



Bank of St. Helena Ltd.

www.sainthelenabank.com

START SMART 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 · 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.

About Bank of St Helena Current Accounts

A Start Smart Account and Card is available to parents or guardians of individuals living on St Helena Island and Ascension Island aged 13 years to 17 years (referred to as 'the child'). The child can use the card on the Smart Start account at locations offering the St Helena Pay Service.

An account can only be opened by a parent or guardian of the child. A child cannot have more than one card in their name. One card will be issued per account. If the parent / guardian has more than one child, they will have to open separate Start Smart account/s per child.

Parents / guardians can manage and monitor the account using Online Banking. Those using Online Banking can both credit and debit the account. Money transferred to the Start Smart Card can only be done via the Primary Account detailed in Section 3. No other Account Holder will be permitted to transfer money to the Start Smart Account. The account is not interest bearing.

Start Smart Cards cannot be used at the Bank Teller Stations to withdraw or pay-in to the account. Cards are also not permitted for Cashback Services.

On the Child's 18th Birthday, the remaining funds will be deposited into the Primary Account detailed in Section 3.

Completing the Current Account Opening Form

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

For assistance with an Account Opening 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: CARD HOLDER DETAILS (CHILD)

1.1. DETAILS OF CARD HOLDER (CHILD)	
First Name:	
Middle Name:	
Last Name:	
Gender:	
Date of Birth:	
Nationality:	
Primary Address (Must be a minimum of 2 lines)	

1.2. 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.

Individuals without St Helenian Status will be required to provide a current certified Passport* for photo identification.

(PLEASE INDICATE BELOW WHICH DOCUMENTATION HAS BEEN PROVIDED)

Proof of identity	
Birth Certificate	
Valid Certified Passport*	
Other <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.

1.3. 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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SECTION 2: ACCOUNT HOLDER DETAILS (PARENT / GUARDIAN)

2.1. PERSONAL DETAILS	
Title:	
First Name:	
Middle Name:	
Last Name:	
Gender:	
Date of Birth:	
Nationality:	
Please detail any Dual Nationality:	
Primary Address (Must be a minimum of 2 lines)	



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		
	Date		
	Signature		
Processing Checklist	Chart of Account		Date
	Online Banking		Signature

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

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



	Signature	Date
Customer Services		
Start Smart Card Data Input		
Start Smart Card Data Input Verification		
IT		
Card Production		
Card Inspection		
Customer Services		
Online Banking Set Up		
Online Banking Data Input Verification		
Pack Assembled		



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