

**ACCOUNT OPENING FORM – CORPORATE ACCOUNTS**

**SELECT TYPE OF ACCOUNT**

Current Account:		<i>Minimum Balance USD1,000/ €1,000</i>
Savings Account:		<i>Minimum Balance USD1,000/ €1,000</i>
Money Market Account:		<i>Minimum Balance USD100,000/ €100,000</i>
Currency:	Dollars	Euros

**BUSINESS INFORMATION**

Business Name:	Tax Identification Number:
Country of Incorporation:	Date of Incorporation: <i>(mm/dd/yyyy)</i>
Description of the Business Activity:	

**BUSINESS ADDRESS**

Address:		
State/ City/ Country:		
Telephone:	Fax:	Webpage:
Is the company established in the USA?	Yes	No

*If Yes, please complete the attached W -8BENE form*

**BENEFICIAL OWNERS**

Full Name:	Holding Percentage:	Country of Birth:	Residence:

**LIST OF PRINCIPAL EXECUTIVES**

Full Name:	Position:	Country of Birth:	Residence:

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1 - AUTHORIZED SIGNATORY		
First and Middle Name:		Last Name:
City of Birth:		Nationality:
Country of Birth:		Country of Residence:
Date of Birth: <i>(mm/dd/yyyy)</i>	Sex: M F	Marital Status: Single                      Married Divorced                      Widowed
<b>IDENTIFICATION</b>		
Passport Number:	Country of Issue:	Expiry Date:
Personal ID Card No.:	Country of Issue:	Expiry Date:

2 - AUTHORIZED SIGNATORY		
First and Middle Name:		Last Name:
City of Birth:		Nationality:
Country of Birth:		Country of Residence:
Date of Birth: <i>(mm/dd/yyyy)</i>	Sex: M F	Marital Status: Single                      Married Divorced                      Widowed
<b>IDENTIFICATION</b>		
Passport Number:	Country of Issue:	Expiry Date:
Personal ID Card No.:	Country of Issue:	Expiry Date:

3 - AUTHORIZED SIGNATORY		
First and Middle Name:		Last Name:
City of Birth:		Nationality:
Country of Birth:		Country of Residence:
Date of Birth:	Sex:	Marital Status:
<i>(mm/dd/yyyy)</i>	M	Single                      Married
	F	Divorced                      Widowed
IDENTIFICATION		
Passport Number:	Country of Issue:	Expiry Date:
Personal ID Card No.:	Country of Issue:	Expiry Date:

4 - AUTHORIZED SIGNATORY		
First and Middle Name:		Last Name:
City of Birth:		Nationality:
Country of Birth:		Country of Residence:
Date of Birth:	Sex:	Marital Status:
<i>(mm/dd/yyyy)</i>	M	Single                      Married
	F	Divorced                      Widowed
IDENTIFICATION		
Passport Number:	Country of Issue:	Expiry Date:
Personal ID Card No.:	Country of Issue:	Expiry Date:

<b>MAIN PURPOSE OF MAINTAINING THE ACCOUNT</b>			
Savings:		Investment:	Payment to Suppliers:
<b>PRIMARY FUNCTION AND ACTIVITY OF THE BUSINESS</b>			
<b>INTENDED USE OF ACCOUNT FUNDS</b>			
<b>TRANSACTION PROFILE</b>			
What is the estimated average monthly deposit?		What is the estimated number of deposit transactions?	
From \$1,000 to \$10,000		Less than 5 transactions	
From \$10,001 to \$25,000		Between 5 and 10 transactions	
From \$25,001 to \$50,000		Between 11 and 15 transactions	
From \$50,001 to \$100,000		Between 16 and 25 transactions	
In excess of \$100,000		In excess of 25 transactions	
What is the estimated average monthly withdrawal?		What is the estimated number of withdrawal transactions?	
From \$1,000 to \$10,000		Less than 5 transactions	
From \$10,001 to \$25,000		Between 5 and 10 transactions	
From \$25,001 to \$50,000		Between 11 and 15 transactions	
From \$50,001 to \$100,000		Between 16 and 25 transactions	
In excess of \$100,000		In excess of 25 transactions	
<b>SIGNING AUTHORITY</b>			
Singly:		Jointly:	
<b>INITIAL DEPOSIT</b>			
Deposit Amount		Form of Deposit:	Transfer
			Check
<b>ACCEPTANCE APPLICATION OF INSTRUCTIONS BY FAX OR EMAIL</b>			
<p>We hereby accept that the Bank processes instructions regarding any instructions transmitted by fax or email. We also agree to exempt the Bank from any charge and hold the Bank harmless with respect to any action that the Bank may take (or refuses to take) with respect to our account in accordance with the instructions sent by fax or email and to confirm the instructions writing, if requested by the Bank. We understand that the Bank reserves the right to refuse instructions sent by fax or email.</p>			



**DECLARATION AND CERTIFICATION**

We hereby represent and warrant that:

1. We have read and understood the Terms & Conditions governing the account, which may be amended from time to time, and agree to be bound by them.
2. The legal entity does not perform any economic activity in the local market of Curacao.
3. We certify the accuracy of the statements given and authorize you to make any enquiries which you may consider necessary for confirmation of such statements.
4. We will notify the Bank in a timely manner in writing concerning any material changes to such disclosure, information or representation.

Place:	Date: <i>(mm/dd/yyyy)</i>
Authorized Signatory Nr. 1:	Signatory Nr. 1:
Authorized Signatory Nr. 2:      Not Applicable:	Signatory Nr. 2:
Authorized Signatory Nr. 3:      Not Applicable:	Signatory Nr. 3:
Authorized Signatory Nr. 4:      Not Applicable:	Signatory Nr. 4:



<b>KNOW YOUR CLIENT – PERSONAL INFORMATION</b>			
<b>(FILL ONE FORM FOR EACH SIGNATORY)</b>			
Personal Data			
First and Middle Name:		Last Name:	
City of Birth:		Nationality:	
Country of Birth:		Country of Residence:	
Personal ID Card No.:		Passport Number:	
Expiry Date: (mm/dd/yyyy)		Expiry Date: (mm/dd/yyyy)	
Date of Birth:	Sex:	Marital Status:	
(mm/dd/yyyy)	M	Single	Married
	F	Divorced	Widowed
Are you a Resident of The United States of America		Yes	No
<i>If Yes, please complete the attached W -8BEN form</i>			
Address			
Street & Number.:			
Avenue:			
State/ City:			
Country:			Property Type:
			Owned:
Email Address:			Rented:
			Dependent:
Telephone Number:		Mobile Number:	
Place:		Date: (mm/dd/yyyy)	
Authorized Signatory:		Signature:	



SIGNATURE CARD														
Master Account:						Sub-Account:								
Number of Signatures Required:						Date: (mm/dd/yyyy)								
Signatory Nr. 1						Signatory Nr. 2			Not Applicable					
Signature:						Signature:								
Signing Restrictions:						Signing Restrictions:								
Name:						Name:								
I.D. #:						I.D. #:								
Signatory Nr. 3						Not Applicable			Signatory Nr. 4			Not Applicable		
Signature:						Signature:								
Signing Restrictions:						Signing Restrictions:								
Name:						Name:								
I.D. #:						I.D. #:								
Additional Information														
New Account						Replacement			Addition					



**SOURCE OF FUNDS DECLARATION**

1. I, \_\_\_\_\_, understand that I am making this declaration for my own protection as well as for the protection of the credit institution.
  
2. I declare that the funds to be deposited by the corporation represent funds obtained from the following source:  
  
\_\_\_\_\_
  
3. The legal entity does not perform any economic activity in the local market of Curacao.
4. I declare that the funds deposited are not derived from any economic activity carried out on the island of Curaçao.
5. The undersigned is aware that the information contained in this source of fund declaration form may be disclosed to those institutions which are legally entitled to the information contained here.

Place:	Date: (mm/dd/yyyy)
Full Name of Authorized Signatory:	Signature:



**ULTIMATE BENEFICIAL OWNER DECLARATION FORM**

This declaration aims at retaining the identity of the beneficial owner by virtue of the present regulations of the Central Bank of Curaçao and Sint Maarten.

Name of the Client: \_\_\_\_\_

Client Reference Number: \_\_\_\_\_

The undersigned hereby declares (mark with a cross where applicable):

As client of the Financial Institution (natural person);

As representative of the client (legal entity);

That he/she is the beneficial owner of the assets to be deposited with or held by the Bank;

That the following individual(s) is/are the ultimate beneficial owner(s) of the assets to be deposited with or held by the Bank.

**Personal Data:**

First and Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Are you a Resident of The United States of America?      Yes                      No

*If Yes, please complete the attached W -8BEN form*

Attached copy of the personal identification documents (Passport/ id. Card).

The undersigned confirms that all due diligence has been exercised in ascertaining the identity of the abovementioned listed beneficial owner(s) of above company. Additionally, the undersigned declares that he/she will inform the Bank without delay of any change concerning the identity of the(se) ultimate beneficial owner(s).

Date: (mm/dd/yyyy) \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**REQUIRED DOCUMENTATION**

1. Corporate Account Opening form; dully completed and signed.
2. Signed Know Your Client Form for each of the said beneficial owners and authorized signatories..
3. Signature Card dully completed and signed by each authorized signatory.
4. Signed E-Banking User Agreement.
5. Source of Funds Declaration Form; duly completed and signed.
6. Ultimate Beneficial Owner Declaration Form; duly completed and signed by all UBO's each.
7. Complete and legible copy of the documents of incorporation / registration of the company: Register or Certificate of Incorporation, Memorandum and Articles of Association. These copies must be verified by the executive of the Bank with the existing Original Documents.
8. Copy of the Audited Financial Statements of the last year filed with the appropriate Registry.
9. Copy of Resolution of Appointment of Directors.
10. Copy of Resolution requesting the opening of a corporate account at Blue Bank International N.V. detailing the authorized signatories on the account.
11. One legible and certified copy of Valid Photo Identification of each of the said beneficial owners, authorized signatories and management members.
12. One Bank Reference dated no earlier than 3 months upon submission.
13. A certified copy of the Tax Identification of the Company.

**FOR INTERNAL USE ONLY**

Reviewed by:		Approved by:	
Signature:		Signature:	
Date:		Date:	