

AFFIX A PHOTOGRAPH HERE (Compulsory)

ACCOUNT OPENING FORM

This form should be completed in CAPITAL LETTERS. Characters and marks should be similar in style to the following (**A B C**)

Category of Account: (Tick as appropriate)

Bank Branch
Bahamas

Name of Account.....

Current Priority Banking

Savings Business Account Bearing Interest Business Bridge Premier HK

Corporate Account Fixed Deposit Business Current Account

Foreign Currency Account \$ € £

Bank Branch Address.....
.....

Account Number: (For Office Use Only)

1. PERSONAL INFORMATION

Title:.....Surname:.....
 First Name:.....
 Other Names:.....
 Mother's Maiden Name:.....
 Date of Birth:...../...../..... Gender: Male Female Place of Birth:.....
 Phone/Mobile Number:.....
 Marital Status: Married Single Others
 Nationality..... State of Origin.....
 Residential Address:.....

 Occupation:.....
 Email Address:.....
 Means of Identity: National ID Card Driver's License International Passport
 ID Number:..... Issue Date:...../...../..... Expiry Date:...../...../.....
 Purpose of Account:

2. DETAILS OF NEXT OF KIN

Title:.....Surname:.....
 First Name:.....
 Other Names:.....
 Mother's Maiden Name:.....
 Date of Birth:...../...../..... Gender: Male Female Place of Birth:.....
 Phone/Mobile Number:.....
 Marital Status: Married Single Others
 Nationality..... State of Origin.....
 Email Address:.....
 Residential Address:.....

6. ACCOUNT SERVICE(S) REQUIRED (PLEASE TICK APPLICABLE OPTION BELOW)

Debit Card Preference(s) (Fees Apply): Master Card Visa Verve Others:.....
 (Please specify)

Internet Banking Preference(s): Internet Banking **Cheque Book** No of leaves: **60** cost of cheque book is \$470
 (Enquire only)

Mobile Banking Preference(s): Online Banking

Transaction alert Preference(s): Email Alert (Free) SMS Alert (Fees Applies)

Mobile Number for SMS Alert:

Statement Delivery Preference(s): Online *Where a customer opts not to receive SMS Alerts, the customer should issue an indemnity (for losses that may arise as a result) to the bank.*

7. MANDATE

NAME OF ACCOUNT

ACCOUNT NUMBER.....

Name of Signatory A:.....

SPECIMEN SIGNATURE	
	AFFIX A PHOTOGRAPH HERE (Compulsory)
Mobile phone No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Name of Signatory B:.....

SPECIMEN SIGNATURE	
	AFFIX A PHOTOGRAPH HERE (Compulsory)
Mobile phone No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

PLEASE TICK THIS AS APPROPRIATE

SOLE SIGNATORY BOTH TO SIGN EITHER TO SIGN OTHERS

MANDATE

CHEQUE CONFIRMATION REQUIRED? YES NO

If YES, please specify minimum amount to be confirmed

\$: 0 0

Please note that the minimum cheque confirmation allowed by the bank is \$50,000 in writing and before cheque presentation

Mandate specified by account holders(s)

..... Signature

..... Signature

8. DECLARATION

I/We hereby apply for the opening of account(s) with Brenix Credit Union Bank Indonesia. I/We understand that the information given herein and the documents supplied are for opening such account(s) and I/We therefore warrant that such information is correct.

I/We further undertake to indemnify the Bank for any loss suffered as a result of any false information provided to the Bank.

Name:..... Signature:..... Date:...../...../.....

Name:..... Signature:..... Date:...../...../.....

3. EMPLOYMENT DETAILS

Employment Status: Employed Self Employed Retired Student Others

Date of Employment:...../...../..... (Optional)

Annual Salary/Expected Annual Amount:

- (a) Below \$5,000 (b) \$5,001 – \$25,000 (c) \$25,001 – \$100,000 (d) \$100,001 – \$500,000
(e) \$500,001 – \$1,000,000 (f) \$1,000,001 – \$10,000,000 (g) \$10,000,001 – \$20,000,000
(h) \$20,000,000 and Above

Employer's Name:.....

Employer's/Employment Address:

House Number: Street Name:
City/Town: State:
Nature of Business or Occupation:.....
Office Phone No:..... Office Phone No 2:.....

4. ADDITIONAL DETAILS

- I. Name(s) of Beneficial owner(s) if any:.....
II. Source of Funds to the account:.....
III. Other source of Income (if any):.....

5. JURAT (THIS SHOULD BE APPOINTED WHERE APPLICANT IS BLIND OR NOT LITERATE, AND FORM IS READ TO HIM BY A 3RD PARTY

I agree to abide by the content of this agreement and acknowledge that it has been truly and audibly read over and explained to me by an interpreter

Mark of customer/
Thumbprint

Magistrate/Commissioner
for Oaths

Date:...../...../.....

Name of interpreter:.....

Address of Interpreter:.....

Language of interpretation:..... Tel No:.....

NOTICE!

Attach the following documents to the mail after filling, affixing and signing it correctly. The documents listed below are mandatory

1. Scanned copy of your international passport or national ID of driver's License
2. Scanned copy of Light or Water or Telephone utility receipt within the last three months

Send form and attachments to; new-accounts@brenixcub.com