



ATLANTIC INTERNATIONAL BANK LIMITED

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

Tel: 501-223-3152
501-223-5366
Fax: 501-223-3528
banking@atlabank.com

APPLICATION FOR A BANK ACCOUNT CORPORATE

CUSTOMER NUMBER _____ **ACCOUNT NUMBER** _____

Account Type: Regular Demand Deposit Emerald Demand Deposit Initial Deposit \$ _____

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 _____

Name _____ Joint _____ or Auth _____ Signature _____

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: _____
DIRECTOR

BENEFICIAL OWNER / DIRECTOR

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

Fax: _____ E-Mail: _____

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 _____ 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

Fax: _____ E-Mail: _____

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SIGNATURE _____ 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

Fax: _____ E-Mail: _____

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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 *password above* 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)

Authorized Signature

Authorized Signature

Witness

DATE