



**CORPORATE ACCOUNT APPLICATION FORM**

**SECTION 1. ACCOUNT INFORMATION**

Account Type :            Current A/C                    Trade Finance  
Currency :            USD      EUR      CAD      GBP      AED      CHF      CNY      NOK      SEK      AUD

**SECTION 2. COMPANY INFORMATION**

Company Name: \_\_\_\_\_

Registered Company Address: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Legal Status of Business:            Sole Proprietor            Partnership            Corporation  
   Cooperative            Non-Profit            Trust            Association

Description/Nature of Business: \_\_\_\_\_

Company Registration No: \_\_\_\_\_ Tax Identification No: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Registration Type:            Private            Public

Country of Registration: \_\_\_\_\_ Length of time in business:            years            months

Primary Contact Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: \_\_\_\_\_ Contact No: \_\_\_\_\_

<i>Member of Professional Organization? If so, please specify</i>	<i>Relationship</i>	<i>Membership No.</i>

**SECTION 3. OWNERSHIP INFORMATION**

*Each Shareholder, Beneficial Owner holding 10% or more must complete the Corporate Personnel Profile on page 8.*

**SHAREHOLDER INFORMATION**

<i>Name</i>	<i>Physical Address</i>	<i>Title</i>	<i>% Ownership</i>	<i>Date of Birth (DD/MM/YY)</i>	<i>Tax ID Number or Equivalent</i>

**ULTIMATE BENEFICIAL OWNER (UBO) INFORMATION**

<i>Name</i>	<i>Physical Address</i>	<i>Title</i>	<i>% Ownership</i>	<i>Date of Birth (DD/MM/YY)</i>	<i>Tax ID Number or Equivalent</i>

**SECTION 4. ACCOUNT SIGNATORY**

*Each Signatory must complete the Corporate Personnel Profile on page 8.*

<i>Name</i>	<i>Physical Address</i>	<i>Title</i>

**SECTION 5. COMPANY DIRECTORS AND SENIOR MANAGEMENT**

*Each Director and Senior Management personnel must complete the Corporate Personnel Profile on page 8.*

<i>Name</i>	<i>Physical Address</i>	<i>Title</i>	<i>Position Appointment Date</i>

**SECTION 6. ACCOUNT DETAILS**

**SOURCE OF FUNDS**

Please specify initial source of funds (select all that apply & provide document(s) to verify)

Business Sales                      Sale of Assets (Shares, Property, Rights, etc.)                      Savings/Retained Earnings  
 Other \_\_\_\_\_

Please specify Ongoing source of funds (select all that apply)

Business Sales                      Sale of Assets (Shares, Property, Rights, etc.)                      Savings/Retained Earnings  
 Other \_\_\_\_\_

**PURPOSE OF ACCOUNT**

What is the purpose of the Account(s)?

Please Specify: \_\_\_\_\_

**MAJOR TRADING COUNTERPARTIES**

**REASON FOR CHOOSING INTERNATIONAL MERCHANT BANK LIMITED**

**OTHER BANKING RELATIONSHIPS**

<b>Bank Name</b>	<b>City/Country</b>	<b>Type of Account</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**AFFILIATES AND SUBSIDIARIES**

<b>Name</b>	<b>City/Country</b>	<b>Industry</b>	<b>% of Shareholding</b>

**SECTION 7. EXPECTED ACCOUNT ACTIVITY**

	<b>Max. Amount (USD) Dr + Cr</b>	<b>Total Credits (USD)</b>	<b>Max No. Debits</b>	<b>Max No. Credits</b>	<b>Highest Debit (USD)</b>	<b>Highest Credit (USD)</b>
Daily						
Monthly					n/a	n/a
Annually					n/a	n/a

**SECTION 8. BUSINESS PROFILE**

*Briefly describe your business (alternatively attach a business plan):*

*Major client locations:*



## ADDITIONAL INFORMATION

**SECTION 11. SIGNING AUTHORITY**

1. All authorized signatories must sign in the center of each signature box.
2. Type or print the name, full title and email for each signatory.

Specimen Signature	<b>1</b>	Specimen Signature	<b>2</b>
Name		Name	
Full Title		Full Title	
Email		Email	
Specimen Signature	<b>3</b>	Specimen Signature	<b>4</b>
Name		Name	
Full Title		Full Title	
Email		Email	

3. The "Number of Sig." column represents the number of signatures required for the authorized limit entered.
4. The "Specimen Signature No." column represents the number(s) labeled in each signature box (1, 2, 3 & 4).

Authorized Limits	Signatures Required		Authorized Limits	Signatures Required	
	Number of Sig.	Specimen Signature No.		Number of Sig.	Specimen Signature No.
\$			\$		
\$			\$		
\$			\$		

**SECTION 12. DECLARATION**

**By signing below, you undertake on behalf of the company that:**

- 1) You have read, understood and are willing to comply with the following:
  - a) All anti-money laundering, counter-terrorist financing and counter-proliferation financing rules, regulations, laws and guidelines enacted by the government of Saint Christopher and Nevis, Island of Nevis.
  - b) The Organization for Economic Co-operation and Development (OECD) initiatives on Combating Bribery of Foreign Public Officials.
  - c) United Nations Conventions against money laundering, terrorist financing and other serious crimes.
  - d) African Union Conventions against money laundering, terrorist financing and other serious crimes.
  - e) European union directives on anti-money laundering and counter-terrorist financing as well as the UK Bribery Act 2010.
  - f) The Foreign Corrupt Practices Act of 1977 (FCPA), USA Patriot Act, Bank Secrecy Act (BSA) and Office of Foreign Assets Control (OFAC) as enacted by the United States of America.
  - g) FATF Recommendations on combating money laundering and the financing of terrorism and proliferation.
- 2) It is not a government agency, political party official, a candidate for any political office or a state-owned company nor do any of the aforementioned have any direct or indirect beneficial interest whatsoever in this account.
- 3) Neither you, the company, nor any of its directors, owners, shareholders, employees, officers, agents or affiliates have been:
  - a) convicted of or pled guilty or no contest in a domestic, foreign, or military court to any crimes such as fraud or the wrongful taking of property, tax evasion, larceny, corruption and/or securities/investments related violation.
  - b) charged with any crimes such as fraud or the wrongful taking of property, tax evasion, larceny, corruption and/or securities/investments related violations.
  - c) part of a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition.
- 4) You have reviewed and are legally bound by the Bank's Account Terms and Conditions, relevant Fee Schedule and Wire Transfer Terms and Conditions.
- 5) Any material changes to your responses in this Corporate Account Opening Application Form will be communicated to the Bank immediately.
- 6) Any failure by yourself, the company or any of its directors, owners, shareholders, employees, officers, agents or affiliates to comply with the above-mentioned clauses will be communicated to the Bank immediately.
- 7) If your account or any other agreement with the Bank ceases to exist, all aforementioned clauses will still apply until all your dealings with the Bank have ceased to exist.
- 8) All information provided in the "Source of Initial Funds/Wealth Declaration Form" is true and accurate and the funds have no direct or indirect connection with any criminal activity as mentioned in Anti-Money Laundering (AML), Counter-Terrorist Financing (CTF) and Counter-Proliferation Financing (CPF) acts enacted by the government of Saint Christopher and Nevis, Island of Nevis or any government authority in any other jurisdiction. Additionally, the company is not transferring in any assets to defeat the collection of any government or any government backed obligation applicable to the company.
- 9) Your answers (including attachments) on this application are true and complete to the best of your knowledge and you understand that you are subject to administrative, civil or criminal penalties if you give false or misleading information.

Name of Signatory : \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Signatory : \_\_\_\_\_ Signature: \_\_\_\_\_

### CORPORATE PERSONNEL PROFILE FORM

*This section must be completed for each Shareholder, Beneficial Owner, Partner, Director, Signatory of a company. (Please print additional pages as needed.)*

<b>Identification:</b> <ul style="list-style-type: none"> <li>Passport (bearing the passport number, place and country of issue, issue &amp; expiry dates, signature &amp; photograph of passport holder, place &amp; date of birth)</li> <li>National ID/Voters Card/Citizenship Card/European (EU) National ID Card/Valid Driver's License (bearing photo and signature of the applicant).</li> </ul> <b>Note:</b> Passport & another form of ID required.	<b>Address Verification:</b> <ul style="list-style-type: none"> <li>Utility Bill</li> <li>Bank Statement</li> <li>Current lease agreement/mortgage statement</li> </ul> <b>Note:</b> Provide any one of the above. Acceptable forms of Address Verification should not be older than 90 days.	
<b>Title:</b> Mr    Mrs    Ms    Miss    Other _____ <b>Gender:</b> Male    Female    Other		
<b>Full Name (First, Middle, Last):</b>		
<b>Former Name:</b>		
<b>Residential Address:</b>		
<b>Date moved in:</b>		
<b>Previous Address:</b> <i>(If you've lived at your current address for less than 3 years, please indicate your previous address during this time)</i>		
<b>Date moved in:</b>		
<b>Date of Birth (dd/mm/yyyy):</b>	<b>Country of Nationality:</b>	
<b>Country of Birth:</b>	<b>National ID No.:</b>	
<b>Country of Residence:</b>	<b>Dual Nationality (if applicable):</b>	
<b>Preferred Communication Method:</b> Email                      Telephone		
<b>Mobile Number:</b>	<b>Other Contact Number:</b>	
<b>Email Address:</b>		
Have you or any member of your immediate family, held or is currently holding an important public office? (If yes, please explain).    Yes                      No		
Are you a U.S. person?    Yes                      No <i>(This includes US tax resident, citizen (even if residing outside US) and resident alien)</i>		
Have you EVER:		
Had or currently have a criminal/police record or any civil/criminal litigation or charges?                      Yes                      No		
Had or currently have any ongoing Fraud/Money Laundering/Terrorist/Proliferation Financing Investigation?                      Yes                      No		
Had any judgments or liens filed against you?                      Yes                      No		
<b>Tax Residence:</b> <i>Please specify the country(ies) to which you make tax contributions and the corresponding TIN (Tax Identification Number)</i>		
1	<b>Country:</b>	<b>ITIN/SSN:</b>
2	<b>Country:</b>	<b>ITIN/SSN:</b>
<b>Occupation:</b>		<b>Nature of Business:</b>
Relationship to the business: (Please select all that apply)		
Senior Management	Shareholder	Beneficial Owner
Director	Partner	Signatory
<b>Signature:</b> _____		<b>Date:</b> _____

**SOURCE OF INITIAL FUNDS/WEALTH DECLARATION FORM**

Date of Declaration : \_\_\_\_\_

**SECTION A: APPLICANT DETAILS**

Company Name:	
Address:	
Contact Number:	
Nature of Business:	Country of Issue/Registration:
Business Registration No:	Date of Incorporation:

**SECTION B: SOURCE OF FUNDS DETAILS**

Currency: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_  
 Indicate payment method used in Transaction:      Wire Transfer      Other: \_\_\_\_\_

**Source of Wealth: Indicate how your funds have been accumulated.**

Inheritance/Settlement                      Investments                      Business Ownership  
 Employment Income                      Other: \_\_\_\_\_

**SECTION C: SOURCE OF FUNDS DECLARATION**

In accordance with St. Kitts and Nevis Anti-Money Laundering Regulations No. 46 of 2011, the ultimate source and purpose of funds must be verified prior to accepting deposits. It is also requested that further detail and supplemental documentation accompany this declaration

We hereby declare that the source and purpose of funds are *(please provide a detailed response)*:

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**SECTION D: SIGNING OF DECLARATION**

Company Name: \_\_\_\_\_

Company Stamp:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Corporate Account Application Form Checklist

1. Completed application form
2. Incorporation documents
3. Proof of address for address verification. *Any ONE of the following:*
  - Utility bill issued within the last 90 days, **OR**
  - Bank statement of the company issued within the last 90 days, **OR**
  - Current lease agreement/mortgage statement

### Required Documents for ALL Shareholders (10% or above), Beneficial Owners, Signatories and Directors:

1. Notarized passport copy
2. Notarized government issued ID
3. Proof of address for address verification. *Any ONE of the following:*
  - Utility bill issued within the last 90 days, **OR**
  - Current lease agreement/mortgage statement, **OR**
  - Bank statement issued within the last 90 days
4. Professional and bank reference letter
5. Form W-9 (U.S Persons only)

**Additional documents may be requested upon due diligence.**

### BANK USE ONLY

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