

DEMERARA BANK LIMITED
ACCOUNT APPLICATION FORM - INDIVIDUALS

(NB: This form is to be completed for each individual customer's new or existing profile)

KINDLY COMPLETE IN BLOCK LETTERS

CLASS OF ACCOUNT: Single <input type="checkbox"/> Joint <input type="checkbox"/> Estate <input type="checkbox"/>		CUSTOMER TYPE <input type="checkbox"/> Individual <input type="checkbox"/> Staff		Code ²	Operation: Code ¹
SAVINGS <input type="checkbox"/> Statement savings (ATM Card) <input type="checkbox"/> Passbook savings <input type="checkbox"/> Kids savings <input type="checkbox"/> Money Market <input type="checkbox"/> Premium Money Market <input type="checkbox"/> Senior citizens savings <input type="checkbox"/> Staff Account <input type="checkbox"/> Foreign Currency (USD/CAD/GBP/EUR)		CURRENT ACCOUNT <input type="checkbox"/> Personal Chequing		Customer Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Default Account Desktop <input type="checkbox"/> CCS <input type="checkbox"/>	
TERM DEPOSITS <input type="checkbox"/> 3 mths <input type="checkbox"/> 6 mths <input type="checkbox"/> 1 year <input type="checkbox"/> Other		Account Designation (maximum 31 characters)		Purpose of Account:	
				Account Officer Code ³ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CUSTOMER'S PERSONAL INFORMATION - Kindly complete all fields as deemed applicable					
Are you a first time customer of Demerara Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other <i>(please state)</i>			
Lastname, Firstname, Middle name(s)		Maiden		Nickname / Alias	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Code ⁴	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Divorced <input type="checkbox"/> Other, <i>please state:</i>		Code ⁵
Desktop <input type="checkbox"/> CCS <input type="checkbox"/>				Desktop <input type="checkbox"/> CCS <input type="checkbox"/>	
Name of Spouse:		Spouse Occupation:		Place of Employment of Spouse:	
Date of Marriage: DD /MM /YYYY		Marriage Certificate No.		Country of Issue:	
Residency: <input type="checkbox"/> Local Resident <input type="checkbox"/> Foreign Resident		Country of Residence <i>(please state):</i>			Code ⁶
Date of Birth: DD /MM /YYYY		Country of Birth:		Nationality:	
Date of Death: DD /MM /YYYY		Death Certificate No.		Country of Issue:	
Identification Documents: Desktop <input type="checkbox"/> CCS <input type="checkbox"/>					
Primary: National ID no. _____ DOI: DD/MM/YYYY DOE: DD/MM/YYYY Country of Issue: _____ Passport No. _____ DOI: DD/MM/YYYY DOE: DD/MM/YYYY Country of Issue: _____					
Secondary: Driver's License No. _____ DOI: DD/MM/YYYY DOE: DD/MM/YYYY Country of Issue: _____					
Other (please state): _____ DOI: DD/MM/YYYY DOE: DD/MM/YYYY Country of Issue: _____					
Address: Residential				Desktop <input type="checkbox"/> CCS <input type="checkbox"/>	
Alternate Mailing Address				Code ⁸	
Telephone Nos: Home: _____ Cell: _____ Work: _____				Desktop <input type="checkbox"/> CCS <input type="checkbox"/>	
Email address:				Statement Type: 1 <i>(Default)</i>	
Employment / Income Details <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed/Dependent/Student		TIN:			
Name of Employer:		Current Occupation/Title:		Date of Employment: DD/MM/YYYY	
Business Name:		Bus. Reg. No.		DOE: DD/MM/YYYY Employer's Cust. No.	
Employer's/Business Address:				Tel. No.	
Previous Employer:		Previous Designation:			
Source of Fund: <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Pension <input type="checkbox"/> Remittance <input type="checkbox"/> Allowances <input type="checkbox"/> Investment <input type="checkbox"/> Dividends <input type="checkbox"/> Other, <i>please state:</i>					
Occupation Status: Code ⁹		Withholding tax status: Code ¹⁰		Withholding tax code: Code ¹¹	
				Market Sector Code: Code ¹²	
				S.I.C Code: Code ¹³	
Monthly Income (state currency & amount):			Expected Monthly Deposit:		
End users reporting code: Code ¹⁴ 01: 02: 03: 04: 05: 06: 07: 08: 09: 10: 11: 12: 13: 14: 15:					
PLEASE NOTE: If unemployed, the below numbered fields should be completed as far as possible for the person on whom you are a dependent.					
(1) Provider's Name:		(2) Relationship:		(3) ID/PP no. DOI: DD/MM/YYYY	
(4) Name of Employer:		(5) Current Occupation/Title:		(6) Date of Employ: DD/MM/YYYY	
(7) Employer's Address:		(8) Tel. No.			
(9) Average monthly income of provider (state currency & amount):					
Signing Instructions: <input type="checkbox"/> One to sign <input type="checkbox"/> Either to sign <input type="checkbox"/> Both to sign <input type="checkbox"/> All to sign <input type="checkbox"/> Refer					Code ²¹
Special Instructions <input type="checkbox"/> Yes <input type="checkbox"/> No		Code ¹⁵	Mode of Delivery for mail: <input type="checkbox"/> Post mail <input type="checkbox"/> Hold mail		Code ¹⁶
Requesting ebanking service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Remarks:			
Interested in any other service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please state:</i>					
Dual Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No		State Countries:		FATCA Document(s) Submitted:	
Are you a citizen or Green card holder of USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state TIN/SSN:			
Are you a taxpayer of any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state TIN/SSN & country:			
Related Joint Party Details: Name(s)		Relationship		Customer Number(s)	

APPLICATION MAY BE SUBJECT TO REVIEW BEFORE RELATIONSHIP IS ESTABLISHED

I hereby acknowledge that I have read and understood this application form for new saving/current account at Demerara Bank Limited and certify that all information provided herein are true and correct and to the best of my knowledge.

Customer's Signature	Date: DD/MM/YYYY
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Notes to Form:

- Highlighted fields are to be completed by the bank official.
- Any alteration(s) on form is/are to be initialed by the customer.
- Indicate 'N/A' to irrelevant fields.

Abbreviations Used:

- | | | | |
|--------|-----------------------|------|----------------------------------|
| ➤ ID | - Identification card | US | - United States |
| ➤ PP | - Passport | TIN | - Taxpayer Identification Number |
| ➤ DOI | - Date of Issue | SSN | - Social Security Number |
| ➤ DOE | - Date of Expiration | Reg. | - Registration |
| ➤ Bus. | - Business | | |
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DEMERARA BANK LIMITED **Requirements to establish accounts for individuals**

Documents to be submitted:

- 1) **Primary ID: Identification Card &/or Valid Passport**
- 2) **Recent Proof of address document** (*within the last 6 months*)
- 3) **Confirmation of Residency letter & ID/PP** (if a third party proof of address was used)
- 4) **TIN Certificate or any Government issued document stating TIN**
- 5) **A recent payslip &/or a job letter** (*within the last 3 months*)
- 6) **Previous year Income Statement(s)** (for self-employed persons)
- 7) **One (1) passport size photograph** (if image on ID is unclear)
- 8) **Birth/Marriage/Death Certificate** (if applicable)
- 9) **Tax exempt letter/Certificate** (if applicable)
- 10) **Valid Regulatory Permits/Licenses** (if applicable)
- 11) **Updated Business registration** (if applicable)
- 12) **Deed Poll/Absolute** (if applicable)
- 13) **Secondary ID: (Driver's License, other)** (if applicable)
- 14) **Power of Attorney** (contact bank for further information)
- 15) **2 letters of reference** (if requesting a personal chequing account)
(Letters will be accepted from reputable entities or individuals, preferably from persons who are close business associates (*but not relatives*) or from a Bank)

Documents to be completed:

- 1) **Application Form**
- 2) **Specimen Signature Card**
- 3) **ATM agreement forms** (if applicable)
- 4) **Mandate(s)** (if applicable)
- 5) **E-banking application** (if applicable)
- 6) **FATCA forms** (to be completed for a US person)
- 7) **Customer relationship form** (if applicable)
- 8) **Cheque book requisition** (for personal chequing accounts)

Minimum deposits:

- | | |
|--|---|
| 1) Statement savings (ATM card) | \$2,000 and cost of card |
| 2) Passbook savings | \$5,000 |
| 3) Kid's savings and senior citizens | \$1,000 |
| 4) Money market and Premium money market | \$1,000,000 |
| 5) Term Deposits | \$100,000 |
| 6) Personal chequing | \$5,000 |
| 7) Foreign currency | \$200 (USD/CAD/GBP/EUR) by form of cheque or incoming wire transfer
(contact bank for further information) |

Please note, all **original** documents are to be submitted for verification and copies will be taken for our records.

**THE BANK RESERVES THE RIGHT TO REQUEST ANY ADDITIONAL
DOCUMENT(S) DEEMED NECESSARY**
