

BEST POINT SAVINGS AND LOANS LTD.
CUSTOMER ACCOUNT APPLICATION FORM
(PLEASE USE BLOCK CAPITAL LETTERS WHERE APPLICABLE)

ACCOUNT TYPE: (PLEASE TICK AS APPLICABLE)

CURRENT SAVINGS OTHER (PLEASE SPECIFY)

CUSTOMER DETAILS:

NAME OF ORGANISATION:

TYPE OF ORGANIZATION:

SOLE PROPRIETOR PARTNERSHIP LIMITED LIABILITY COMPANY NGO TRUST

CLUB/SOCIETY/ASSOCIATION GOVERNMENT CORPORATION/AGENCY

REGISTERED OFFICE

PHYSICAL LOCATION

MAJOR LANDMARK

POSTAL ADDRESS..... FAX NO:.....

MAILING ADDRESS.....

WEBSITE ADDRESS (IF ANY).....

OFFICE TEL NO..... EMAIL.....

CONTACT PERSON (1) MR/MRS/MISS..... TEL.....

CONTACT PERSON (2) MR/MRS/MISS..... TEL.....

NATURE OF BUSINESS:

MANUFACTURING AGRICULTURAL MINING & QUARRYING TRANSPORT & COMMUNICATION

ELECTRICITY & WATER BUILDING & CONSTRUCTION TRADE & COMMERCE

FINANCIAL SERVICES OTHER (PLEASE SPECIFY)

DATE ESTABLISHED/INCORPORATED

COUNTRY OF ESTABLISHMENT/INCORPORATED

REGISTERED NUMBER

PURPOSE OF OPENING ACCOUNT:

INVESTMENT TRANSACTIONS OTHER (PLEASE SPECIFY)

SOURCE OF FUNDS (YOU MAY TICK MORE THAN ONE BOX): BUSINESS RECEIPTS

INCOME FROM INVESTMENTS SALE OF INVESTMENTS OTHER (PLEASE SPECIFY)

MODE OF ACCOUNT OPERATION:SINGLY JOINTLY ANY TWO ALL TO SIGN OTHER (SPECIFY)**EXPECTED VOLUME AND LEVEL OF ACTIVITY (PER MONTH)****DETAILS OF OWNERS/ CONTROLLERS****SOLE PROPRIETORSHIP**

| NAME OF SOLE PROPRIETOR | DATE OF BIRTH | NATIONALITY | OCCUPATION/ PROFESSION | RESIDENTIAL ADDRESS & TEL. NO. |
|-------------------------|---------------|-------------|------------------------|--------------------------------|
| | | | | |
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| | | | | |

PARTNERSHIP FIRM

| PARTNER NAME | DATE OF BIRTH | NATIONALITY | OCCUPATION/ PROFESSION | RESIDENTIAL ADDRESS & TEL. NO. |
|--------------|---------------|-------------|------------------------|--------------------------------|
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LIMITED LIABILITY COMPANY

| DIRECTORS & SHAREHOLDERS NAME | DATE OF BIRTH | NATIONALITY | OCCUPATION/ PROFESSION | RESIDENTIAL ADDRESS & TEL. NO. |
|-------------------------------|---------------|-------------|------------------------|--------------------------------|
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SOCIETY/ CLUB/ SCHOOL/ NGO

| CHAIR/ HEAD/ SEC/ TREASURER NAME | DATE OF BIRTH | NATIONALITY | OCCUPATION/ PROFESSION | RESIDENTIAL ADDRESS & TEL. NO. |
|----------------------------------|---------------|-------------|------------------------|--------------------------------|
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STATE CORPORATIONS / GOVERNMENT AGENCIES

| Names of Principals | Date of Birth | Nationality | Occupation/Profession | Residential Address & Tel No. |
|---------------------|---------------|-------------|-----------------------|-------------------------------|
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| | | | | |
| | | | | |
| | | | | |

REFERENCES

PLEASE OBTAIN AT LEAST ONE REFERENCE FROM ANY OF THE FOLLOWING CATEGORIES OF PERSONS

- EXISTING CORPORATE CURRENT ACCOUNT HOLDER FOR AT LEAST 6 MONTHS
- CORPORATE CURRENT ACCOUNT HOLDERS FROM ANY REPUTABLE BANK WHO HAVE OPERATED A CURRENT ACCOUNT FOR AT LEAST 6 MONTHS. (BPSL WILL CONFIRM REFERENCE FROM REFEREE'S BANK)
- CURRENT BANKERS
- REPUTABLE PROFESSIONALS (PRACTISING ACCOUNTANT/LAWYERS)
- SEPARATE LETTER OF INTRODUCTION TO BE OBTAINED

| REFERENCES NAME | SIGNATURE | ADDRESS & TEL. NO | OCCUPATION/PROFESSION | ACCOUNT NUMBER | BANK/BRANCH | RELATIONSHIP WITH APPLICANT |
|-----------------|-----------|-------------------|-----------------------|----------------|-------------|-----------------------------|
| | | | | | | |
| | | | | | | |

SPECIFIC CUSTOMER REQUEST (PLEASE TICK)

NOTE: SEPARATE APPLICATION FORMS TO BE COMPLETED

CHEQUEBOOK ONLINE BANKING

STATEMENT OF ACCOUNT MONTHLY E-STATEMENT OTHER (PLEASE SPECIFY)

.....
 AUTHORIZED SIGNATORY DESIGNATION DATE

.....
 AUTHORIZED SIGNATORY DESIGNATION DATE

TERMS AND CONDITIONS

I/WE HEREBY AGREE

THAT BEST POINT SAVINGS AND LOANS "BPSL" SHALL SHARE ALL THE INFORMATION ABOUT MY/OUR ACCOUNT /DEBITS WITH THE LICENCED CREDIT REFERENCE BUREAUS.

THAT BPSL MAY RECOVER FROM ME/US ANY COSTS, FEES, INTEREST, COMMISSIONS OR TAXES AND STAMP DUTIES PAID OR INCURRED BY BPSL ON MY/OUR BEHALF, OR LEVIED AS A CONSEQUENCE OF ANY DEALINGS BETWEEN ME/US AND BPSL.

THAT BPSL MAY, AT ANY TIME WITHOUT NOTICE, COMBINE AND/OR CONSOLIDATE ANY OF THE CUSTOMER'S ACCOUNT AND SET OFF ANY ACCOUNTS OR INDEBTEDNESS OF THE CUSTOMER;

- I. ANY OTHER ACCOUNT WHETHER CURRENT, LOAN, SAVINGS OR ANY OTHER SAVING TYPE;
- II. ANY TIME FIXED OR OTHER DEPOSIT (WHETHER MATURED OR NOT).

THAT BPSL MAY AT ANY TIME FREEZE ANY ACCOUNT OF THE CUSTOMER IF AND SO LONG AS THERE IS ANY DISPUTE IN RESPECT THEREOF OR IF BPSL HAS DOUBT FOR ANY REASON WHATSOEVER AS TO THE PERSONS OR PERSONS ENTITLED TO OPERATE THE SAME, WITHOUT ANY OBLIGATION TO INSTITUTE AN INTERPLEADER PROCEEDINGS OR TO TAKE ANY STEP OF ITS OWN INITIATIVE FOR THE DETERMINATION OF SUCH DISPUTE OR DOUBT.

BPSL SHALL NOT BE LIABLE IN ANY WAY TO THE CUSTOMER FOR HAVING HONoured ANY CHEQUE THE SIGNATURE OR CONTENT OF WHICH HAS BEEN FORGED IF:

- I. THE CUSTOMER HAS FACILITATED SUCH FORGERY EITHER BY ITS NEGLIGENCE IN ANY WAY; OR
- II. THERE HAS BEEN A PREVIOUS FORGERY ON ANY CHEQUE OF THE CUSTOMER WITHOUT THE CUSTOMER HAVING OBJECTED TO THE FIRST STATEMENT OF ACCOUNT WHICH REFLECTED THE DEBIT IN RESPECT OF THE DEBIT.
- III. THE FORGERY HAS BEEN PERPETUATED BY AN EMPLOYEE, SERVANT AGENT, CONTRACTOR OR SUB CONTRACTOR OF THE CUSTOMER.

DECLARATION

I/WE UNDERSTAND AND AGREE THAT:

THE ACCOUNT SHALL BE OPENED AND OPERATED SUBJECT TO ANY DIRECTIONS THAT MAY BE ISSUED TO BPSL BY ITS STATUTORY REGULATORS FROM TIME TO TIME.

I/WE CONFIRM HAVING READ THE TERMS AND CONDITIONS SECTION GOVERNING THE ACCOUNT AND SHALL COMPLY WITH THEM/ANY OTHER RULES THAT MAY BE IN FORCE FROM TIME TO TIME.

I/WE CONFIRM HAVING READ BPSL'S TARIFFS BY WHICH WE AGREE TO ABIDE. WE ALSO NOTE THAT RULES AND TARIFFS ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE BE TO ME/US.

THE DECLARATION GIVEN IN THIS FORM BY ME/US ARE TRUE AND I/WE SHALL BE HELD RESPONSIBLE FOR THE SAME AT ALL TIMES.

SIGNATORIES REQUIRED SIGNING BELOW TO AGREE TO THE DECLARATION.

| NAME | SIGNATURE |
|--------|-----------|
| 1..... | |
| 2..... | |
| 3..... | |
| 4..... | |
| 5..... | |

FOR BANK USE ONLY

| | NAME | SIGNATURE | DATE |
|---|-------|-----------|-------|
| ACCOUNTS MARKETED BY: | | | |
| CUSTOMER DETAILS REVIEWED AND CAPTURED BY (CUSTOMER SERVICE): | | | |
| APPLICANT'S FORM REVIEWED BY OPERATIONS OFFICER: | | | |
| AUTHORIZED BY BRANCH MANAGER: | | | |

MANDATORY DOCUMENTARY REQUIREMENTS

LIMITED LIABILITY COMPANIES

- VALID IDENTIFICATION CARDS OF SIGNATORIES
- 1 PASSPORT PHOTOGRAPH OF EACH SIGNATORY
- BOARD RESOLUTION TO AUTHORIZE ACCOUNT OPENING (SHOULD BE ON COMPANY LETTER HEAD AND SIGNED BY AT LEAST TWO DIRECTORS)
- CERTIFICATE OF INCORPORATION
- CERTIFICATE TO COMMENCE BUSINESS
- COMPANY REGULATIONS
- UTILITY BILL (SHOULD NOT BE MORE THAN 3 MONTHS OLD) / TENANCY AGREEMENT
- PARTICULARS OF DIRECTORS AND SECRETARY (FORMS 3 & 4)
- 1 REFERENCE FROM EXISTING CORPORATE ACCOUNT HOLDER / PRACTICING AUDITING FIRM, CUSTOMER CURRENT BANKER(S)

SOLE PROPRIETORSHIP

- VALID IDENTIFICATION CARDS OF SIGNATORIES
- 1 PASSPORT PHOTOGRAPH OF EACH SIGNATORY
- CERTIFIED COPY OF CERTIFICATE OF REGISTRATION
- CERTIFIED COPY OF REGISTRATION PARTICULARS OF BUSINESS NAME (FORM A) / ANY CHANGES THEREOF
- CERTIFIED STATEMENT OF PARTICULARS OF REGISTERED INDIVIDUAL

- . PIN/TIN CERTIFICATE
- . SIX MONTHS OF STATEMENT FROM OTHER BANKERS (WHERE APPLICABLE)
- . UTILITY BILL (SHOULD NOT BE MORE THAN 3 MONTHS OLD)/TENANCY AGREEMENT
- . TRADING LICENSE
- . 1 REFREE
- . CURRENT YEAR REGISTRATION RECEIPT

PARTNERSHIP FIRM

- . VALID IDENTIFICATION CARDS OF SIGNATORIES
- . 1 PASSPORT PHOTOGRAPH OF SIGNATORIES
- . CERTIFICATE OF REGISTRATION
- . CERTIFIED PARTNERSHIP DEED
- . CERTIFIED STATEMENT OF REGISTERD PARTICULARS OF THE BUSINESS NAME/ ANY CHANGE THEREOF
- . UTILITY BILL (SHOULD NOT BE MORE THAN 3 MONTHS OLD)/TENANCY AGREEMENT
- . 1 REFREE

SOCIETIES/ CLUBS/ SCHOOLS/ NGO'S/ CHURCHES/ MEDICAL INSTITUTIONS

- . VALID IDENTIFICATION CARDS OF SIGNATORIES
- . 1 PASSPORT PHOTOGRAPH OF SIGNATORIES
- . CERTIFIED COPY OF CERTIFICATE OF REGISTRATION (WHERE APPLICABLE)
- . BY LAWS /CONSTITUTION /COPY OF RELEVANT ACT
- . SIGNED MINUTES OF THE MEETING OF THE APPROPRIATE BODY/CERTIFICATE AND REGISTERED RESOLUTION/ LETTER FROM THE INSTITUTION CONCERNED
- . UTILITY BILL (SHOULD NOT BE MORE THAN 3 MONTHS OLD)/TENANCY AGREEMENT
- . 1 REFREE

STATE CORPORATION / GOVERNMENT AGENCIES

- . VALID IDENTIFICATION CARDS OF SIGNATORIES
- . 1 PASSPORT PHOTOGRAPH OF SIGNATORIES
- . LETTER OF APPLICATION
- . INSTRUMENT OF INCORPORATION
- . LETTER OF CONSENT FROM CONTROLLER AND ACCOUNTANT GENERAL

INITIAL DEPOSITS

INITIAL DEPOSITS FOR EACH ACCOUNT WILL BE DETERMINED FROM TIME TO TIME BY BPSL

FOR INTERNAL USE ONLY

CUSTOMER DUE DILIGENCE FORM (CORPORATE BODIES)

| SECTION A - MANDATORY CHECKS APPLICABLE TO THE ACCOUNT (COMPLETE THIS SECTION ONLY ONCE FOR THE ACCOUNT) | | | | | | | |
|---|--|--|--|------------------------------|----|--------------------------|--------------------------|
| 1. | NAME AND ADDRESS VERIFICATION FOR CORPORATE BODY | NAME AND REGISTERED ADDRESS VERIFIED AND SUPPORTED BY ONE OF THE FOLLOWING ACCEPTED DOCUMENTS | | | | | |
| | | <input type="checkbox"/> CERTIFICATE OF INCORPORATION <input type="checkbox"/> PARTNERSHIP DEED <input type="checkbox"/> TRUST DEED <input type="checkbox"/> CERTIFICATE FROM THE REGISTRAR OF SOCIETIES / BUSINESS | | | | | |
| | | TRADING ADDRESS, IF NOT THE SAME AS ABOVE OFFICIAL DOCUMENTS, IS VERIFIED SEPARATELY AND EVIDENCE OF VERIFICATION DOCUMENTED ON FILE? | <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| YES | NO | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 2. | PURPOSE OF ACCOUNT | SPECIFY PURPOSE FOR OPENING THE ACCOUNT: <input type="checkbox"/> TRANSACTIONAL <input type="checkbox"/> INVESTMENT <input type="checkbox"/> OTHERS, PLEASE SPECIFY ----- | | | | | |
| 3. | ALL DIRECTORS NAMES AND CONTACT ADDRESSES | NAME | ADDRESS | | | | |
| 4. | SOURCE OF FUNDS | SOURCE OF FUNDS PASSING THROUGH THE ACCOUNT: <input type="checkbox"/> SALES PROCEEDS <input type="checkbox"/> TRUST FUNDS TRUST DEED <input type="checkbox"/> SERVICES <input type="checkbox"/> OTHERS, PLEASE SPECIFY----- ----- <i>TICK AS MANY BOXES WHERE APPROPRIATE</i> | | | | | |
| 5. | ANTICIPATED VOLUME AND TYPE OF ACTIVITY | OBTAIN INFORMATION ON THE CUSTOMERS ANTICIPATED VOLUME AND TYPE OF ACTIVITY TO BE CONDUCTED ACROSS THE ACCOUNT: | | | | | |
| | | TRANSACTION TYPES | ANTICIPATED NO. OF TRANSACTION OF PER MONTH | ANTICIPATED AMOUNT PER MONTH | | | |
| | | DEPOSITS (INCLUDING INWARD REMITTANCES) | | | | | |
| | | WITHDRAWALS (INCLUDING OUTWARD REMITTANCES) | | | | | |

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|----|---|---|--------------------------|--------------------------|
| 6. | UNINCORPORATED BUSINESS/PARTNERSHIPS | HAVE YOU ESTABLISHED THAT THE BUSINESS HAS BEEN SET UP FOR THE LEGITIMATE PURPOSE STATED? (E.G. A VISIT TO THE TRADING ADDRESS OR SIGHTING ANNUAL ACCOUNTS/TAX RETURNS TO CONFIRM TRUE NATURE OF THE BUSINESS ACTIVITIES) | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 1 - INDICATE IF THE APPLICANT BELONGS TO ANY OF THE FOLLOWING :

LEVEL 1 - LOW RISK CUSTOMERS

IF THE APPLICANT(S) OR AUTHORIZED SIGNATORIES FALL INTO ANY OF THE FOLLOWING CATEGORIES, CHECK THE APPROPRIATE BOX.

THE APPLICANT IS A LIMITED LIABILITY COMPANY, PARTNERSHIP, SOLE-PROPRIETORSHIPS, CLUBS & SOCIETIES, NON GOVERNMENTAL ORGANISATIONS (NGO), MINISTRIES, DEPARTMENTS & AGENCIES (MDAS), TRUSTS BUT NOT ASSOCIATED WITH POLITICALLY EXPOSED PERSON (PEP).

- THE APPLICANT DOES NOT RESIDE OR OPERATE IN A HIGH RISK COUNTRY.
- THE APPLICANT WHOSE FUNDING IS SOURCED FROM NORMAL BUSINESS ACTIVITIES.

SECTION 2 - INDICATE IF THE APPLICANT BELONGS TO ANY OF THE FOLLOWING :

LEVEL 2 - MEDIUM RISK CUSTOMERS

IF THE APPLICANT(S) OR AUTHORIZED SIGNATORIES FALL INTO ANY TYPE OF ACCOUNT THAT IS NOT LISTED AS EITHER LEVEL 1 AND 3.

SECTION 3 - INDICATE IF THE APPLICANT BELONGS TO ANY OF THE FOLLOWING :

SPECIAL OR HIGH RISK CUSTOMERS

IF THE APPLICANT(S) OR AUTHORIZED SIGNATORIES FALL INTO ANY OF THE FOLLOWING CATEGORIES, CHECK THE APPROPRIATE BOX. IF NOT APPLICABLE, KINDLY IGNORE SECTIONS 3 & 4.

- THE APPLICANT IS A POLITICALLY EXPOSED PERSON (PEP) OR CLOSELY ASSOCIATED WITH A PEP WHOSE POSITION / RELATIONSHIP IS.....
- THE APPLICANT RESIDES OR OPERATES IN A HIGH RISK COUNTRY. 1 PLEASE CHECK WEBSITE (WWW.OECD.ORG/FATF) FOR THE LIST OF NON-COOPERATIVE COUNTRIES & TERRITORIES (NCCTS) PROVIDED BY THE FINANCIAL ACTION TASK FORCE (FATF) AND INDICATE THE NAME OF THE NCCT COUNTRY.
- THE APPLICANT WHOSE FUNDING IS SOURCED FROM A HIGH RISK COUNTRY, NAMELY.....

SECTION 4 - COMPLETE THIS SECTION IF APPLICANT SATISFIED ONE OR MORE CATEGORIES IN SECTION 3

APPLICANT SOURCE OF WEALTH

REQUIRE DETAILS OF APPLICANT'S SOURCE OF WEALTH AND ESTIMATED NET WORTH:

KINDLY, INDICATE SOURCE OF APPLICANT'S NET-WORTH:

BUSINESS SALARY INVESTMENTS INHERITANCE/GIFT
 OTHER INCOME SOURCE _____

ESTIMATED NET WORTH: _____

_____ CEDIS

ESTIMATE ANNUAL INCOME OR TURNOVER OF APPLICATION: _____

_____ CEDIS

SECTION 5 - THIS SECTION MUST BE COMPLETED FOR ALL APPLICANTS CATEGORIZING THEM INTO ONE OF THREE (3) RISK LEVELS

TO BE COMPLETED BY ACCOUNT OPENING OFFICER

NAME: _____

DESIGNATION: _____

COMMENTS: _____

SIGNATURE: _____

DATE: _____

TO BE REVIEWED BY BRANCH MANAGER OR OTHER SUPERIOR OFFICER

NAME: _____

DESIGNATION: _____

COMMENTS: _____

SIGNATURE: _____

DATE: _____

ACCOUNT OPENING FOR RISK APPLICANT AS IDENTIFIED IN SECTION 3 MUST BE APPROVED JOINTLY BY THE MANAGING DIRECTOR / HEAD OF COMPLIANCE AND INTERNAL CONTROL OR BY THEIR DESIGNATED OFFICIALS AS FOLLOWS:

TICK THIS BOX IF CUSTOMER IS IDENTIFIED AS A PEP AS STATED IN SECTION 3

NAME: _____

NAME: _____

DATE: _____

DATE: _____

SIGNATURE: _____

SIGNATURE: _____

HEAD OF COMPLIANCE /
INTERNAL CONTROL:

MANAGING DIRECTOR/
HEAD OF OPERATIONS

