



INTERNATIONAL BANK (LIBERIA) LIMITED
64 BROAD STREET, MONROVIA, LIBERIA
BUSINESS/ORGANIZATION ACCOUNT APPLICATION FORM

CURRENCY: UNITED STATES DOLLARS LIBERIAN DOLLARS

TYPE: CHECKING SAVINGS

Name of Business/Organization _____														
Date of Entity establishment: (MM_DD_YY) _____														
Tax ID: _____					Business Activity: _____									
Do you have existing account(s) with us? : <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state your Account Number(s) _____														
Home Address: _____										Telephone No. _____				
Business Address: _____										Telephone No. _____				
Email Address: _____							Web Address: _____							
Personal Reference:														
1. _____			Address: _____						Phone No. _____					
2. _____			Address: _____						Phone No. _____					
Business/Bank Reference:														
_____					Address _____					Phone # _____				
:					Address _____					Phone # _____				
Primary Contacts:														
Name					Position					Phone No.				
_____					_____					_____				
_____					_____					_____				
_____					_____					_____				
Account Number:														



Name (s) of Owners/Incorporator(s)/Partners/Proprietors

1. _____
First middle last

Gender: Male Female Date of Birth: _____

Marital Status: Single Married Contact # _____

Address: _____

Identity Provided

Passport Driver's License Company ID Government Issued ID Other ID

Issue Date _____ Expiration Date: _____ ID # _____
(DD-MM-YY) (DD-MM-YY)

Residence Status: Resident Non-Resident Resident Permit #: _____

Date of Arrival: _____ Expected Date of Departure: _____

Visa #: _____ Visa issue date: _____ Visa Expiration Date: _____

2. _____
First middle last

Gender: Male Female Date of Birth: _____

Marital Status: Single Married Contact # _____

Address: _____

Identity Provided

Passport Driver's License Company ID Government Issued ID Other ID

Issue Date _____ Expiration Date: _____ ID # _____
(DD-MM-YY) (DD-MM-YY)

Residence Status: Resident Non-Resident Resident Permit #: _____

Date of Arrival: _____ Expected Date of Departure: _____

Visa #: _____ Visa issue date: _____ Visa Expiration Date: _____



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GOVERNMENT OFFICIAL/RELATIVES

Are any of your authorized signatory (ies) / trustees/ owners/incorporators/partners/ proprietors/officials a PEP (politically exposed person) or have they been a PEP at any time?

Yes No

If Yes, Please State Name of Official(s):

First *Middle* *Last*
Position:_____

Entity:_____

First *Middle* *Last*
Position:_____ Entity:_____

Source of Funding:

How will the account be funded?

Trading Retail/Wholesale Donor Funding Others

If Others, Please specify:_____

Expected Annual Income: _____(in Account currency)

BENEFICIARY/NEXT OF KIN:

Name: _____ relationship: _____ DOB _____

E-SERVICES REQUESTED:

- Sms Banking (Please fill the SMS Banking form)
- Internet Banking (Please fill the Internet banking form)
- Email Instructions (Please fill the Indemnity form)
- E-Alerts

DEPOSITORS' CONTRACT

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING TERMS AND CONDITIONS OF

ACCOUNT TITLE: _____

(HEREIN AFER CALLED THE ACCOUNT)

Other Bank Checks that are deposited are considered uncollected funds until the monies are received from the paying bank. Sufficient time will be allowed for checks to clear prior to my writing out other checks against my checking account.

Cash deposited shall be available for withdrawal the next business day.

Statements may be picked up at the bank beginning the fourth business day at the close of each monthly period. Statements will be mailed to an email address on request.

In receiving items for deposit or collection, this Bank acts only as depositor's collecting agent and assumes no responsibility beyond the exercise of due care. All items are credited subject to final payment in cash or solvent credits. This bank will not be liable for default or negligence of its duly selected correspondents nor for losses in transit, and each correspondent so selected shall not be liable except for its own negligence. This bank or its correspondent may send items directly or indirectly, to any bank including the pay or and accept its draft or credit as conditional payment in lieu of cash. It may charge back any item at any time before final payment, whether returned or not, also any items not good at close of business on day deposited.

In case this bank is requested to stop payment on an item or items, the depositor agrees to hold the bank harmless for all expenses and costs incurred by the Bank on account of refusing payment of said item, and further agrees not to hold the Bank liable on account of payment-contrary to this request if same occur through inadvertence, accident or oversight, or if by reason of such payment other items drawn by the depositor are returned insufficient. Request for stop payment is effective for 60 days, but renewal may be made from time to time. No stop payment request, renewal or revocation shall be valid if oral. All stop payment requests, renewal or revocation shall be submitted to the bank in writing.

It is agreed that this account, whether active or dormant (an account shall be considered dormant when no deposit shall have been made or checks drawn for a period of six months) shall be subject to service and maintenance charges heretofore adopted by this Bank. New service and maintenance charges and changes in existing charges shall become effective upon the posting of notice in the office of the Bank for a period of ten days and the publication there of in any local newspaper before the end of said period, or upon giving the depositors not less than ten days notice in writing mailed to his last known address. Such charges may be deducted from the depositor's account and the Bank shall not be liable for dishonoring checks, drafts, notes, acceptances or other instruments because of insufficient funds resulting from the deduction of such charges.

Checks drawn on this account will be negotiable over our counters and in Liberia only. Additionally, checks payable to an entity will not be negotiated in cash with no responsibility on our part.

Pursuant to a decision by the Liberia Bankers Association, we will not accept a deposit or encash a check made payable to joint payees as follow:

1. Company / Individual 2. Individual /Company 3.Company / Company

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

DOCUMENTS OBTAINED

CHECK LIST

- ❖ Completed Account Opening forms
- ❖ Power of Attorney (If Applicable)
- ❖ Registration Certificate
- ❖ 2 passport size photos
- ❖ Passport/Driver's License/ID Card
- ❖ Board Resolution
- ❖ Articles of Incorporation
- ❖ By - Laws
- ❖ Reference
- ❖ Resident Permit (Non-Liberian)
- ❖ Letters of Administration/Authority

Documents Waived/Deferred Authorized by: _____

I AUTHORIZE THE PROCESSING OF THE CUSTOMER'S ACCOUNT OPENING REQUEST HAVING RECOGNIZED AFTER A CAREFUL REVIEW OF THE INFORMATION AND ATTACHMENTS PROVIDED ME AND FOUND THAT ALL INFORMATION VALIDATES THE CUSTOMER'S REQUEST FOR A BANKING RELATIONSHIP.

Received and Processed by: _____ Date: _____
Customer Service Officer

Checked By: _____ Date: _____
Relationship Officer/Dep. Branch Manager

Approved By: _____ Date: _____
Branch Manager/Operation Manager

***Required approval for all PEPs/FEPs**

* _____ Date: _____
Compliance Manager

* _____ Date: _____
CEO