

Business Information & Account Application

General Information			INTERNAL USE ONLY Branch: _____ CIF #: _____
Legal Name of Business:			
Company Registration No.:			
GIIN (If Applicable):	Business Tax#:	Taxpayer Identification Type:	
Phone No:	Fax:	Taxpayer Identification Number:	
Email:		Date Of Incorporation:	Country Of Issue:
			Country Of Incorporation:

Particulars of Entity

Address Of Registered Office:	Street Address:		
District/City/Town	Parish/State/Province/County	Zip Code/Postal Code	Country
Mailing Address:	Street Address:		
District/City/Town	Parish/State/Province/County	Zip Code/Postal Code	Country

Business Information

Number of Employees: _____ Gross Annual Revenue/Total Assets J\$ _____

Business Activity

Business Type:	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Corporation	<input type="checkbox"/> Tax Exempt Organization
	<input type="checkbox"/> Simple Trust	<input type="checkbox"/> Private Foundation	<input type="checkbox"/> Government
	<input type="checkbox"/> Complex Trust	<input type="checkbox"/> Disregarded Entity	<input type="checkbox"/> Central Bank of Issue
	<input type="checkbox"/> Estate	<input type="checkbox"/> Grantor Trust	<input type="checkbox"/> Partnership
Us Tax Status:	<input type="checkbox"/> Participating FFI	<input type="checkbox"/> Exempt Beneficial Owner	<input type="checkbox"/> Registered Deemed Compliant
	<input type="checkbox"/> Active NFFE	<input type="checkbox"/> Passive NFFE	
	<input type="checkbox"/> Non-Participating FFI	<input type="checkbox"/> Other:	

State Brief Description of Business Activity:

Will the business handle any money for third parties: Yes No

State the nature of the arrangement with third party:

Names of Directors (List the names of the two primary Directors first)	Names of Shareholders (List the names of the two primary Directors first)	% Shareholding
1	1	
2	2	
3	3	
4	4	
5	5	

Names of Signing Officers

1	2	3	4
5	6	7	8

Authorized Bearers

Name	ID Type	ID No.	Expiry Date

Expected Wire Transfer Activity

Name Of Receiver	Receiving Bank	Purpose	Amount

Special Instructions

Account Information

A/C #:	Currency: <input type="checkbox"/> JA <input type="checkbox"/> US <input type="checkbox"/> CAN <input type="checkbox"/> GBP		
Date Opened:	Product Type:	Receipt No.:	Branch:
Send Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	Product Description:		
Purpose Of Account:	Source Of Funds:		
	Initial		
	Ongoing		
Interest Disposition:	<input type="checkbox"/> Capitalize <input type="checkbox"/> Transfer _____ % Of Interest To A/C# _____		
Account Mandate:	Expected Monthly Deposits:		
Mandate For Pledging Funds:	Expected Monthly Withdrawals:		

Special Instructions/Signing Authority:
The Officers Shall Operate the Account Upon the Following Signing Authority:

- Any one authorized Officer Any two authorized Officers
 All Other: _____

Supporting Documents

Please tick to indicate the documents submitted:

<input type="checkbox"/> Memorandum/Articles of Incorporation	<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Tax Identification	<input type="checkbox"/> Valid Identification and TRN
<input type="checkbox"/> Financial Statements	<input type="checkbox"/> Certificate of Registration of Business Name	<input type="checkbox"/> Resolution to establish account with signing authority	<input type="checkbox"/> FATCA & CRS Self-certification Form (Entities)
<input type="checkbox"/> Reference Letters	<input type="checkbox"/> Partnership Agreement	<input type="checkbox"/> Letter of Good Standing	<input type="checkbox"/> FATCA & CRS Self-certification Form (Entities)
		<input type="checkbox"/> Privacy Waiver	

Corporate Resolution

Corporate Resolution for the operation of accounts with The VM Building Society (“The Society”)

Company’s Registered Name: _____

Registered Address: _____

It is hereby resolved by the _____ Company on the _____ day of 20 _____

THAT:

The Company shall operate accounts with the Society to be opened and maintained in the name of the Company; and the Company is hereby further authorized through its authorized officers to execute all agreements, instruments and documentation prescribed by the Society for the purposes of establishing and operating accounts with the Society.

The Company is hereby authorized by its signing officers as advised in writing by a Director or the Secretary of the Company to operate accounts with the Society, to give instructions for withdrawal, transfer of funds, verifications, and approvals to the Society in relation to all transactions to be conducted on the accounts. In the event of any change of signing officers, a Director or the Secretary of the Company is duly authorized to issue to the Society a revised Certificate of Officers specifying the newly authorized officers to operate the account and the Society shall be fully protected in relying upon any such certifications. The Company shall indemnify and hold the Society harmless from any claims, demands, expenses or loss or damage resulting from the honouring of signatures of any person so certified or for refusing to honour any signature not certified by the Company.

The Company is hereby authorized to exercise powers to borrow money and to secure the repayment of any such loan thereof with such assets of the Company as may be prescribed the Society as the required collateral for the purposes of securing the indebtedness of the Company.

All agreements, documentation, instruments, and instructions executed by the authorized officers on behalf of the Company are valid and binding on the Company and it is hereby confirmed the Company’s seal is not required to be affixed to any written document in order to make such written document valid, binding, and enforceable.

This resolution remains in effect until written notice of cancellation has been provided to the Society and receipt of which is duly acknowledged by the Society. The Company hereby confirms and warrants the above resolution was passed in accordance with the full authority and powers vested in the directors and officers of the Company.

_____	_____	_____
Name	Signature	Director/Secretary

_____	_____	_____
Name	Signature	Director/Secretary