



### **IMPORTANT:**

- This form is to be filled out by the applicant or an authorized representative acting on behalf of the applicant.
- Ensure all details are provided as requested in the form, and remember to initial each page. Failing to complete the form in full might result in its rejection, causing avoidable processing delays.
- When relevant, kindly mark the appropriate checkbox.
- Please refrain from using correction fluid; any necessary changes must be endorsed by all applicants with their initials.

CUSTOMER PERSONAL DETAILS						
RESIDENT	SOLE					
NON-RESIDENT	JOINT					
MAIN APPLICANT DETAILS						
Title						
Surname						
Given name						
Maiden Name (if applicable)						
Date of Birth	yyyy-mm-dd					
Country of Birth						
Nationality						
Passport No		Expiry Date	уууу-тт-да	d		
Permanent Residential Address						
Mailing Address (if different)						
Email						
Telephone	(eg. +1 234 6737854)					
Marital Status	Single Married Other					
Other Bank(s) Used						
	3.					
Have you or any member of your immediate family held or	Yes No					
is currently holding an	If Yes, please provide details:					
important public office in a						
foreign country?						
corporations, important political par	s to a head of state, Member of Parliament, senior government and jud rty officials, immediate family members and close associates. Immedia ;), siblings, grandparents and grandchildren.					
OTHER DETAILS (MAIN APPLICAN	NT)					
Employment Status	Employed Self Employed Unemployed	Retired				
Current Occupation						
Employer Name		No. of Months in S	Service			





Employer Address						
Employer Website						
Business Sector						
Net Annual Income (USD)						
Source of Wealth						
Approximate Net Worth (USD)	Illiquid Net V	Vorth (real esta	ate, businesses,	, etc):		
WIRE Transfer Transaction: Estimated Annual Total	Deposits:			Withdrawals:		
Estimated Number Of	Deposits:			Withdrawals:		
Transactions per Month	1-30	30-60	60+	1-30	30-60	60+
JOINT APPLICANT / SECONDARY	'APPLICANT / LEGA	AL ADMINISTRAT	OR / PROXY			

JOINT APPLICANT / SECONDARY	APPLICANT / LEGAL ADMINISTRATOR / PROXY		
Title			
Surname			
Given name			
Maiden Name (if applicable)			
Date of Birth			
Country of Birth			
Nationality			
Passport No		Expiry Date	
Permanent Residential Address			
Mailing Address (if different)			
Email			
Telephone	(eg. +1 234 6737854)		
Marital Status	Single Married Other		
Other Bank(s) Used			
Relationship to Minor (if joint applicant is a minor)	Father Mother Guardian		
Have you or any member of your immediate family held or is currently holding an important public office in a foreign country?	Yes No  If Yes, please provide details:		

**NOTE:** Important public office refers to a head of state, Member of Parliament, senior government and judicial officials, senior executives of state-owned corporations, important political party officials, immediate family members and close associates. Immediate family refers to spouses (by law or cohabitation), parents, children (and their spouses), siblings, grandparents and grandchildren.

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OTHER DETAILS (JOINT APPLICAN	NT / SECONDARY A	PPLICANT / LEGA	AL ADMINISTRATO	R / PROXY)			
Employment Status	Employed	Self Employe	ed Unemploy	yed Retire	d		
Current Occupation							
Employer Name				No.	of Months in S	Service	
Employer Address				'		'	
Employer Website							
Business Sector							
Net Annual Income (USD)							
Other Source of Income		ion, Interest et					
WIRE Transfer Transaction: Estimated Annual Total	Deposits:			Witl	ndrawals:		
Estimated Number Of	Deposits:			Witl	ndrawals:		
Transactions per Month	1-30	30-60	60+		1-30	30-60	60+
ACCOUNT OPENING							
TYPE OF ACCOUNT	CURRENCY						
Current Account	US Dollar (\$)	Euro (€)	Sterling (£)				
Savings Account	US Dollar (\$)	Euro (€)	Sterling (£)				
Fixed Deposit	US Dollar (\$)	Euro (€)	Sterling (£)				
OTHER SERVICES DE COSES							
OTHER SERVICES PROPOSED:							
Credit Card: Visa Gold	Credit Card:	Visa Business	Intern	et Banking	Forex	Dealing	
WHO HAS SIGNING AUTHORITY For Anyone (Either to sign)  SIGNATURES Sign below only if you want to be material, criminal, civil or administration.	Jointly (Both	n to sign) ne <u>Terms and Co</u>	*Requ or find nditions of this ac		uthorization b on, you are agi	y law firm, accornance	
Please sign in the middle of the bo	ox. Do not touch th	ne edges. Print a	dditional sheets if	required.			
Name of Signatory		gnature		_	 ate		
Name of Signatory	 Si <sub>l</sub>	gnature		 Da	 nte		

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Α	FFIDAVIT OF SOURCE OF FUNDS DECLARATION AND INDEMNIFICATION
l	ofwho
bei	ng first duly sworn upon oath, deposes and states as follows:-
1.	That the following source of funds statement and all annexures thereto, is true and accurate and is free of all claims, debts, loans, lawsuits, or contingent liabilities (such as indemnities or guarantees) immediately prior to any transfers by me to the accounts of
	and that the funds were legitimately acquired in connection with:
3. 4. 5.	I confirm and represent that none of the wires which I may transfer to the Bank of New Innovation Limited have been derived directly or indirectly from any act or omission that may constitute an offence or as a result of or in connection with any criminal conduct.  I am not filing for relief under the provision of any applicable Bankruptcy Code, nor am I involved in any situation that I reasonably anticipate would cause me to file for relief under any Chapter of any applicable Bankruptcy Code in the future.  I have read and understood the description of the Proceeds of Crime Act and Anti Money Laundering Regulations enacted thereto, and confirm and represent that none of the monies which I may transfer have been derived from any of the activities specified in such Acts.  I am not transferring assets in an attempt to defeat the collection of any U. S. Government or U. S. Government backed obligations or any U. K. Government or U. K. Government backed obligations, or any other Government or Government backed obligations whatsoever. I am aware that doing so can amount to a crime.
6.	The amount of funds transferred which this Affidavit and Source of Funds and Indemnification applies is:
7.	The source of funds is from:- Personal Account held with
8.	My Banker's reference to verify this transaction is
9.	at telephone
An	I make this affidavit conscientiously knowing the contents to be true and correct.
SW	ORN by the within named:
	Shirt by the Within Hamed.
∟ Thi	s day of:
Rof	ore me:-
חבו	ore me.
	No. In the second secon
INO	tary Public