

Personal Account Opening Application

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Please reference the sections noted below for the relevant account or product applications.

- ▶ Chequing Account 1, 2
- ▶ Savings Account 1, 2
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- ▶ Debit Card..... 1, 2, 4
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Application Instructions

Welcome to Bank of Bermuda. Our objective is to make the application process for Bank of Bermuda accounts and other products and services as easy as possible. Full details of our services and products are available at www.bankofbermuda.com. Please pay close attention to the instructions to avoid delays. Thank you for choosing Bank of Bermuda. To apply for an account and/or products with us, the following four items will need to be submitted:

1 Completed application form

- ▶ The attached application form must be completed in full with the specified required documents.

2 Proof of Identity document¹

Proof of Identity is required to open an account. Your Proof of Identity document must be certified. For full details on document certification, please read "How do I get my documents certified?" under "General information."

Acceptable Proof of Identity:

- ▶ Passport

Acceptable Proof of Identity for Bermudians who do not have a passport:

- ▶ Bermuda Driver's License
- ▶ Bermuda Voter's Registration Card
- ▶ Special Person's Card

All documents above must be current and valid (i.e. not out of date), clearly showing the photograph, document number, date of birth, place of birth (where applicable i.e. passport), signature and expiry date. **A passport is required for opening an Investment Account.**

3 Proof of Residency documents²

Proof of Residency is also required to open an account. Two documents from separate sources confirming your residential address are required. If you have lived at your residential address for less than three years, then details of previous residential addresses should be provided as well.

Certified copies or original Proof of Residency documents are acceptable. For full details on document certification, please read "How do I get my documents certified?" under "General information."

Proof of Residency documents should not be more than 3 months old. The following are some examples of acceptable Proof of Residency documents:

- ▶ Bank account statement
- ▶ Banker's reference
- ▶ Credit card statement
- ▶ Electricity bill
- ▶ Employer's letter
- ▶ Employer's pay receipt
- ▶ Gas bill
- ▶ Landline telephone bill (no mobile)
- ▶ Mortgage statement
- ▶ Water bill

4 Bank Reference or statements

- ▶ Bank Reference or copies of your latest 3 (three) months' bank statements.

General Information

How do I get my documents certified?

For a photocopied document to be considered “certified”, a person of an approved profession must certify it. Professions approved by Bank of Bermuda for this purpose are:

- ▶ Official employed by a licensed bank (including Bank of Bermuda employees at no additional charge)
- ▶ Lawyer
- ▶ Embassy or Consular Official
- ▶ Actuary

The person certifying your documents must include the following details on all the documents they certify for both a drop off and mail in application:

- ▶ Signature and date
- ▶ Name and address printed clearly in BLOCK CAPITALS
- ▶ Professional position or capacity, e.g. lawyer
- ▶ A statement that says “I have seen the original document and I certify that this is a complete and accurate copy of the original.”

Submitting your application

We look forward to receiving your application.

Once completed, you have a number of options for submitting your application and accompanying documents.

- ▶ Drop it off at any Bank of Bermuda branch
- ▶ Fax to +441 299 5777
- ▶ Call us at +441 299 5959 and select option ‘5’ for our Banking by Appointment service to schedule an appointment to verify and process your application.
- ▶ Mail the application to:

Attention: Account Opening Team
The Bank of Bermuda Limited
6 Front Street, Hamilton HM11

Deposit requirement

- ▶ A minimum deposit of \$100.00 (one hundred dollars) per chequing or savings account is required.

Need help?

- ▶ Should you have any questions, or require further information in order to complete your Application, please contact a Bank of Bermuda representative by calling +441 299 5959 and selecting option ‘5’. To help us continually improve our service, and, in the interests of security, we may monitor and/or record your telephone calls with us.

Checklist

Before applying

- Completed application form
- Proof of Identity (1 document)
- Proof of Residency (2 documents)
- Bank reference or statements

Once your application has been processed

- Minimum deposit of \$100.00 per account opened

¹ Primary applicant must be 18 (eighteen) years of age or older.

²We can only accept documents in English. If your documents need to be translated, please arrange for certified, translated copies to be supplied as well.

The following wording must be used: ‘I certify that this is a true copy and translation of the original’.

- Documents must be less than three months old, and from different sources.

- Only one set of documents is required for joint accounts where both applicants live at the same address.

Definitions

“Application” means a properly completed and duly signed application form (in the form prescribed by you) submitted by me to you for the purpose of applying for any service, as amended from time to time by me.

“ATM” means automated teller machine.

“BMD” means Bermuda Dollars.

“CAD” means Canadian Dollars.

“Call Deposit” means a term deposit which I may withdraw in whole or in part on either 90 (ninety) or 180 (one hundred and eighty) days notice.

“Deposit” means any fixed term deposit or any call deposit made with you or your subsidiaries.

“Electronic Means” includes communications sent by email, facsimile, computer, or by the use of scanned or digital signatures or any other electronic means.

“EUR” means the currency used by participating of countries of the European Union.

“Fixed Term Deposit” means a term deposit for a fixed period of time.

“GBP” means Great Britain Pounds Sterling.

“I”, “me” and “my” mean myself as a client, and each person who has applied for any account and my heirs, executors, administrators, successors and assigns. **“We”, “us” and “our”** mean two or more persons who maintain a joint account.

“Instructions” means any instruction that is or reasonably appears to be given to you by my agent or me.

“Internet Banking” means your personal Internet banking service and includes online real time access to account information, transferring funds between accounts, bill payments, general information relating to rates and access to other electronic financial products and services authorised and/or provided by you.

“Joint Account Mandate “and”” – means instructions regarding our joint account, requiring all signatories to sign. We request you to open the specified account(s) in our joint names and we authorise you, from time to time, until we give you written notice to the contrary, to honour all orders for payment which may be drawn on any such account when signed by both/all of us, and to charge the amount of all debits of our said joint account(s) whether our said account(s) is/are in credit or overdrawn at the time such debits are presented for payment. Any loan or overdraft which may from time to time be created on any such account shall be our joint/several responsibility. This account does not carry rights of survivorship.

“Joint Account Mandate “and/or”” – means instructions regarding our joint account, requiring any one signatory to sign. We request you to open the specified account(s) in our joint names and we authorise you, from time to time, until either of us gives you written notice to the contrary, to honour all orders for payment which may be drawn on any such account when signed by either of us and to charge the amount of all debits of our said joint account(s) whether our said account(s) is/are in credit or overdrawn at the time such debits are presented for payment. Any loan or overdraft which may from time to time be created on any such account shall be our joint/several responsibility. On the death of any one of us any money for the time being standing to the credit of said account(s) and anything held by you whether by way of security, safe custody, collection or any other purpose whatsoever may be held to the order of the survivor(s) of us.

“Products” means debit cards, credit cards and any other products offered by you.

“Telephone Banking” means a service provided by you which allows me to perform some transactions related to my account over the telephone.

“USD” means United States of America Dollars.

“You” and “your” means The Bank of Bermuda Limited and its subsidiaries.

Words in this application that are in the singular include the plural and vice versa, unless the context requires otherwise.

Personal Information

APPLICANT ONE

Male Female
 Mr Mrs Miss Ms Dr Other _____
 Senior Minor

First name(s)

Last name

Single Married Divorced Widowed

Spouse's name (if applicable)

Resident of Bermuda Non-Resident of Bermuda

Home/Residential address

 Postcode
 Country

Mailing address (If different from above)

 Postcode
 Country

Previous address (If less than two years at present address)

 Postcode
 Country

Telephone no. (home) Telephone no. (work)

Fax no. Mobile no.

Email address

Mother's maiden name

Nationality Date of birth (dd/mm/yyyy)

APPLICANT TWO

Male Female
 Mr Mrs Miss Ms Dr Other _____
 Senior Minor

First name(s)

Last name

Single Married Divorced Widowed

Spouse's name (if applicable)

Resident of Bermuda Non-Resident of Bermuda

Home/Residential address

 Postcode
 Country

Mailing address (If different from above)

 Postcode
 Country

Previous address (If less than two years at present address)

 Postcode
 Country

Telephone no. (home) Telephone no. (work)

Fax no. Mobile no.

Email address

Mother's maiden name

Nationality Date of birth (dd/mm/yyyy)

Section 1

Personal Information - continued

APPLICANT ONE – continued

City of birth

Country of birth

Passport no.

Country of issue

Date issued (dd/mm/yyyy)

Expiration date (dd/mm/yyyy)

Bermuda Driver's Licence no.

Date issued (dd/mm/yyyy)

Expiration date (dd/mm/yyyy)

Are you a US person for US tax purposes?

Yes No

Are you an existing customer of HSBC or Bank of Bermuda?

Yes No

If yes, please provide city and country of existing relationship

Employment Information

Employer name

Occupation

Date commenced (dd/mm/yyyy)

Employer address

Postcode

Country

If self-employed, provide details and nature of business

APPLICANT TWO – continued

City of birth

Country of birth

Passport no.

Country of issue

Date issued (dd/mm/yyyy)

Expiration date (dd/mm/yyyy)

Bermuda Driver's Licence no.

Date issued (dd/mm/yyyy)

Expiration date (dd/mm/yyyy)

Are you a US person for US tax purposes?

Yes No

Are you an existing customer of HSBC or Bank of Bermuda?

Yes No

If yes, please provide city and country of existing relationship

Employment Information

Employer name

Occupation

Date commenced (dd/mm/yyyy)

Employer address

Postcode

Country

If self-employed, provide details and nature of business

If more than two applicants, please also complete Section 8

Account and Product Information

Please select from the list of accounts and products below and specify the currency required for each account. Where noted, additional supporting documents may be required.

Chequing Account

Currency	<input type="checkbox"/> BMD <input type="checkbox"/> USD	
Account type	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Joint	If selected, please choose one below. If more than two applicants, please also complete Section 8 <input type="checkbox"/> "and" account requiring all signatories to sign OR <input type="checkbox"/> "and/or" account requiring any one signatory to sign
Cheque books	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, the preferred name(s) on the cheque books will be: <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> <input type="checkbox"/> 25 leaf with stubs <input type="checkbox"/> 25 leaf without stubs I wish to collect my cheque books from: <input type="checkbox"/> Head Office branch <input type="checkbox"/> St. George's branch <input type="checkbox"/> Church Street branch <input type="checkbox"/> Personal Lending Centre <input type="checkbox"/> Somerset branch <input type="checkbox"/> Airport branch <input type="checkbox"/> I wish to receive my cheque books by mail	

Savings Account

Currency	<input type="checkbox"/> BMD <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> CAD <input type="checkbox"/> EUR <input type="checkbox"/> Other _____	
Account type	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Joint	If selected, please choose one below. If more than two applicants, please also complete Section 8 <input type="checkbox"/> "and" account requiring all signatories to sign OR <input type="checkbox"/> "and/or" account requiring any one signatory to sign
	<input type="checkbox"/> Minor / Guardian	

Term Deposit Account

Currency	<input type="checkbox"/> BMD <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> CAD <input type="checkbox"/> EUR <input type="checkbox"/> Other _____	
Account type	<input type="checkbox"/> Fixed Term Deposit <input type="checkbox"/> Call Deposit	Rates and deposit periods are available at www.bankofbermuda.com or ask a member of staff.
	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Joint	If selected, please choose one below. If more than two applicants, please also complete Section 8 <input type="checkbox"/> "and" account requiring all signatories to sign OR <input type="checkbox"/> "and/or" account requiring any one signatory to sign
	<input type="checkbox"/> Minor / Guardian	

Continued

Section 2

Account and Product Information - continued

Investment Account

For assistance with investment options, please contact + 441 299 5900 to schedule an appointment. Please also complete the 'Financial information' in Section 6.

Account type	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Joint	If selected, please choose one below. If more than two applicants, please also complete Section 8 <input type="checkbox"/> "and" account requiring all signatories to sign OR <input type="checkbox"/> "and/or" account requiring any one signatory to sign

Cards

Card type	<input type="checkbox"/> Debit Card	Please complete the Debit Card Application in Section 4
	<input type="checkbox"/> Credit Card	Please complete the Credit Cards Application in Section 5 and Financial information in Section 6

Safe Deposit Box

I wish to have a Safe Deposit Box

Section 3

Source of Funds

In order to comply with legislation, please provide a short description detailing the initial and future source(s) of funds to the account(s). Also include details of expected account activity. (eg. monthly payments, mortgage, etc.) This information will also help the Bank to provide you with the products and services that are appropriate for you.

Initial source

Future source

Account activity

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Chequing Account customer no.	
Savings Account customer no.	
Term Deposit Account customer no.	
Investment Account customer no.	

Debit Card Application

Please indicate the account(s) you wish to access through the ATM and Telephone Banking. For access to these and other bill payment and Bank accounts online, it is recommended that you register for Personal Internet Banking (PIB) at www.bankofbermuda.com

I understand that I must be a signatory on all accounts listed to pay bills. Alternatively, I can use Telephone Banking.

APPLICANT ONE

Name

Bank of Bermuda Accounts only

I wish for the following accounts to be linked to my Debit Card. The Chequing Account will be my primary account for purchases. If I do not have a Chequing Account, my Savings Account will be my primary account.

Chequing Account no.

Savings Account no.

Other account no.

I wish to collect my Debit Card from:

- | | |
|--|--|
| <input type="checkbox"/> Head Office branch | <input type="checkbox"/> St. George's branch |
| <input type="checkbox"/> Church Street branch | <input type="checkbox"/> Personal Lending Centre |
| <input type="checkbox"/> Somerset branch | <input type="checkbox"/> Airport branch |
| <input type="checkbox"/> I wish to receive my Debit Card by mail | |

APPLICANT TWO

Name

Bank of Bermuda Accounts only

I wish for the following accounts to be linked to my Debit Card. The Chequing Account will be my primary account for purchases. If I do not have a Chequing Account, my Savings Account will be my primary account.

Chequing Account no.

Savings Account no.

Other account no.

I wish to collect my Debit Card from:

- | | |
|--|--|
| <input type="checkbox"/> Head Office branch | <input type="checkbox"/> St. George's branch |
| <input type="checkbox"/> Church Street branch | <input type="checkbox"/> Personal Lending Centre |
| <input type="checkbox"/> Somerset branch | <input type="checkbox"/> Airport branch |
| <input type="checkbox"/> I wish to receive my Debit Card by mail | |

Bill Payment Accounts – Bills can be paid via ATM, Personal Internet Banking (PIB) or Telephone Banking. For additional payees go to Personal internet Banking (PIB) at www.bankofbermuda.com or ask for a form at any one of our branches.

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Personal Banker / CSA	Branch	Date sent
Customer no. (Applicant One)	Customer no. (Applicant Two)	

Section 5

Credit Cards Application

Please provide your financial information in Section 6.

Gold Visa *(Credit begins at \$5,000.00)*

Requested card limit

\$

Primary applicant name

Secondary card Yes No

Name on secondary card

Payments

I will make payment myself I authorise you to charge my

Savings account no.

Chequing account no.

Minimum payment Total balance payment

I wish to collect my credit card from:

Head Office branch Church Street branch Somerset branch St. George's branch Airport branch I wish to receive my Credit Card by mail

Classic Visa *(Credit begins at \$500.00)*

Requested card limit

\$

Primary applicant name

Secondary card Yes No

Name on secondary card

Payments

I will make payment myself I authorise you to charge my

Savings account no.

Chequing account no.

Minimum payment Total balance payment

I wish to collect my credit card from:

Head Office branch Church Street branch Somerset branch St. George's branch Airport branch I wish to receive my Credit Card by mail

Yes No I would like to receive a free BermudaCard along with my Classic / Gold Credit Card (at no cost or fee to me).

continued 

Credit Cards Application – continued

Classic MasterCard *(Credit begins at \$500.00)*

Requested card limit

\$

Primary applicant name

Secondary card Yes No

Name on secondary card

Payments

I will make payment myself I authorise you to charge my

Savings account no.

Chequing account no.

Minimum payment Total balance payment

I wish to collect my credit card from:

Head Office branch Church Street branch Somerset branch St. George's branch Airport branch I wish to receive my Credit Card by mail

BermudaCard *(Credit begins at \$500.00)*

Requested card limit

\$

Primary applicant name

Secondary card Yes No

Name on secondary card

Payments

I will make payment myself I authorise you to charge my

Savings account no.

Chequing account no.

Minimum payment Total balance payment

I wish to collect my credit card from:

Head Office branch Church Street branch Somerset branch St. George's branch Airport branch I wish to receive my Credit Card by mail

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Card Approval Administrator	Loan Officer	
Personal Banker / CSA	Branch	Date sent
Customer no. (Applicant One)	Customer no. (Applicant Two)	
Channel code	Campaign code	

Section 6

Financial Information

Complete this section only if you are applying for a Credit Card or an Investment Account.

APPLICANT ONE

Monthly income

Net monthly salary	Additional income
\$ <input type="text"/>	\$ <input type="text"/>

Source of additional income

Rents	Pensions
\$ <input type="text"/>	\$ <input type="text"/>
Trust monies	Tips / Gratuities
\$ <input type="text"/>	\$ <input type="text"/>
Other	<i>(please specify)</i>
\$ <input type="text"/>	_____
\$ <input type="text"/>	_____

Monthly Commitments

Own home Rent

Outstanding mortgage	Monthly mortgage payment
\$ <input type="text"/>	\$ <input type="text"/>
Monthly rent payment	
\$ <input type="text"/>	
Mortgage holder or landlord	Telephone no.
<input type="text"/>	<input type="text"/>

Other monthly debts / obligations

School fees	Car payments
\$ <input type="text"/>	\$ <input type="text"/>
Other	<i>(please specify)</i>
\$ <input type="text"/>	_____
\$ <input type="text"/>	_____

Personal Assets

Accounts with The Bank of Bermuda Limited

Chequing Savings Loan Investments
 Fixed Term Deposit Call Deposit

Deposit with other banks	Bank
\$ <input type="text"/>	_____
\$ <input type="text"/>	_____

Other assets (work of art, jewelry etc.)

\$ <input type="text"/>	_____
\$ <input type="text"/>	_____
\$ <input type="text"/>	_____

APPLICANT TWO

Monthly income

Net monthly salary	Additional income
\$ <input type="text"/>	\$ <input type="text"/>

Source of additional income

Rents	Pensions
\$ <input type="text"/>	\$ <input type="text"/>
Trust monies	Tips / Gratuities
\$ <input type="text"/>	\$ <input type="text"/>
Other	<i>(please specify)</i>
\$ <input type="text"/>	_____
\$ <input type="text"/>	_____

Monthly Commitments

Own home Rent

Outstanding mortgage	Monthly mortgage payment
\$ <input type="text"/>	\$ <input type="text"/>
Monthly rent payment	
\$ <input type="text"/>	
Mortgage holder or landlord	Telephone no.
<input type="text"/>	<input type="text"/>

Other monthly debts / obligations

School fees	Car payments
\$ <input type="text"/>	\$ <input type="text"/>
Other	<i>(please specify)</i>
\$ <input type="text"/>	_____
\$ <input type="text"/>	_____

Personal Assets

Accounts with The Bank of Bermuda Limited

Chequing Savings Loan Investments
 Fixed Term Deposit Call Deposit

Deposit with other banks	Bank
\$ <input type="text"/>	_____
\$ <input type="text"/>	_____

Other assets (work of art, jewelry etc.)

\$ <input type="text"/>	_____
\$ <input type="text"/>	_____
\$ <input type="text"/>	_____

Declarations and Signatures

I/We confirm to you the following:

Account and Product Declaration

1. I/We confirm that the information provided on this Application is complete and accurate.
2. I/We declare that the Account(s) and Product(s) will only be used for legal purposes.
3. I/We agree to inform you of any changes in my/our status that could affect the operation of the Account(s), including change of residency and employment.
4. I/We confirm that I/we have read and agree to the terms and conditions of the Accounts and Products for which I/we have applied and I/we confirm to be bound by such terms and conditions and any changes that may occur from time to time.
5. I/We agree to indemnify you and keep you indemnified against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by you as a result of you acting on Instructions given by Electronic Means, or Telephone Banking.
6. The indemnity will be governed by and constructed in accordance with the laws of Bermuda.

Signatures

Account signatories must sign this signature form exactly as they will sign payment instructions or notices and communications to The Bank of Bermuda Limited and its subsidiaries. Please sign in black ink within the boxes provided.

APPLICANT ONE

Print name

Signature

Date of signature (dd/mm/yyyy)

APPLICANT TWO

Print name

Signature

Date of signature (dd/mm/yyyy)

APPLICANT THREE *(Only if Section 8 is completed)*

Print Name

Signature

Date of signature (dd/mm/yyyy)

APPLICANT FOUR *(Only if Section 8 is completed)*

Print Name

Signature

Date of signature (dd/mm/yyyy)

FOR BANK USE ONLY

Personal Banker / CSA	Branch	Date sent
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ACCOUNT VERIFICATION TEAM

- KYC
 World check (Non-Bermudians only)
 Account(s) verified
 Customer account administrator

Additional Joint Account Holders

Only applicable if:

- ▶ applying for a Joint Account;
- ▶ needing more than two applicants.

APPLICANT THREE

Male Female
 Mr Mrs Miss Ms Dr Other _____
 Senior Minor

First name(s)

Last name

Single Married Divorced Widowed

Spouse's name (if applicable)

Resident of Bermuda Non-Resident of Bermuda

Home/Residential address

Postcode

Country

Mailing address (If different from above)

Postcode

Country

Previous address (If less than two years at present address)

Postcode

Country

Telephone no. (home) Telephone no. (work)

Fax no. Mobile no.

Email address

Mother's maiden name

APPLICANT FOUR

Male Female
 Mr Mrs Miss Ms Dr Other _____
 Senior Minor

First name(s)

Last name

Single Married Divorced Widowed

Spouse's name (if applicable)

Resident of Bermuda Non-Resident of Bermuda

Home/Residential address

Postcode

Country

Mailing address (If different from above)

Postcode

Country

Previous address (If less than two years at present address)

Postcode

Country

Telephone no. (home) Telephone no. (work)

Fax no. Mobile no.

Email address

Mother's maiden name

continued

Additional Joint Account Holders - continued

APPLICANT THREE - continued

Nationality	Date of birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
City of birth	Country of birth
<input type="text"/>	<input type="text"/>
Passport no.	Country of issue
<input type="text"/>	<input type="text"/>
Date issued (dd/mm/yyyy)	Expiration date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
Bermuda Driver's Licence no.	
<input type="text"/>	
Date issued (dd/mm/yyyy)	Expiration date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

Are you a US person for US tax purposes?

Yes No

Are you an existing customer of HSBC or Bank of Bermuda?

Yes No

If yes, please provide city and country of existing relationship

Employment Information

Employer name	
<input type="text"/>	
Occupation	Date commenced (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
Employer address	
<input type="text"/>	
<i>Postcode</i>	
<input type="text"/>	
<i>Country</i>	
<input type="text"/>	

If self-employed, provide details and nature of business

APPLICANT FOUR - continued

Nationality	Date of birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
City of birth	Country of birth
<input type="text"/>	<input type="text"/>
Passport no.	Country of issue
<input type="text"/>	<input type="text"/>
Date issued (dd/mm/yyyy)	Expiration date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
Bermuda Driver's Licence no.	
<input type="text"/>	
Date issued (dd/mm/yyyy)	Expiration date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

Are you a US person for US tax purposes?

Yes No

Are you an existing customer of HSBC or Bank of Bermuda?

Yes No

If yes, please provide city and country of existing relationship

Employment Information

Employer name	
<input type="text"/>	
Occupation	Date commenced (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
Employer address	
<input type="text"/>	
<i>Postcode</i>	
<input type="text"/>	
<i>Country</i>	
<input type="text"/>	

If self-employed, provide details and nature of business

FOR BANK USE ONLY

Personal Banker / CSA	Branch	Date sent
Customer no. (Applicant Three)	Customer no. (Applicant Four)	

www.bankofbermuda.com

**Issued by The Bank of Bermuda Limited, Member HSBC Group
We are a principal member of the HSBC Group, one of the
world's largest banking and financial services organisations
with approximately 10,000 offices in 83 countries and territories.**

The Bank of Bermuda Limited
6 Front Street
Hamilton HM 11
Bermuda

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