**Customer Information Micro Fiche No.:**

**Type of Account** Current Account Savings Passbook

Personal  Non-personal Residency

Product Type: Account Number:Date:***6/12/2015***

**FATCA Foreign Financial Institution (FFI):**   **GIIN #**:

**Account Information**  New Re-Activate Sole Owner  Joint Account

Relationship Code:

**Customer Name / Business name**

***John Student***

(For Pers.: First Name *space* Middle Name *space* Last Name; for Non-Pers.: Blank title and write name of business)

Address 1 ***Clem Labega Square* *55***

(Street) (Number/Postal Code)

Address 2 ***Philipsburg***

***St. Maarten***

(City) (Country)

Tel: ***St Peters***

(Cell)

E-mail ***johnstudent@gmail.com*** MCB@Homeyes no

Birth Date***12 / 05 / 1997*** Sex

DD MM YYYY

Identification:  ***1997051297*** SSN:

Please attach a copy of personal identity document EIN:

Country of residence for tax purposes:

**Customer Employment & Reference Information**

Address:

Tel #

Approved by Approved by Reference & Bankomatiko

Management: Legal: Account(s) & Signature(s)

Date, name and initial required

Verified Authorized Approved

Originating Branch:

**Second Customer Information (Joint Account)**

**Customer’s Name**

CIF:

Address

(Street) (Number/Postal Code)

(City/Neighborhood) (Country)

Tel:

(Cell)

E-mail

Employer

(Business) (Name) (Phone)

Identification: \*  Relationship Code:

SSN:  EIN:

**Alternate Address**

Address 1

(Street and Postal Code)

Address 2

(Street and Postal Code)

(City) (Country)

In the case of “eenmanszaak” account, attach copy of excerpt Chamber of Commerce indicating owner. Card must be registered in owner’s name. It should reflect the name of the “eenmanszaak” for distinguishing purposes.

In case of “N.V. or B.V.” account, attach both excerpts Chamber of Commerce and Articles of Incorporation. Card must be registered in name of Company. It should reflect name of Director for distinguishing purposes.

Branch for Pick up PIN: Special Instruction Card:

Activation of the account is subject to final approval by the Management of The Windward Islands Bank Ltd.

I (we) hereby acknowledge receipt of a copy of the GENERAL CONDITIONS of The Windward Islands Bank Ltd. and of the The Windward Islands Bank Ltd. Bankomatiko Cardholder Conditions, which shall apply to any relationship between the Bank, and it’s clients with the contents of which we (I) agree.

Until further notice in writing, my (our) mail shall be directed to the stated Address or the ‘Alternate Address’, if completed. If there are several account holders of a current account, those holders are considered to have reciprocally granted one another free disposition of the balance of said account, should any of them pass away.

Customer's Signature Restriction of Signing authority Date

Second Customer's Signature Restriction of Signing authority

**Special Statement Requirements**

No. of Copies :  Statement Cycle

Special Handling Code:

**Information for internal bank use**

SIC Code: Currency Code:  Employee Code:

Country code:  Citizen code:

**Account Information**.

Bankomatiko Only  Title Modifier:

Checks Allowed  Account Classification:

Salary Account  Account Manager/Assigned Officer: **088**

Legal Status:

**Processing Information**:

|  |  |  |
| --- | --- | --- |
| Central Acct. Documentation  (date, name and initial) | Input by  (date, name and initial) | Output by  (date, name and initial) |
|  |  |  |

Compliance Office Review: Legal Department Review:

Remarks (Branch or Other):

August, 2009