



Bank of St. Helena Ltd.

www.sainthelenabank.com

St Helena Pay Service

APPLICATION FORM

NEW AND EXISTING CUSTOMERS



@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 St Helena Pay Service MUST agree to and meet, where required, the relevant Service Terms and Conditions.

Before you Apply

Applicants will require a Wireless Internet Access and may require a Windows Host PC or Laptop in place before applying for the St Helena Pay Service. Please enquire with Bank of St Helena.

Completing the Application Form

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

This form should be completed by Business Account Holders. This application should be completed in full where existing Account holders with Bank of St Helena Ltd wish to apply, amend or cancel the service.

For assistance with the application, please contact the IT Department, Bank of St Helena, Market Street, Jamestown, St Helena Island. Completed application forms should be returned via any Bank of St Helena Branch.

SECTION 1: APPLICANT DETAILS

Please note that the information provided below will be considered as current and will be used by the Bank for any communication to the Account Holder.

Business Name:	
Business Address:	
Telephone Number (W/M/H):	
Email Address:	
Primary Current Account Number:	

SECTION 2: ST HELENA PAY SERVICE

2.1. SERVICE TYPE

New Service (please detail in sections 2.2, 2.3 and 2.4 below)	
Additional Business Outlet (please detail in sections 2.2, 2.3 and 2.4 below)	
Cancel Service (please detail in sections 2.3 below)	
Service Amendment (Please detail in section 2.5 below)	

2.2. SERVICE FEATURE

(Sales & Refund options will be automatically enabled, please tick to select further service features, below):

Cashback	
Gratuity (Tips option)	
Pre-authorisations	

2.3. ADDING OUTLETS AND TERMINALS OR CANCELLING SERVICE

Outlet Name	Location	Number of Terminals / Devices

2.4. INTERNET CONNECTIVITY

Please detail the type of internet connection to be used by the Terminal/s:

Broadband	
Mobile Data (SIM)	

2.5. AMENDMENT REQUIREMENTS

Please detail the amendment you require (e.g. include Cashback Service)

--

SECTION 3: ONLINE BANKING

Do you have an existing Business Online Banking Portal (please tick)	Yes		No	
--	-----	--	----	--

If you do not have Online Banking, you can apply using the Account Features Application Form to monitor your account activity.

SECTION 4: DECLARATION
CUSTOMER AGREEMENT

It is hereby confirmed that (please tick the boxes provided and sign below to confirm agreement):

1. The Business/Organisation/Charity has read and accepted all applicable Terms & Conditions of the St Helena Pay Service and agree to offer this service in accordance with these Terms & Conditions as set by Bank of St Helena Ltd.	
2. The Business/Organisation/Charity agrees to the use of the St Helena Pay Terminal equipment which shall be on loan, free of charge from Bank of St Helena Ltd, and shall use the Terminal equipment in accordance to the relevant terms or conditions of the Service. The Business agrees that all relevant Terminal equipment will remain the property of Bank of St Helena Ltd.	
3. The Business/Organisation/Charity agrees to all relevant St Helena Pay Service fees and charges.	
4. The Business/Organisation/Charity accepts that Bank of St Helena Ltd cannot be liable for any limitations to the service as a result of the unavailability of the internet.	
5. The Business/Organisation/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.	

AUTHORISED SIGNATORY ONE

Full Name:

Date:

Signature:

AUTHORISED SIGNATORY TWO *(If required)*

Full Name:

Date:

Signature:

FOR BANK USE ONLY

Application received by:

Date:

Signature:

SECTION 4: FOR BANK USE ONLY

Application Received	Signature		Date	
----------------------	-----------	--	------	--

Recommendation Given		
Approval of Application by Senior Management Team Member		
Date Processed		
Account Changes Verified by Assistant Customer Service Manager	Date	
	Signature	
Completed	Date	
	Signature	
Trading Account Number		
Trading Account Added to Online Banking	Signature	

	Signature	Date
IT		
Application Received		
Setup		
Setup Verification		
Premise Installation & Activation		
Pack issued to Business Establishment		

