

New Business Checklist

Form MM0200 (03/2004)

This form should be completed when opening an account and on completion it should be submitted to the Manager, for approval, prior to the acceptance of the business (all overseas applications must be approved by the Compliance Officer). Account numbers may be granted upon completion of this form.

| | | | |
|------------------|----------------------|-------------------|----------------------|
| Client Name | <input type="text"/> | Branch/RIM #: | <input type="text"/> |
| Account Name | <input type="text"/> | Account Type: | <input type="text"/> |
| Telephone No: | <input type="text"/> | Account #: | <input type="text"/> |
| Fax No: | <input type="text"/> | Permanent Address | <input type="text"/> |
| Mailing Address: | <input type="text"/> | | |

Obtain letter requesting the opening of the account stating reason for opening the account, the nature and place of business and identity of ultimate beneficial owner(s).

Account Documentation
Account Documentation
 (Due diligence requirements)

| | |
|--|----------------------|
| Customer details and SOF declaration | <input type="text"/> |
| Signature Record(s) | <input type="text"/> |
| Social Security Number (non-residents) | <input type="text"/> |
| Mandate | <input type="text"/> |
| Date and Place of Birth | <input type="text"/> |

| | |
|---|----------------------|
| Certified photographic identification (Passport/Driver's license/National Identity Card) | <input type="text"/> |
| Bank/Professional reference(s) addressed to the Bank | <input type="text"/> |
| Verification of permanent address (for example, copy of a recent bill) | <input type="text"/> |
| Proof of Nationality | <input type="text"/> |

Corporate Accounts

| | | | |
|---|----------------------|--|----------------------|
| (a) Certified copy of Articles of Incorporation & Certificate | <input type="text"/> | (e) Certified Copy of Certificate of Good Standing | <input type="text"/> |
| (b) Certified copy of Certificate of Continuance | <input type="text"/> | (f) Partnership Agreement | <input type="text"/> |
| (c) Certified copy of Certificate of Registration | <input type="text"/> | (g) M&AA's/By-Laws | <input type="text"/> |
| (d) Certified copy of Bylaws | <input type="text"/> | | |

Other information
Account Approved by

NAME/SIGNATURE

/

Date

Account Opened by

NAME/SIGNATURE

/

Date

Account Reviewed by

NAME/SIGNATURE

/

Date

INFORMATION FOR OPENING NEW ACCOUNT (COMPANY PARTICULARS)NAME OF COMPANY:

REGISTERED ADDRESS:

CONTACT TELEPHONE NUMBER:

FAX NUMBER:

NATURE OF BUSINESS:

DATE AND PLACE OF INCORPORATION:

SHAREHOLDERS:

SUBSIDIARY &/OR ASSOCIATED COMPANY:

BANKERS REFERENCE:

CUSTOMER DETAILS & SOURCE OF FUNDS DECLARATION FORM – NEW ACCOUNTS

Form MM0201 (03/2004)

| | | |
|--|--|--------|
| Name of customer | | |
| Mailing address of customer | | |
| Physical address (if different from above) | | |
| Contact telephone # | | Fax #: |
| Nature of business and purpose of account (i.e. state reason for setting up account with First Citizens Bank (Barbados) Limited) | | |
| | | |
| | | |
| | | |
| Opening deposit amount (Barbados \$) | | |
| Anticipate transaction activity (relative to new money and withdrawals) Annually | | |
| | | |
| | | |
| Source of Funding/Wealth (details as to source of monies introduced; inheritance; gifts; transfer of investments) | | |
| | | |
| | | |
| | | |
| Name and address of ultimate Beneficial owner(s) of the Account | | |
| | | |

I/We confirm that I/we will comply with all **tax and exchange control** reporting requirements imposed by any applicable jurisdiction in respect to this proposed account.

I/We further confirm that all credits relating to this account are and will be beneficially owned by the account owner.

The information provided above is true to the best of my/our knowledge, information and belief.

 Client or Authorized Signature(s)

 Date

| For Internal Use Only | | | |
|--|--|------------------------|--|
| Received By | | Approved By Compliance | |
| Date | | Date | |
| Source of Funds Verification Comments: | | | |

SIGNATURE RECORD FOR COMPANIES, CLUBS, ASSOCIATIONS ETC.
NAME OF ORGANISATION:
ADDRESS:
TYPE OF ORGANISATION:
RESIDENT STATUS:

Referred by

.....

.....

Referral date

.....

TYPE OF ACCOUNT
 REGULAR SAVING
 CURRENT
 EXTERNAL
 FOREIGN CURRENCY
AUTHORISED SIGNATURES:
NO. OF PERSONS TO SIGN _____ NO. OF PERSONS TO COUNTERSIGN _____

1) NAME: _____ TITLE: _____ SIGNATURE: _____

MAXIMUM SIGNING LIMIT (\$) _____

2) NAME: _____ TITLE: _____ SIGNATURE: _____

MAXIMUM SIGNING LIMIT (\$) _____

3) NAME: _____ TITLE: _____ SIGNATURE: _____

MAXIMUM SIGNING LIMIT (\$) _____

4) NAME: _____ TITLE: _____ SIGNATURE: _____

MAXIMUM SIGNING LIMIT (\$) _____

**IF THE NUMBER OF AUTHORISED CORPORATE SIGNATURES EXCEEDS FOUR
 COMPLETE AS MANY SIGNATURE RECORDS AS REQUIRED TO RECORD ALL**

RESOLUTION RE BANKING - NON-BORROWING ACCOUNTS, SOCIETIES, LODGES, ETC.

RESOLVED:

(Name of
Society,
Lodge, etc.)

1. THAT **First Citizens Bank (Barbados) Limited** (hereinafter called the "Bank") be and is hereby appointed the banker of

.....
.....

(hereinafter called the "Organization").

(Names of
officers and
offices)

2. THAT

.....
.....
.....

or any one of them or any one of the persons mentioned in Clause 3 hereof or any one of any persons from time to time designed in writing by the President, Vice-President, Secretary, Treasurer or Secretary-Treasurer be and is hereby authorized on behalf of the Organization from time to time:

(a) to deposit with or negotiate or transfer to the Bank (but only for credit of the Organization) all or any cheques, promissory notes, bills of exchange, orders for the payment of money and other paper negotiable or otherwise, interest or dividend coupons and warrants, securities maturing or called for redemption, and the proceeds of any of them, and for such purpose to make, draw, endorse, sign, execute and deliver all or any of the foregoing or deliver all or any thereof the Bank endorsed with the name of the Organization impressed thereon by rubber stamp or otherwise; and

(b) to receive all paid cheques and vouchers and sign and deliver to the Bank the Bank's form of settlement of balances and release, and to arrange, settle, balance and certify all books and accounts between the Organization and the Bank, and to receive all commercial and other paper, and to sign and deliver to the Bank receipts for all or any of the foregoing.

(Names of
officers and
offices)

3. THAT

.....
.....
.....

be and ^{are}/_{is} hereby authorized on behalf of the Organization from time to time:

(a) to make, draw, accept, endorse, sign and execute cheques, bills of exchange, orders for the payment of money and other instruments whether negotiable or not, but without power to overdraw the account or accounts of the Organization with the Bank; and

(b) to withdraw from the Bank all or any securities and property held by the Bank for safekeeping or otherwise on behalf of the Organization and sign and deliver receipts therefor or to direct the Bank by written instructions to deliver all or any such securities and property to any person or persons named in such instructions.

4. THAT all instruments, whether negotiable or not, documents and writings made, drawn, accepted, endorsed, signed or executed as hereinbefore provided and delivered by any bearer thereof shall be valid and binding upon the Organization, and the Bank is hereby authorized to act thereon and give effect thereto.

5. THAT the Bank at which the account of the Organization is kept be finished with a copy of this resolution certified by the President and Secretary of the Organization; and that this resolution shall remain in force and be binding upon the Organization until a copy, certified as aforesaid, of a resolution passed by the Organization repealing or replacing this resolution shall have been received by the Manager of the Bank and duly acknowledged in writing.

CERTIFICATE

We, the undersigned, hereby certify that the foregoing resolution was duly passed at a meeting of the above-named Organization duly called and held on the day of 20 in accordance with the laws governing the Organization, and that the said resolution is in full force and effect.

Dated this day of, 20.....

President

Secretary

RESOLUTION OF DIRECTORS RE TELEFAXING OF INSTRUCTIONS

Copy of Resolution passed at a meeting of the Board of Director of

.....

(Name of Company)

RESOLVED:

That each officer and each employee of the Company who has been or may hereafter be authorized to sign cheques / documents on behalf of the Company be and is hereby authorized to make use of the Telefax or other device for the purpose of transferring instructions to First Citizens Bank (Barbados) Limited (hereafter called the "Bank").

THAT the Bank be and is hereby authorized and directed to honour the instructions of the Company purporting to be instructions issued by the Company and to bear a facsimile or facsimiles of signatures of a person or persons having authority to sign such document / cheques on behalf of the Company each of which instructions shall be binding on the Company to the same extent as though it has been an original signed by such person or persons;

THAT the Bank is entitled to rely entirely on such instructions transferred to it by telex or other devices, without the necessity of any further verification or enquiry on its part;

THAT the Company will indemnify and hold harmless the Bank from any loss, cost, damage or expense it may suffer or incur by relying on any such instructions or signature on any document or cheque; and

THAT the branch or agency of the Bank having a telefax machine and at which an account of the Company is kept be furnished with a copy of this Resolution certified by the Secretary under the Company's seal.

CERTIFICATE

We certify that this Resolution of which the above is a copy has been passed by the Company on the day
of20.....

OR

We certify that this Resolution of which the above is a copy is still in full force and effect.

DATED at this day of20.....

President / Director

Secretary

(Corporated Seal)

(Stamp Duty)

CUSTOMER REFERENCE REQUEST FORM

In accordance with the Anti-Money Laundering Guidelines for Licensed Financial Institutions, we hereby request your confirmation of the identity of our prospective customer and whether or not you consider them trustworthy to the extent of operating a chequing account.

Full Name of

Customer:

Known Aliases:

Title (Mr/Mrs/Miss/Ms):

Permanent Address:

(as given by customer)

Date of Birth: Account Number:

National Identification

Number:

Specimen Customer Signature:

Please respond by returning the lower portion of this form.

To: First Citizens Bank (Barbados) Limited

From: (Referee)

Request for reference regarding:

With reference to your enquiry dated we:

1. Confirm that the above customer is / is not known to us.
2. Confirm / cannot confirm the address shown in your enquiry.
3. Confirm / cannot confirm the National Identification Number.
4. Confirm / cannot confirm that the signature reproduced in your enquiry appears to be that of the above customer.

COMPLETE REFERENCE ON REVERSE

The above information is given in strict confidence, for your private use only, and without any guarantee or responsibility on the part of this financial institution or its officials.

Customer Consent

I authorise First Citizens Bank (Barbados) Limited to receive confirmation of the details above and a bankers reference as requested. This form authorises our existing bankers to debit the above account with the cost of this enquiry.

Full Name:

Signature: Date:

Kindly provide us with your opinion regarding the ability of the customer to satisfactorily operate a chequing account.