)	
Telephone	
Email	

Bank Statements (Please tick to indicate)					
Frequency:	Monthly		Quarterly		Annually
Post					
Collection from a Bank of St Helena Branch					

Authorised Signature(s)	Signature 1	
	Signature 2 (If required)	
Date		

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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