



ATLANTIC INTERNATIONAL BANK LIMITED

COR. CLEGHORN ST. / FREETOWN RD. – 4th Floor
P.O. BOX 481
BELIZE CITY, BELIZE C.A.
www.atlanticibl.com

Tel: 501-2-33152
Fax: 501-2-33528
atlantic@btb.net

APPLICATION FOR A BANK ACCOUNT CORPORATE

CUSTOMER NUMBER _____ **ACCOUNT NUMBER** _____

Company Name _____ IBC

Address _____ P.O. Box _____

City _____ State _____ ZIP _____ Country _____

Line / Type of Business: _____

CONTACT INFORMATION

Telephone Numbers: Home _____ Work _____ Cellular _____

Fax Number: _____ E-Mail: _____

Any notice, statement or other communication is to be forwarded to:

- **Mailing Address** _____
- **Held by you**

The following persons are hereby authorized to execute any instructions in connection with the account(s) opened in connection with and pursuant to the Mandate executed by the Company with Atlantic International Bank Limited. The signatures set opposite each of the names set out below are the genuine signatures of such persons and shall operate as specimen signatures of such persons.

Name _____ Joint _____ or Auth _____ Signature **X**

Name _____ Joint _____ or Auth _____ Signature **X**

Name _____ Joint _____ or Auth _____ Signature _____

Instructions concerning the operation of the account must be signed by:

Tick (✓) One: Any One Any Two All of the above Other (specify) _____

It is agreed by the undersigned that this account shall be governed by the Rules and Regulations of the Atlantic International Bank Limited relative to Demand Deposit Accounts. All payment orders shall bear the specimen signature(s) in accordance to the above instructions.

Signed: **X** _____
DIRECTOR

X _____
DIRECTOR / SECRETARY

Date: _____

Each signatory must fill in his own information and sign a statement of non-resident status.

(1) Customer Name _____ Customer Number _____
Address _____ P.O. Box _____
City _____ State _____ ZIP _____ Country _____
Nationality _____ Resident of: _____
Date of Birth _____ Passport Number: _____
Tel. Home: _____ Cel: _____ Male Female Single Married

STATEMENT OF NON-RESIDENT STATUS (We can only do offshore banking business with non-residents of Belize)

This is to confirm that I am a non-resident of Belize within the context of the Offshore Banking Act, 1996 which describes a "resident" as person ordinarily residing in Belize (12 consecutive months) irrespective of nationality.

SIGNATURE **X** _____ DATE _____

(2) Customer Name _____ Customer Number _____
Address _____ P.O. Box _____
City _____ State _____ ZIP _____ Country _____
Nationality _____ Resident of: _____
Date of Birth _____ Passport Number: _____
Tel. Home: _____ Cel: _____ Male Female Single Married

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SIGNATURE **X** _____ DATE _____

(3) Customer Name _____ Customer Number _____

Address _____ P.O. Box _____

City _____ State _____ ZIP _____ Country _____

Nationality _____ Resident of: _____

Date of Birth _____ Passport Number: _____

Tel. Home: _____ Cel: _____ Male Female Single Married

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SIGNATURE _____ DATE _____

INDEMNITY FOR VERBAL/FAX/E-MAIL INSTRUCTIONS

In consideration of your agreeing to accept verbal/fax/e-mail instructions from myself/ourselves with the identification of _____ and acting on such instructions on the condition that written confirmation is forwarded immediately, we hereby undertake:

- a) To indemnify you from and against all actions, proceedings, costs, claims, demands, expenses or loses that you may suffer or sustain by reason or on account of you having accepted such instructions.
- b) That you shall be entitle to debit our account with the amount of any payments you may make in respect of having accepted such instructions.
- c) On demand to provide funds to meet all payments under such instructions.

For and on behalf of: _____
(Company Name)

X _____ X _____
Signature Signature Witness

DATE