

DEPOSIT ACCOUNT AND SERVICES APPLICATION



INSTRUCTIONS:

1. Please write in **BLOCK CAPITALS** & thick where necessary
2. Please complete sections **1, 2 & 6** for First / Sole Applicant
3. Where a Joint Account is being opened, complete sections **1, 2, 5 & 6** for Joint / Sole applicants & Joint applicants complete sections **3 & 6 ONLY**.

SECTION 1: Personal information on First / Sole Applicant

CUSTOMER # _____

PERSONAL DETAILS				
LAST NAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED	PERMANENT ADDRESS	
MIDDLE NAME			MAILING ADDRESS (If different from above)	
FIRST NAME				
OTHER NAMES				
CITIZENSHIP	ID NUMBER	TAX ID NO.	NIS NUMBER	PHONE (H)
COUNTRY OF BIRTH	D.O.B(YY/MM/DD)	E-MAIL		CELL
EMPLOYMENT DETAILS				
OCCUPATION / PROFESSION <input type="checkbox"/> SALARIED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER (Please specify) _____			JOB TITLE	
			EMPLOYER / NAME OF BUSINESS	
PHONE (W):	WORK ADDRESS		LENGTH OF EMPLOYMENT YRS MTHS	
FAX:				
E-MAIL:			Start Date:	
THIS ACCOUNT IS FOR THE SOLE BENEFIT OF THE ACCOUNT HOLDER (S) AND WILL NOT BE USED FOR ANY THIRD PARTIES <input type="checkbox"/> Yes <input type="checkbox"/> No				
ARE YOU AN EXISTING MEMBER / CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES" PLEASE PROVIDE DETAILS BELOW)				
ACCOUNT TYPE				
ACCOUNT NUMBER (S)				
NAME OF JOINT HOLDER (IF ANY)				
ADDITIONAL DETAILS (IF ANY)				

SECTION 2: Requested Account (s) and Services

CUSTOMER ACCOUNT INFORMATION			
<input type="checkbox"/> REGULAR SAVINGS <input type="checkbox"/> FIXED DEPOSITS <input type="checkbox"/> SUPER SAVER <input type="checkbox"/> PERMANENT SHARES <input type="checkbox"/> CHEQUING ACCOUNT	CUSTOMER/ACCOUNT NO. (Official use only)	INITIAL DEPOSIT AMOUNT (\$)	TRANSACTION CODE (S)
<input type="checkbox"/> REGULAR SAVINGS <input type="checkbox"/> FIXED DEPOSIT <input type="checkbox"/> SUPER SAVER <input type="checkbox"/> PERMANENT SHARES <input type="checkbox"/> CHEQUING ACCOUNT	CUSTOMER/ACCOUNT NO. (Official use only)	INITIAL DEPOSIT AMOUNT (\$)	
STATE PURPOSE OF ACCOUNT		STATE SOURCE OF INCOME / WEALTH	

PLEASE TELL US HOW YOU LEARNT OF ST.VINCENT BUILDING & LOAN ASSOCIATION:				
<input type="checkbox"/> Employee	<input type="checkbox"/> Website	<input type="checkbox"/> Media	<input type="checkbox"/> Sign/Bill Board	<input type="checkbox"/> Relative <input type="checkbox"/> Friend
<input type="checkbox"/> Other _____				

SECTION 3: Personal Information on Joint Applicants Information on First Joint Applicant
Information on First Joint Applicants **CUSTOMER #** _____

PERSONAL DETAILS					
LAST NAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F		PERMANENT ADDRESS	
MIDDLE NAME		MARITAL STATUS:		MAILING ADDRESS (If different from above)	
FIRST NAME		<input type="checkbox"/> SINGLE			
OTHER NAMES		<input type="checkbox"/> MARRIED			
		<input type="checkbox"/> DIVORCED			
		<input type="checkbox"/> WIDOWED			
		<input type="checkbox"/> SEPARATED			
CITIZENSHIP	ID NUMBER	TAX ID NO.	NIS NUMBER	PHONE (H)	
COUNTRY OF BIRTH	D.O.B (Y/M/D)	E-MAIL		CELL	
EMPLOYMENT DETAILS					
OCCUPATION / PROFESSION				JOB TITLE	
<input type="checkbox"/> SALARIED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED				EMPLOYER / NAME OF BUSINESS	
<input type="checkbox"/> OTHER (Please specify) <input style="width: 400px;" type="text"/>					
PHONE (W):		WORK ADDRESS		LENGTH OF EMPLOYMENT	
FAX:				YRS MTHS	
E-MAIL:				Start Date:	
THIS ACCOUNT IS FOR THE SOLE BENEFIT OF THE ACCOUNT HOLDER (S) AND WILL NOT BE USED FOR ANY THIRD PARTIES <input type="checkbox"/> Yes <input type="checkbox"/> No					
ARE YOU AN EXISTING MEMBER / CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES" PLEASE PROVIDE DETAILS BELOW)					
ACCOUNT TYPE					
ACCOUNT NUMBER (S)					
NAME OF JOINT HOLDER (IF ANY)					
ADDITIONAL DETAILS (IF ANY)					

Information on Second Joint Applicant

CUSTOMER # _____

PERSONAL DETAILS					
LAST NAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F		PERMANENT ADDRESS	
MIDDLE NAME		MARITAL STATUS:		MAILING ADDRESS (If different from above)	
FIRST NAME		<input type="checkbox"/> SINGLE			
OTHER NAMES		<input type="checkbox"/> MARRIED			
		<input type="checkbox"/> DIVORCED			
		<input type="checkbox"/> WIDOWED			
		<input type="checkbox"/> SEPARATED			
CITIZENSHIP	ID NUMBER	TAX ID NO.	NIS NUMBER	PHONE (H)	
COUNTRY OF BIRTH	D.O.B (Y/M/D)	E-MAIL		CELL	
EMPLOYMENT DETAILS					
OCCUPATION / PROFESSION				JOB TITLE	
<input type="checkbox"/> SALARIED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED				EMPLOYER / NAME OF BUSINESS	
<input type="checkbox"/> OTHER (Please specify) <input style="width: 400px;" type="text"/>					
PHONE (W):		WORK ADDRESS		LENGTH OF EMPLOYMENT	
FAX:				YRS MTHS	
E-MAIL:				Start Date:	
THIS ACCOUNT IS FOR THE SOLE BENEFIT OF THE ACCOUNT HOLDER (S) AND WILL NOT BE USED FOR ANY THIRD PARTIES <input type="checkbox"/> Yes <input type="checkbox"/> No					
ARE YOU AN EXISTING MEMBER / CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES" PLEASE PROVIDE DETAILS BELOW)					
ACCOUNT TYPE					
ACCOUNT NUMBER (S)					
NAME OF JOINT HOLDER (IF ANY)					
ADDITIONAL DETAILS (IF ANY)					

SECTION 4: Personal Account Agreement

Customer Numbers

1. **BASIC TERMS:** In exchange for St.Vincent Building and Loan Association and such other subsidiaries and or affiliates of St.Vincent Building and Loan Association as may from time to time hereafter come into existence and any successors or assignees of this company ("**The Association**") opening and operating one or more accounts for me, I agree to be bound by the following terms:
This Personal Account Agreement replaces previous Personal Account Agreements. Herein, "Account" means each existing account and future accounts opened with **The Association** by me, as a single or joint account holder or to which I was added as a joint account holder. "Bank Card" includes debit card (s) and credit card (s) that **The Association** may issue me to enable me to transact business at branches or at automated machines or to obtain cash advances or to charge retail purchases to the Account; "Disclosure Documentation" means the account fees and interest disclosure documentation I received when I opened the Account or was added as a joint account holder as applicable; "I", "me" and "my" refer to each person who has signed the application form, signature card and declaration.
2. **Joint and Separate Liability:** Each of the undersigned is individually liable, and all are jointly liable, to pay St.Vincent Building and Loan Association any amounts any of us may owe in respect to the Account.
3. **ACCOUNT STATEMENTS:** **The Association** will, when requested, mail or otherwise send me statements at my last known address, according to **The Association's** records. When I receive my statement, I agree to examine all entries and balances in it. If there are errors, omissions or irregularities, I agree to notify **The Association**, in writing within 30 days after the date on which the statement was sent to me.
4. **SECURITY:** I undertake to keep secret and secure all passwords, codes, identities, user names etc. that **The Association** issues to me and undertake to keep **The Association** indemnified, safe and harmless against their misuse whether willingly, negligently or unknowingly.
5. **CONDUCT:** I undertake to operate the account and the allied facilities in a manner that is responsible and abiding to the terms and conditions laid out in this agreement and the laws of St.Vincent and the Grenadines that govern the operation of such accounts. I undertake to keep **The Association** indemnified, safe and harmless against any misconduct or illegal activity done by me – willingly, negligently or unknowingly.
6. **REPORT OF LOSS / THEFT:** I must notify **The Association** immediately if my Banks Card (s) are lost or stolen, or if there are other circumstances from which one might reasonably infer that a fraud may occur or have occurred in connection with the Account (s). Subject to any other agreement I may have with **The Association**, **The Association** will not be liable for any improper withdrawal from the Account if I have not given **The Association** immediate notice as required by Clause 3, or if my estate has not given **The Association** immediate notice of my death.
7. **LIABILITY FOR FORGERY:** The Association will only be liable for a loss due to a forged or unauthorized signature on, or any alteration of a cheque or other payment instrument if I do both of the following:
 - (i) I notify **The Association** of the alleged forgery or alteration in writing and within the time period specified by clause 3 above, and
 - (ii) I prove that I took all reasonable steps to prevent the forged or unauthorized signature or the alteration and the resulting loss, and that despite that fact, the loss was unavoidable.
8. **INDEBTEDNESS:** I authorize **The Association** to debit my account for all charges, purchases, advances, instruments, cheques, instructions issued, signed or authorized by me, either in writing, electronically or the internet and all applicable fees as set out in disclosure and according to the rules of this Association. I authorize **The Association** to debit the Account any other indebtedness I may owe **The Association**. I undertake to honour the said liability and agree to pay **The Association** the full amount of indebtedness upon applicable due dates or on demand by **The Association**.
9. **OVERDRAFT AND CREDIT LIMIT:** **The Association** may, allow an overdraft in my account upon my written request or for any reason including but not limited to a result of withdrawals, cheques, charges, fees, purchases, advances or otherwise, at its sole discretion. The following apply to this section:-
 - a. If **The Association** does not allow my account to become overdrawn, then I must pay the account by which my Account is overdrawn immediately, upon **The Association's** demand. I authorize **The Association** to debit the Account its service fee (s) in respect of the overdraft, plus interest on the overdraft amount at the rate in effect from time to time.
 - b. **The Association** shall set up an overdraft limit for my Account. I will not make an account withdrawal, which would cause my overdraft limit to be exceeded. **The Association** has absolutely no obligation to pay an account withdrawal that would cause my indebtedness to exceed my overdraft limit or to be further exceeded.
 - c. For each calendar month in which an account is overdrawn, I will pay **the Association** the greater of: (i) interest on the indebtedness, calculated with clause 9 (d); or (ii) The minimum charge. If more than one Account is overdrawn in the same calendar month, the greater in accordance with clause (d) or the Minimum Charge is payable for each account.
 - d. Interest will be calculated and debited monthly to the Account to which it relates, based on the final daily indebtedness in the Account throughout the calendar month. The rate of interest I will pay is the nominal annual interest rate set by **the Association** from time to time in accordance with clause 10. Interest at the rate set by **the Association** will apply both before and after the indebtedness becomes payable, before and after the Agreement is terminated, and before and after judgment is obtained against me.
10. **CHANGES TO THIS AGREEMENT, THE INTEREST RATE OR FEES:** The Association is entitled to unilaterally change this Personal Account Agreement, applicable interest rate, fees, charges, overdraft limits or any of its clause any time in the future; and will deem to have been unequivocally accepted by me. The following apply to this section:
 - a. **FEES.** **The Association** may change applicable fees, charges, overdraft limits at any time in the future and notify me by any means of a public or private notification. The change will become effective after thirty days of the date notice is mailed or published; and will deemed to have been unequivocally accepted by me.
 - b. **INTEREST RATE.** **The Association's** Board may change applicable interest rate at any time in the future with prior notification to me. The change will become on the date stipulated; and will deemed to have been unequivocally accepted by me.
11. **STOP PAYMENTS:** If I give **The Association** instructions to stop payment of any instrument or order, I acknowledge that I will provide **The Association** with complete details of the instrument or order, and pay the appropriate service charge. **The Association** will use its best efforts to stop payment of such instrument. **The Association** is only required to stop payment of the instrument if it exactly matches the details I have provided else, **The Association** does not have to reimburse me for the amount of the instrument. If for any reason the instrument is paid, then subject to the terms of this section, **The Association** will reimburse me for the amount of the cheque and refund me the service charges unless it represents payment of a just debt due and owing by me. I will review my statements when requested to determine if the instrument has been paid in error and, if so, I will notify **The Association** immediately. **The Association** will not, however, be required to reimburse me for the amount of the instrument unless I notify **The Association** within the time period specified in clause 3 of this agreement. I agree and understand that stop payments cannot be issued by me on the Association's card transactions.
12. **STORING INFORMATION.** **The Association** may record and store all information relating to my account in such form and by such means **The Association** sees fit. I acknowledge and accept that **The Association** is not obligated to retain or return original items, instruments or cheques or to provide me with copies of any account statements, items or other documents. **The Association** may, do so only in its discretion and subject to availability upon my written request. I will pay **The Association** its applicable charges for any searches I request in advance or upon demand.
13. **DATA PROCESSING AND DISCLOSURE:** The Association may use the services of any of its subsidiaries and affiliates or any electronic data processing service bureau or organization in connection with keeping my account. I hereby consent to the sharing of information with such subsidiaries, affiliates or any electronic data processing service organization for the purposes of processing information relating to my account, providing contingency backup of data or any other proper banking purpose. In such a case, **The Association** will not be liable to me by reason of any act, delay or omission of such service bureau or organization in the performances of the services required of it.
14. **ANTI-MONEY LAUNDERING:** Anti-Money Laundering Legislations require that **The Association** verify source of funds before accepting deposits or processing transactions and must report unusual transactions to the relevant authorities. I hereby consent to **The Association** to disclosing this information to any statutory, financial or regulatory bodies for the purpose of ensuring that "**The Association**" complies with anti-money laundering legislations. I will indemnify **The Association** for its out of pocket expenses, including reasonable legal costs and courts costs for any investigation or potential investigation under applicable anti-money laundering legislations regarding my account, including but not limited to seeking direction from a court of competent jurisdiction on **The Association's** rights and obligations in such matters.
15. **THE ASSOCIATION'S PROPERTY:** I acknowledge that all cheques and Cards issued to me are the property of **The Association** and I shall safeguard them from loss, theft or misuse at all times.

16. **CHANGE OF PERSONAL INFORMATION:** I undertake to provide **The Association** in writing any change in my personal information included but not limited to Name, Address, Contact telephone numbers, Financial Position, Insolvency and any other information that may affect the conduct of my agreement with **The Association**.
17. **DISRUPTION OF SERVICE:** I acknowledge that **The Association** shall perform its obligations under this agreement in normal circumstances. However **The Association** shall not be liable for any damages as a result of force majeure or disruption due to natural disasters, power failures, communication and transport systems failures, wars, strikes, coups and all such natural or man-made acts that are disruptive in nature.
18. **ACCOUNT CLOSURE AND TERMINATION:** **The Association** reserves the right to close my **Regular Savings Account** upon giving thirty (30) written days notice. At anytime after the expiration of the notice period, **The Association** shall forward by registered mail to the account holder's last recorded address, a cheque representing the balance on the account as at the date of closing. Any item (s) or instrument (s) drawn or presented for payment or deposit after such closure on this type of account, will be declined by **The Association** and these item (s) or instruments (s) will be returned to the account holder. **The Association** shall not be liable for any damages arising out of the dishonouring or returning of such item (s) to the customer. The customer shall fully indemnify **The Association** against any third party claims (s) that may arise out of any such return or dishonor. In the event of account closure due to inactivity (**Re: Regular Savings Account**), **The Association** will, in accordance with the regulations of St.Vincent and the Grenadines, transfer the balance of this account to the relevant authority after the period of inactivity specified in those regulations. In this event, I undertake to promptly return **The Association's** property (as detailed in Clause 16 above) and pay to **The Association** all dues and indebtedness (as stated in Clause 8 above).
19. **JOINT TENANCY:** Unless otherwise agreed in writing, all money which is now or may later be credited to the Account (including all interest) is our joint property with the right of survivorship. That means that if one of us dies, all money in the Account becomes the property of the other accountholder (s). In order to make this legally effective, we each assign such money to the other accountholder (or the others jointly if there is more than one other accountholder).
20. **WITHDRAWALS:** Each of the undersign authorizes St.Vincent Building and Loan Association to accept as a valid discharge any withdrawals, cheque, receipt, other voucher or payment instrument which is signed by the sole applicant; or, in the case of a joint account, as per the Joint Account Mandate (Section 6 of the application form).
21. **SEVERABILITY:** If any clause of this agreement is found by a court of competent authority to be void or unenforceable, that the clause will be severed without affecting the validity or enforceability of any other provisions of this agreement.
22. **JURISDICTION:** The agreement shall be construed in accordance with and governed by the laws of St.Vincent and the Grenadines.

SECTION 5: Joint Account Mandate

THE JOINT ACCOUNT WILL BE OPERATED BY THE SIGNATORIES IN THE MANNER AS CHOSEN BELOW (also see Personal Account Agreement – 20 & 21):

First/Sole A/c Holder Only

Any 1 to sign

Any 2 to sign

All applicants to sign

SECTION 6: Declaration

I hereby declare that the information provided by me in this application is correct and complete to the best of my knowledge and that I have received, read, understood and accepted this agreement (detailed under section 5 above) and shall be bound by its terms. You may provide or receive any information on me, including any information on this form, to or from, any statutory body, regulatory body, government organization, financial institution and court of law. I agree that you may use that information to establish and maintain my relationship with you, and to offer me any services from time to time, as permitted by law, regulatory and / or statutory body and / or government organization.

Signed at _____ this _____ day of _____ 20_____

SIGNATURE OF FIRST / SOLE APPLICANT	DATE	SIGNATURE OF FIRST JOINT APPLICANT	DATE	SIGNATURE OF SECOND JOINT APPLICANT	DATE
PRINT NAME		PRINT NAME		PRINT NAME	
SIGNATURE OF WITNESS	DATE	SIGNATURE OF WITNESS	DATE	SIGNATURE OF WITNESS	DATE
PRINT NAME		PRINT NAME		PRINT NAME	

Prepared by: _____

Signature: _____

Print Name: _____

Date: _____

Approved by: _____

Signature: _____

Date: _____

Print Name: _____