

BUSINESS/ORGANIZATION ACCOUNT APPLICATION FORM

LIE	BERIAN DOLLARS UNIT	ED STATES DOLLARS			
SA	VINGS CHEC	CKING			
Name of Business/Organiz	ation				
Date of Entity establishme	nt: (MM_DD_YY)				
Tax ID:	Business Activi	ty:			
Do you have existing account with us? Yes No if Yes, please state your Account Number(s)					
Home Address:		Tel No.			
Business Address:		Tel No.			
Email Address:	Web	Address:			
Personal Reference					
1.	Address	Phone No.			
2.	Address	Phone No.			
Business /Bank Referen	nce:				
1.	Address	Phone No.			
2.	Address	Phone No.			
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: Exp Date: (DD-MM-YY) (DD-MM-YY)	ID #:				
Residence Status: Non-Resident Resident Permit #:					
Date of Arrival: Expected Date of Departure:					
Visa #: Visa Issue Date: \	/isa Exp 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 Gove	ernment Issued ID Other ID				
Issue Date: Exp Date: (DD-MM-YY)	ID #:				
Residence Status: Resident Non-Resident Resident Permit #:					
Date of Arrival: Expected Date of Departure:					
Visa #: Visa Issue Date:	/isa Exp Date:				



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? No Yes 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? Retail / Wholesale: Trading: Donor Funding Others If Others, Please Specify: Expected Annual Income: (in Account currency) Beneficiary/next of kin: Relationship: Name: 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



Account Title

DEPOSITORS' CONTRACT

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING TERMS AND CONDITIONS OF

(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 availabl	e for withdrawal the next busir	ness day.				
	Statements may be picked up at the bank beginning the fourth business day at the close of each monthly period. Statements wil 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 no good at close of business on day deposited.						
and costs incurred by the Bank or account of payment-contrary to payment other items drawn by th	n account of refusing payment this request if same occur throu e depositor are returned insuffi to time. No stop payment requ	ms, the depositor agrees to hold the ba of said item, and further agrees not to l ugh inadvertence, accident or oversigh cient. Request for stop payment is effect est, renewal or revocation shall be valid or writing.	nold the Bank liable on t, or if by reason of such ctive for 60 days, but			
been made or checks drawn for c by this Bank. New service and ma notice in the office of the Bank for period, or upon giving the deposit	period of six months) shall be intenance charges and change a period of ten days and the prors not less than ten days notic account and the Bank shall no	count shall be considered dormant whe subject to service and maintenance ches in existing charges shall become effeublication there of in any local newspaper in writing mailed to his last known act be liable for dishonoring checks, drafted deduction of such charges.	arges heretofore adopted ective upon the posting of per before the end of said ldress. Such charges may			
Checks drawn on this account will not be negotiated in cash with no		ers and in Liberia only. Additionally, chec	cks payable to an entity will			
Pursuant to a decision by the Libe payees as follow:	ria Bankers Association, we will	not accept a deposit or encash a chec	k made payable to joint			
1. Company / Individual 2. Individu	al /Company 3.Company / Co	mpany				
Name:	Signed:	Date:				
Name:	Signed:	Date:				
Name:	Signed:	Date:				



FOR INTERNAL USE ONLY - IBLL STAFF

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 ACCOUN REQUEST HAVING RECOGNIZED AFTER A CAREFUL REVIEW OF THE AND ATTACHMENTS PROVIDED ME AND FOUND THAT ALL INFOVALIDATES THE CUSTOMER'S REQUEST FOR A BANKING RELA	INFORMATION ORMATION
Received and processed by: Date:	
Customer Service Officer	
Checked By: Date: Relationship Officer/Dep. Branch Manager	
Approved By: Date:	
Branch Manager/Operation Manager	
*Banainal management for all BEDA	
*Required approval for all PEPs/FEPs	
Date:	
Compliance Manager Date:	
CEO	