



Bank of St. Helena Ltd.

www.sainthelenabank.com

EASY SAVER ACCOUNT

CHANGE AN EXISTING ACCOUNT

JOINT



@sainthelenabank



Bank of St Helena Ltd

Head Office: Market Street · Jamestown · St Helena Island · STHL 1ZZ

T. +290 22390 · F. +290 22553 · email. 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 you apply for a Bank of St Helena Account, the Bank is required to verify your identity and residential address. Applicants are therefore required to provide supporting documentation as proof. Please refer to sections 2.4 and 3.4 for full details of supporting documentation requirements.

Completing this Form

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

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

SECTION 1: ACCOUNT AMENDMENT DETAILS

1.1. ACCOUNT DETAILS				
Title of Account (In Full):				
Account Number:				
Amendment Request:	Conversion of an existing Current Account to a Fixed Saver Account	☐	Conversion of an existing Fixed Saver Account to a Current Account	☐

SECTION 2: APPLICANT DETAILS

2.1. PERSONAL DETAILS								
Title:								
First Name:								
Middle Name:								
Last Name:								
Gender:								
Date of Birth:								
Marital Status: (please tick)	Single	☐	Married	☐	Divorce	☐	Widowed	☐
Email Address:								
Telephone Number:	Home		Work		Mobile			
Nationality*:								
Please detail any Dual Nationality*:								
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.

2.2. PRIMARY ADDRESS*	
House Name and/or Number	
Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Country	

2.3. DETAILS OF ANY PREVIOUS ADDRESS WITHIN THE LAST 3 YEARS*	
House Name and/or Number	
Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Country	

2.4 EMPLOYMENT STATUS & INCOME DETAILS
(Please tick)

Full-Time Employment	☐	Part-Time Employment	☐	Self-Employed	☐
Retired	☐	Student	☐	Unemployed	☐
Other (please specify)					

Employer Name:			
Employer's Industry Type:			
Address Line 1:			
Address Line 2:			
Address Line 3:			
Post Code:			
Country:			
Job Title:			
If contracted, please detail length of contract and end date:			
Estimated monthly salary:	£		
Please state any other source of income payments:		Estimated total income value per month:	£
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).

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2.5 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:			

2.6 COMMUNICATION (PLEASE COMPLETE ALL FIELDS THAT ARE APPLICABLE)



Contact Name: (name of the individual to receive bank communications, if different to the account holder listed in section 1.1. customers should note third party individuals receiving account information or documentation must be authorised to do so)

Telephone	Home:	Work:	Mobile:
Email:			
Communications Preference - Please select your preferred form of contact from the Bank*:			
Telephone		Mobile	
		Email*	

2.7 OTHER BANK ACCOUNTS

Please List Other Accounts (if any now or previously held) with Bank of St Helena Ltd held individually, jointly or for a Minor.

Please tick to indicate other accounts on which you would like card services. Should customers wish to have Cards associated with any of these accounts, please note that a one-off fee, per card associated account, will apply.

Account Name	Account Number	Card Account (✓)

2.8 ASSOCIATED RELATIONSHIPS

Accounts held with Other Banks (Please state if Applicable)

Bank Name	Country	Account Type

2.9 SUPPORTING DOCUMENTATION

Proof of identification

Individuals holding St Helenian Status are required to provide a valid certified Passport* or a copy of their birth certificate and verification of current and past postal address (if applicable).

Individuals without St Helenian Status will be required to provide a current certified Passport* for photo identification, verification of current and past postal address (if applicable) and proof of long term stay on either St Helena or Ascension Island e.g. Letter of Employment, Contract, etc.

Please note where an applicant's name differs to that shown on a Birth Certificate or Valid Passport, proof of name change must be provided. E.g. Marriage Certificate or Gazette Publication. *(PLEASE INDICATE BELOW WHICH DOCUMENTATION HAS BEEN PROVIDED)*

Proof of identity (Applicable for all Account Holders)

Birth Certificate	
Valid Certified Passport*	
Other e.g. Marriage Certificate <i>(PLEASE SPECIFY)</i>	

**Passport copies may be certified by a Banking Official, Immigration Official, Chief of Police, Chartered Accountant, Public Solicitor, Attorney General, Justice of the Peace, Registrar and Deputy Registrar of Births, Marriages and Deaths. These copies must include an official stamp.*

Confirmation of address (All Account opening customers)

Utility bill (for current and past address)	
Tax bill	
Other <i>(PLEASE SPECIFY:)</i>	

Proof of Long Term Stay (for Non-St Helenian residents only)

Letter of Employment (for contracted, non-St Helenian employees)	
Letter of Introduction (for partners of St Helenians and partners/spouses of contracted, non St Helenians)	

SECTION 3: APPLICANT TWO DETAILS

3.1 PERSONAL DETAILS

Title:								
First Name:								
Middle Name:								
Last Name:								
Gender:								
Date of Birth:								
Marital Status: (please tick)	Single	☐	Married	☐	Divorce	☐	Widowed	☐
Email Address:								
Telephone Number:	Home		Work		Mobile			
Nationality*:								
Please detail any Dual Nationality*:								

Are you classified as a Politically Exposed Person?	Yes		No	
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3.2 PRIMARY ADDRESS*	
House Name and/or Number	
Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Country	

3.3 DETAILS OF ANY PREVIOUS ADDRESS WITHIN THE LAST 3 YEARS*	
House Name and/or Number	
Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Country	

3.4 EMPLOYMENT STATUS & INCOME DETAILS					
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(Please tick)

Full-Time Employment		Part-Time Employment		Self-Employed	
Retired		Student		Unemployed	
Other (please specify)					

Employer Name:					
Employer's Industry Type:					
Address Line 1:					
Address Line 2:					
Address Line 3:					
Post Code:					
Country:					
Job Title:					
If contracted, please detail length of contract and end date:					
Estimated monthly salary:	£				
Please state any other source of income payments:		Estimated total income value per month:	£		
Are you classified as a Politically Exposed Person?*	Yes		No		

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3.5 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:			

3.6 COMMUNICATION (PLEASE COMPLETE ALL FIELDS THAT ARE APPLICABLE)			
Contact Name: (name of the individual to receive bank communications, if different to the account holder listed in section 1.1. customers should note third party individuals receiving account information or documentation must be authorised to do so)			
Telephone	Home:	Work:	Mobile:
Email:			
Communications Preference - Please select your preferred form of contact from the Bank*:			
Telephone ☐	Mobile ☐	Email* ☐	

3.7 OTHER BANK ACCOUNTS		
Please List Other Accounts (if any now or previously held) with Bank of St Helena Ltd held individually, jointly or for a Minor.		
<i>Please tick to indicate other accounts on which you would like card services. Should customers wish to have Cards associated with any of these accounts, please note that a one-off fee, per card associated account, will apply.</i>		
Account Name	Account Number	Card Account (✓)

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Please note where an applicant's name differs to that shown on a Birth Certificate or Valid Passport, proof of name change must be provided. E.g. Marriage Certificate or Gazette Publication. *(PLEASE INDICATE BELOW WHICH DOCUMENTATION HAS BEEN PROVIDED)*

Proof of identity (Applicable for all Account Holders)	
Birth Certificate	
Valid Certified Passport*	
Other e.g. Marriage Certificate <i>(PLEASE SPECIFY)</i>	

**Passport copies may be certified by a Banking Official, Immigration Official, Chief of Police, Chartered Accountant, Public Solicitor, Attorney General, Justice of the Peace, Registrar and Deputy Registrar of Births, Marriages and Deaths. These copies must include an official stamp.*

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Other <i>(PLEASE SPECIFY:)</i>	
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Letter of Employment (for contracted, non-St Helenian employees)	
Letter of Introduction (for partners of St Helenians and partners/spouses of contracted, non St Helenians)	

SECTION 4

4.1. REGULAR STATEMENTS

(BY TICKING AN OPTION BELOW, YOU INDICATE THAT YOU WISH TO RECEIVE A REGULAR STATEMENT ON YOUR FIXED SAVER ACCOUNT, AND DO NOT HAVE ONLINE BANKING)

Bank Statements will primarily be distributed using the address you have provided in Section 2. Please tick one of the following:

Frequency	Monthly	☐	Quarterly	☐	Annually	☐
Issued by post						☐
Collection from a Bank of St Helena Branch						☐

Customers will not receive a statement if this section is incomplete.

4.2. EXPECTED LEVEL OF CREDIT

Please specify the anticipated amount to be deposited at any one time into the account e.g. £20 per month.

Average credit amount:	
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4.3. SOURCE OF WEALTH

Please specify your Source of Wealth? E.g. Sale of Assets, Loans, Inheritance

SECTION 5: ACCOUNT AUTHORISATION

INSTRUCTIONS

Please indicate below if Instructions should be authorised by:

Either account holder (only one signature required); or	☐
Both account holders (both signatures required)	☐

SECTION 6: DECLARATION

I hereby confirm that:

1. the above details are correct and complete;	☐
2. we will 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. we will promptly notify the Bank of any changes in the above details.	☐



Applicant One	
Full Name:	
Date:	
Signature:	
Applicant Two	
Full Name:	
Date:	
Signature:	