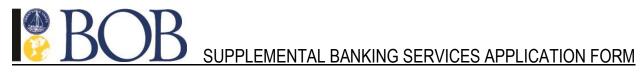


## SUPPLEMENTAL BANKING SERVICES APPLICATION FORM

CUSTOMER INFORMATION																	
CUSTOMER FULL NAME:																	
NIB NO.:					CIF NO	<b>)</b> .:											
MOBILE TELEPHONE:																	
EMAIL ADDRESS:																	
	Tick the	havas h	elow to A		OUCTS		ur Dr	duct.	hoic	205							
VISA DEBIT CARD	ACCEPT		CLINE	iccept					,11010	,63.							
The Primary Account will be debited at POS terminals, for online purchases, and the ATM 'Fast path" transactions.																	
							1			1		1		1			
PRIMARY ACCOUNT No.:																	
ATM functions as applicable will be					gible acc	counts	unle	ss you	speci	ify ac	cour	nts t	o exc	lude	belov	ν.	
EXCLUDE this/these account(s) fro	m my Onli	ne Bank	ing access	S:													
				-													
	00507														· · · ·		
PREPAID VISA CARD	CCEPT	DEC	CLINE														
Same as Applicant /Customer Abov	e? 🔲 Y	es 🗖	No Pl	ease p	rovide th	e deta	ails be	low.									
Cardholder Customer Full Name (if	different fr	om the A	Applicant/0	Custorr	ner above	inclu	sive c	f mino	's ag	ed 12	2-17	yea	rs old	l).			
(l)			(Einet )	(Jama)								/	i al al l a	Nam			
(Last Name) Cardholder Customer Information F	ila Numba	r (CIE)	(First I									(IVI	laale	Nam	e)		
Branch the Card is to be collected fi		. ,							-								
ONLINE BANKING	ACCEP		DECLINE														
										<u> </u>	,						
Personal Online Banking functions will be available by default to all your <b>eligible</b> accounts unless you specify accounts to exclude below. <b>EXCLUDE</b> this/these account(s) from my Online Banking access:																	
	,		0														
																_	
E-NOTIFIER ACCE	PT C				ages are				all a	ccoui							oount
E-NOTIFIER ACCE		Transac	Email tion Sumr equency		Trig	Balar ger fo	nce Ar or Aler	nount t Mess	age		ls t	his a		nt Sig	nato		count
		Transac Fr	tion Sumr equency	nary	Trig Min Ai	Balar ger fo noun	nce Ar or Aler	nount <u>t Mess</u> Vax Ar	age noun			his a	a Joir	nt Sig <b>Ban</b>	nato k Us	e On	ly
E-NOTIFIER ACCE		Transac	tion Sumr		Trig	Balar ger fo noun	nce Ar or Aler	nount t Mess	age noun		ls t	his a	a Joir	nt Sig	nato k Us	e On	ly
		Transac Fr	tion Sumr equency	nary	Trig Min Ai	Balar ger fo noun	nce Ar or Aler	nount <u>t Mess</u> Vax Ar	age noun		ls t	his a	a Joir	nt Sig <b>Ban</b>	nato k Us	e On	ly



Would you like to know more about l	Would you like to know more about BOB Credit Cards?										
Would you like to know more about BOB Loans?											
DECLARATIONS											
NON-CITIZENS ONLY: I hereby acknowledge that you advised me to consult with independent legal and tax counsel and that you have not offered such advice on the establishing of my account (s) with yourself with regard to legal or tax matters in my country of residence.											
FOR ALL CUSTOMERS: I certify that the above information is true, correct, and complete and that we have received, read, understood, and accepted the Terms and Conditions outlined in the "Account Terms and Conditions Agreement" and shall be bound by its terms and conditions. We hereby give authority to Bank of The Bahamas Limited to obtain independent verification of the above information and to examine such documents or other evidence reasonably capable of providing such verification and agree that the above information may be used to offer the business any services from time to time as permitted by law, regulatory/statutory body and/or government organization.											
I/We confirm receipt of the following per the above-noted Supplemental Banking Services:											
SIGNATURES											
CUSTOMER NAME: (PRINT)					DAT	E:					
			0.01								
CUSTOMER NAME: (PRINT)			SIGN	ATUR	E:	DAI	DATE:				
CUSTOMER NAME: (PRINT)			SIGN	ATUR	E:	DAT	DATE:				
CUSTOMER NAME: (PRINT)			SIGN	ATUR	E:		DAT	DATE:			
CUSTOMER NAME: (PRINT)	SIGN	ATUR	E:	DAT	DATE:						
CUSTOMER NAME: (PRINT)	IER NAME: (PRINT)				E:	DAT	DATE:				
CUSTOMER NAME: (PRINT)	SIGNATURE:					DAT	DATE:				
WITNESS NAME: (PRINT)			SIGN	ATUR	E:	DAT	DATE:				
FOR INTERNAL USE ONLY											
Account Census Tract#: Charge Group: R NR ZC											
INPUT BY NAME (PRINT): SIGNATURE:						DATE:					
REVIEWED BY NAME (PRINT):			SIG	NATU	RE:	DATE:	TE:				
AUTHORIZED BY NAME (PRINT):				NATU		DATE:	ATE:				
	<b>F</b> "	10 ALL 0			BIT CARD						
<ul> <li>Customer Profile Created and on File with ALL Supporting Documents</li> <li>Customer Signature(s) Verified to Bank Records</li> <li>ATM/Visa Debit Card Number Input and Accounts Attached:</li> </ul>											



## SUPPLEMENTAL BANKING SERVICES APPLICATION FORM

//								
VERIFIED AND INPUTTED BY           Name:         Date:								
Name: Signature: Date: REVIEWED BY								
Name: Date:								
PRE-PAID VISA CARD								
<ul> <li>KYC Documents (Residents/Non-Residents; received and copied)</li> <li>Receipt of Payment (Select One: Card Only or Bundle Package)</li> <li>Application Forms Completed/Signed (Prepared By &amp; Authorization:</li> <li>Customer Signature(s) confirmed (KYC, Parent or Guardian as applicable)</li> <li>Customer Profile Created and on File with ALL Supporting Documents</li> <li>Customer Control Log (List names in batch) &amp; Branch Stamp</li> </ul>								
PREPARED BY								
NAME:	SIGNATURE:	DATE:						
AUTHORIZED BY								
NAME:	SIGNATURE:	DATE:						
E-NOTIFIER AND ONLINE BANKING								
Customer Profile Created/Updated & on file with ALL Supporting Documents Customer Signature(s) Verified to the Bank's records Customer E-Notifier Registration Input Customer Online Registration Input (customer accounts signatory, users & online ID, security answer(s), menu group, role access) 								
VERIFIED BY								
NAME:	ME: SIGNATURE: DATE:							
	INPUTTED BY							
NAME:	SIGNATURE:	DATE:						
AUTHORIZED BY								
NAME:	SIGNATURE:	DATE:						