



ACCOUNT OPENING FORM – PERSONAL ACCOUNT

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 |

MAIN 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 | |

IDENTIFICATION

| | | |
|--------------------------|-------------------|--------------|
| Passport Number: | Country of Issue: | Expiry Date: |
| Identification Card No.: | Country of Issue: | Expiry Date: |

SECOND 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 | |

IDENTIFICATION

| | | |
|--------------------------|-------------------|----------------------------------|
| Passport Number: | Country of Issue: | Expiry Date: <i>(mm/dd/yyyy)</i> |
| Identification Card No.: | Country of Issue: | Expiry Date: <i>(mm/dd/yyyy)</i> |



| MAIN PURPOSE OF MAINTAINING THE ACCOUNT | | | |
|---|------------|--|----------------------|
| Savings | | Investment | Payment to Suppliers |
| SOURCE OF FUNDS | | | |
| Savings | Salary | Trade | Inheritance |
| Retirement Pension | Investment | Dividends | Other |
| TRANSACTION PROFILE | | | |
| 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 | |
| SIGNING AUTHORITY | | | |
| Singly: | | Jointly: | |
| INITIAL DEPOSIT | | | |
| Deposit Amount | | Form of Deposit | Transferencia |
| | | | Cheque |
| ACCEPTANCE APPLICATION OF INSTRUCTIONS BY FAX OR EMAIL | | | |
| <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

Main Authorized Signatory:

I, _____,
with _____ nationality, residing at _____,
_____ and bearer of identity card or Passport number _____,

2ND AUTHORIZED SIGNATORY

Applicable

Not Applicable

I, _____,
with _____, nationality, residing at _____,
_____ and bearer of identity card or Passport number _____,

I/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. I/We are not resident(s) of Curaçao.
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: (mm/dd/yyyy)

Main Authorized Signatory:

Signature:

2nd Authorized Signatory:

Signature:

| KNOW YOUR CLIENT – PERSONAL INFORMATION | | | |
|---|------|---------------------------|---------|
| (FILL ONE FOR EACH SIGNATORY) | | | |
| Personal Data | | | |
| First and Middle Name: | | Last Name: | |
| | | | |
| City of Birth: | | Nationality: | |
| | | | |
| Country of Birth: | | Country of Residence: | |
| | | | |
| Identification 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 and Number: | | | |
| | | | |
| Avenue: | | | |
| | | | |
| State/City: | | | |
| | | | |
| Country: | | Property Type: | |
| | | Owned: | |
| Email Address: | | Rented: | |
| | | Dependent: | |
| Telephone Number: | | Mobile Number: | |
| | | | |

| KNOW YOUR CLIENT – PERSONAL INFORMATION (CONTINUED) | | | | | | |
|---|--------------|---------------------|-------------------------|------------------------------|-------------|--|
| Employer Details | | | | | | |
| Employed | Entrepreneur | Retired | Student | Unemployed | Householder | |
| Name of Employer: | | | | | | |
| | | | | | | |
| Address of Employer: | | | | | | |
| | | | | | | |
| City/State/Country: | | | | | | |
| | | | | | | |
| Profession: | | | Business Email Address: | | | |
| | | | | | | |
| Telephone Number: | | Fax Number: | | Company's Web Page: | | |
| | | | | | | |
| Monthly Income | | Other Annual Income | | Description of Other Income: | | |
| | | | | | | |
| Place: | | | Date: (mm/dd/yyyy) | | | |
| | | | | | | |
| Full Name of Signatory: | | | Signature: | | | |
| | | | | | | |

| SIGNATURE CARD | | | | | | | | | |
|-------------------------------|--|--|--|--|-----------------------|--|--|----------------|--|
| Master Account | | | | | Sub - Account: | | | | |
| Number of Signatures Required | | | | | Date: (mm/dd/yyyy) | | | | |
| Main Signatory | | | | | 2nd Signatory | | | Not Applicable | |
| Signature: | | | | | Signature: | | | | |
| Name: | | | | | Name: | | | | |
| I.D. #: | | | | | I.D. #: | | | | |
| Signing Authority | | | | | Informacion Adicional | | | | |
| Sinlgy | | | | | New Account | | | | |
| Jointly | | | | | 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 represent funds from the following source:

3. I certify that I am not a resident of the island of Curaçao.
4. The following legally accepted customer identification documents delivered to the Bank, pertain to the main authorized signatory:
 Passport, with the following number: _____
 Identification card, with the following number: _____
- (If applicable, please complete)***
5. The following legally accepted customer identification documents delivered to the Bank, pertain to the second authorized signatory:
 Passport, with the following number: _____
 Identification card, with the following number: _____
6. The undersigned is aware that the information contained in this source of funds 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 main signatory: | Signature: |
| | |
| Full name second signatory (if applicable): | Signature: |
| | |

Recaudos Para Solicitar la Apertura de una Cuenta Personal

1. Personal Account Opening form; duly completed and signed.
2. Signed Know Your Client form for each of the authorized signatories.
3. Signed E-banking User Agreement.
4. Source of Funds Declaration Form; duly completed and signed.
5. Signature Card duly completed and signed by each authorized signatory.
6. One legible and **certified copy** of **Valid Photo Identification of each authorized signatory**.
7. One Bank Reference dated no earlier than 3 months upon submission.
8. A valid copy of each signatory's Tax Identification Number and copy of the latest utility Bill.

| FOR INTERNAL USE ONLY | | | |
|-----------------------|--|--------------|--|
| Reviewed by: | | Approved by: | |
| Signature: | | Signature: | |
| Date: | | Date: | |