

PERSONAL ACCOUNT APPLICATION FORM

Bank and Branch: **GRENADA CO-OPERATIVE BANK**

Date: _____

Time: _____

1. Client's Correct Name: _____

2. Previous Name(s): _____

3. (a) Country of Birth: _____ Date of Birth: _____

(b) Foreign Address: _____

4. Current Home/Residence Address: _____

How Long: _____ Home Tel. No.: _____ Fax No.: _____

Cellular No.: _____ Email Address: _____

(c) Status - Resident: Yes No 31 Non-Resident: Yes No Citizen: Yes No

5. (a) Occupation/profession: _____ How Long _____

6. Employer: _____

Employer's Address: _____

Tel. No.: _____ Fax No.: _____

How Long: _____, if less than five (5) years get previous employers. _____

(b) Name of Spouse: _____

Date of Birth: _____ Country of Birth: _____

Occupation: _____ Employer: _____

(c) Name, Address and Telephone of a Close Relative/Friend: _____

7. Identification

(a) Passport No.: _____ Date Issued: _____ Country: _____

Expiry Date: _____ Place Issued: _____

(b) National Identification Card No.: _____ Date Issued: _____

Valid until: _____ Country: _____

(c) Driver's Licence No.: _____ Date Issued: _____

Country: _____ State/province: _____

Type: _____ Date Renewed: _____

(d) Is/are the identification(s) tendered by you yours?: _____

(e) Have you assumed the identity of anyone else?: _____

8. Type of Account/service requested: _____

9. (a) Reason/purpose for which account is needed: _____

(b) Why this/our branch has been selected?: Location Indigenous Service Other specify

10. How much funds will pass through account: _____

By Cash \$ _____ By Cheque \$ _____ By Wire \$ _____

How often: _____

11. Source of Funds: _____

12. (a) Monthly Salary/Income: _____

13. References – Give Full Name, Address, Telephone Number, Fax Number, Email Address for each – Note: (Use Continuation Sheets). Banks, Credit Unions, Unit Trust, Insurance Company etc. (Use Continuation Sheets).

(a) Bank/local: _____

Foreign Banks: _____

(b) Two (2) Individual/Reference Personal: _____

Interviewed By: _____ Client's Signature: _____

Client's Certificate Declaration and Consent

I _____ declare and confirm that the information given by me in this

Client's Full Name

Application for Bank service(s) is true and correct and further confirm and declare that I am not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft or any other Crimes or illicit activities. I am aware that I am required by the account agreement to deposit only good items to my accounts and to refrain from using the account for money laundering, criminal activities, specified offences or for furthering criminal purposes or conducts. I have not assumed the identity of any other person and the funds/deposits are beneficially owned by me and no one else.

Consent is hereby given to the Bank to disclose this application, any information contained in it, other related confidential information of mine and current and future deposits and other transactions of mine to Law Enforcement Agencies, Regulatory Authorities, other Banks or regulated persons.

I promise to abide by the terms of the account(s) agreement and I consent to all enquiries the Bank may make about me and to the retention of this application and all documents tendered by me in support of this application by the Bank.

Date

Client's Signature

**COMPLIANCE REVIEW
FOR BANK USE**

Manager's Signature: _____

Compliance Officer

Date: _____

Date