



Bank of St. Helena Ltd.

[www.sainthelenabank.com](http://www.sainthelenabank.com)

# NEW LIFE SAVINGS ACCOUNT APPLICATION FORM



@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](mailto:info@sainthelenabank.com) · web: [www.sainthelenabank.com](http://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.

### About the Bank of St Helena New Life Savings Account

Bank of St Helena New Life Accounts are available to help save for at retirement age. The investment is paid out when your reach 60 or 65 years, depending on the opted account maturity. Deposits can be made in any amount at any time.

Applicants must be 18 or over to apply.

Annual interest of 5% is accumulated on New Life Savings Accounts (rates subject to change).

### Completing the Savings 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: CHOSEN AGE FOR ACCOUNT EXPIRATION:**

Aged 60 Years				Aged 65 Years	
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**SECTION 2: ACCOUNT HOLDER DETAILS**

2.1. PERSONAL DETAILS									
Title:									
First Name:									
Middle Name:									
Last Name:									
Gender:									
Date of Birth:									
Marital Status: (please tick)		Single		Married		Divorced		Widowed	
Nationality*:									
Please detail any Dual Nationality*:									

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 6 MONTHS*	
House Name and/or Number	
Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Country	

*\*US Residents and Citizens will be required to complete section 2.10.*

<b>2.4. COMMUNICATION</b> (PLEASE COMPLETE ALL FIELDS THAT ARE APPLICABLE)			
<b>Contact Name:</b> (name of the individual to receive bank communications, if different to the account holder listed in section 2.1. customers should note third party individuals receiving account information or documentation must be authorised to do so)			
<b>Telephone</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>
<b>Email:</b>			
<b>Communications Preference</b> - Please select your preferred form of contact from the Bank*:			
<input type="checkbox"/> Telephone	<input type="checkbox"/> Mobile	<input type="checkbox"/> Email*	<input type="checkbox"/>

\*Please note some Bank information will be sent to you via email (e.g. Online Banking outages, new St Helena Pay businesses)

<b>2.5. EMPLOYMENT AND INCOME DETAILS</b>
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Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Self-Employed	<input type="checkbox"/>	Other (please specify)	

Employer / Organisation Name:			
If Contracted, please detail length of Contract and end date:			
Address Line 1:			
Address Line 2:			
Address Line 3:			
Post Code:			
Country:			
Job Title:			
Salary (please tick if appropriate)	<input type="checkbox"/>	Pension: (please tick if appropriate)	<input type="checkbox"/>
Any other Source of Income (please tick if appropriate)	<input type="checkbox"/>		

<b>2.6. SUPPORTING DOCUMENTATION</b>
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**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)

<b>Proof of identity</b> (Applicable for all Account Holders)	
Birth Certificate	<input type="checkbox"/>
Valid Certified Passport*	<input type="checkbox"/>
Certification of Status (if applicable)	<input type="checkbox"/>
Other e.g. Marriage Certificate <i>(PLEASE SPECIFY)</i>	<input type="checkbox"/>

*\*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.*

<b>Confirmation of address</b> (All Account opening customers)	
Utility bill (for current and past address)	<input type="checkbox"/>
Tax bill	<input type="checkbox"/>
Other <i>(PLEASE SPECIFY:)</i>	<input type="checkbox"/>

<b>2.7. OTHER BANK ACCOUNTS</b>		
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 (✓)

<b>2.8. EXPECTED LEVEL OF CREDIT</b>	
Please specify the anticipated amount to be deposited at any one time into the savings account e.g. £20 per month.	
Average credit amount:	

<b>2.9. SOURCE OF WEALTH</b>
Please specify your Source of Wealth? E.g. Sale of Assets, Loans, Inheritance



2.10. US TAX INFORMATION (FOR US RESIDENTS AND CITIZENS ONLY)						
US Resident Classification	US Citizen	<input type="checkbox"/>	Green Card Holder	<input type="checkbox"/>	US Passport Holder	<input type="checkbox"/>
Tax Identification Number (TIN)						
I hereby certify that	I am	<input type="checkbox"/>	I am not	<input type="checkbox"/>	a citizen of the United States for tax purposes	
	I do	<input type="checkbox"/>	I do not	<input type="checkbox"/>	own real estate in USA	
Signed						

**SECTION 3: ACCOUNT FEATURES**

Savings Customers can view their balance and print and download their statements using Online Banking. If you are already an Online Banking Customer you can add your New Life Savings to your portal, but will not be able to transfer from the account. If you do not wish to proceed with Online Banking, please complete the Statement section.

ONLINE BANKING	
<i>Customers with Online Banking</i>	
Include this new account in my existing Online Banking (please tick)	<input type="checkbox"/>
<i>Customers without Online Banking – please complete the Account Features Application</i>	

*Customers with Online Banking will not receive printed statements.*

REGULAR STATEMENTS (NOT AVAILABLE FOR CUSTOMERS WITH ONLINE BANKING)				
Bank Statements will primarily be distributed using the address you have provided in Section 2. Please tick the following:				
Frequency: (please tick)	Quarterly	<input type="checkbox"/>	Annually	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Issued by post</li> </ul>				
<ul style="list-style-type: none"> <li>Collection from a Bank of St Helena Branch</li> </ul>				

(Please note additional statements are subject to fees charged automatically to the primary account. See the Bank's Rates, Fees and Charges for more information). Customers will not receive a Statement if this section is incomplete.

**SECTION 4: DECLARATION**

<b>I hereby confirm that:</b>	
1. the above details are correct and complete;	<input type="checkbox"/>
2. I have read and accepted the 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.	<input type="checkbox"/>
3. I understand and agree that should I opt for the Bank of St Helena Ltd.'s Online Banking Service that I have read and accept the applicable Terms & Conditions for Online Banking and any subsequent products or services, and will operate the Online Banking Account in accordance with these Terms & Conditions as set by Bank of St Helena Ltd.	<input type="checkbox"/>
4. I will promptly notify the Bank of any changes in the above details.	<input type="checkbox"/>
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 5: FOR BANK USE ONLY**

Application Received	Signature		Date	
Application Entered	Signature		Date	
Recommendation for Account				
Approval of Application by Senior Management Team Member		Date		
		Signature		

AML Screening Number Allocation Account Opening	AML Screening	
	Client Number	
	Account Number	
	Chart of Account	
	Date	
	Signature	

Customer Contacted	Date	
	Signature	
Account Activated	Date	
Account Verified by Assistant Customer Service Manager	Date	
	Signature	
Application Completed	Date	

Identity Verification (tick as appropriate):	
<input type="checkbox"/>	Existing customer - give Account number(s)
<input type="checkbox"/>	By documents (attach copies)



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