

APPLICATION FORM FOR NEW ACCOUNT- PERSONAL

BONI/PersonalAlc/AccountOpeningForm/ST1/2023/12/04



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	yyyy-mm-dd	
Permanent Residential Address			
Mailing Address (if different)			
Email			
Telephone	(eg. +1 234 6737854)		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		
Other Bank(s) Used	1. 2. 3.		
Have you or any member of your immediate family held or is currently holding an important public office in a foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

OTHER DETAILS (MAIN APPLICANT)

Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired		
Current Occupation			
Employer Name	No. of Months in Service		

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AFFIDAVIT OF SOURCE OF FUNDS DECLARATION AND INDEMNIFICATION

I.....of.....who being 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:

.....

- 2. 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.
3. 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.
4. 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.
5. 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:

Empty rectangular box for amount of funds transferred.

7. The source of funds is from:- Personal Account held with

Empty rectangular box for source of funds.

8. My Banker's reference to verify this transaction is..... at telephone.....

9. I understand and consent that the Bank may disclose this information to law enforcement authorities where required by Court Order or other applicable law.

And I make this affidavit conscientiously knowing the contents to be true and correct.

SWORN by the within named:

Large empty rectangular box for signature.

This day of:.....

Before me:-

..... Notary Public