



Personal Customer
Account Application Form



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FIDELITY BANK (BAHAMAS) LIMITED
A MEMBER OF THE FIDELITY GROUP OF COMPANIES

RELATIONSHIP INFORMATION FORM

PERSONAL CUSTOMER

Form 0001 (Rev October/18)

For Bank Use Only RIM No:

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New Customer

Existing Customer

1. GENERAL INFORMATION

Last Name		First Name		Middle Name(s)	
Title (Dr. Hon. Master Mr. Miss Mrs.)		Maiden Name		Mother's Maiden Name	
Country of Birth (do not abbreviate)		Date of Birth <small>MM/DD/YYYY</small>		National Insurance Number (if applicable)	
ID Document Number	ID Document Type	Issue Date <small>MM/DD/YYYY</small>	Expiry Date <small>MM/DD/YYYY</small>	Country of Issuance	
Country of Citizenship	Country of Residence	Bahamas Resident Status Resident Non-Resident		Type of Bahamas Resident Citizen (including Naturalized Citizens) Other (please specify)	

2. ADDRESS INFORMATION

Permanent Residential Address (Do not use P O Box or in care of addresses): (include street, apt. or suite no. or rural route/directions)

City/Settlement	State/Territory/Island	Country (do not abbreviate)	PO Box/ZIP Code
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Mailing Address (Do not use in care of addresses)

City/Settlement	State/Territory/Island	Country (do not abbreviate)	PO Box/ZIP Code
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U.S. Billing Address
(Fidelity credit/debit cardholders only)

3. CONTACT INFORMATION

Home Eg. (xxx) xxx-xxxx	Work Eg.(xxx) xxx-xxxx	Mobile Eg.(xxx) xxx-xxxx	E-mail Address
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4. EMPLOYMENT INFORMATION

Current Employer		Employer's Address	
Position	Occupation	Employment Start Date <small>MM/DD/YYYY</small>	

If Self- Employed, Description & Nature of Self-Employed Business (products and/or services provided)

Company's Business Name		Unincorporated Business Name	
Description			
Previous Employer <small>(If Less than 3 Years)</small>		Previous Employer's Address	
Position	Occupation	Employment Start Date <small>MM/DD/YYYY</small>	Employment End Date <small>MM/DD/YYYY</small>

Initials

Date MM/DD/YYYY



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5. REGULATORY DETAILS

A. WHAT IS THE INTENDED USE OF THE ACCOUNT (S) OPENED WITH THE BANK?

Savings/Investment Debt Servicing Personal Bill Payments/ Store Purchases ATM Cash Withdrawals Other (Please Specify):

B. ARE THERE AUTHORIZED SIGNATORIES OVER THE ACCOUNT (S) OTHER THAN THE ACCOUNT-OWNER(S)?

Yes No

If "Yes" please describe the relationship between the Account-Owner(s) and the Authorized Signatory(ies):

C. HOW WILL THE ACCOUNT(S) BE FUNDED INITIALLY*?

Personal Cheque Third Party Cheque Wire Transfer (Personal) Wire Transfer (Third Party) Banker's Draft Bank loan/loan proceeds
Other (Please Specify):

D. HOW MUCH WILL BE DEPOSITED INITIALLY* TO FUND THE ACCOUNT(S)?

\$ _____ If initial* funds is equal to or exceeds \$50,000, please describe the source of the initial funds:

*initial/initially refers to funds deposited at the time of account opening or within six (6) months of the date of opening any account.

E. WHAT IS THE SOURCE OF WEALTH OF THE ACCOUNT-OWNER(S)?

Savings from salary Savings from other income Profit from sold or maturing financial Investments Profits from property sale
Inheritance Compensation payment Profits from sale of company
Other (Please Specify):

F. HOW MUCH DO YOU PLAN TO DEPOSIT/ WITHDRAW MONTHLY TO THE ACCOUNT (S)?

Transaction Type	\$5,000 or less		\$5,001-\$15,000		\$15,001-\$50,000		\$50,001-\$200,000		> \$200,000	
	Deposit	Withdrawal	Deposit	Withdrawal	Deposit	Withdrawal	Deposit	Withdrawal	Deposit	Withdrawal
Cash – Over-the-Counter										
Cash – ATM/Debit Card										
Credit Card Activity										
Cheques (Personal)										
Cheques (Third Party)										
Banker's Drafts										
Local Wire Transfers										
International Wire Transfers										
Online/Mobile Banking Transfers										
Other – Please Specify:										

Initials _____

Date MM/DD/YYYY _____



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G. HOW MANY DEPOSITS/WITHDRAWALS DO YOU EXPECT TO MAKE TO THE ACCOUNT (S) MONTHLY?

Transaction Type	Expected Number of Deposits			Expected Number of Withdrawals		
	5 or less	6-10	Greater than 10	5 or less	6-10	Greater than 10
Cash – Over-the-Counter						
Cash – ATM/Debit Card						
Credit Card Activity						
Cheques (Personal)						
Cheques (Third Party)						
Banker’s Drafts						
Local Wire Transfers						
International Wire Transfers						
Online/Mobile Banking Transfers						
Other – Please Specify:						

H. DOMICILIATION OF SIGNIFICANT ACTIVITY ON THE ACCOUNT(S)?

Where are the significant electronic transactions (i.e., Debit Card/ATM Services/Online or Mobile Banking Services and/or International/Local wire transfers) expected to occur?

The Bahamas United States Other [Please provide details]:

I. BENEFICIAL OWNER DECLARATION

I declare that the account(s) will be used by or is for the benefit of the named Account-owner(s) only.

No Yes Where “No” is selected, please provide the full name of the ultimate beneficial owner(s):

J. POLITICALLY EXPOSED PERSON (PEP*) DECLARATION

I am not a PEP or an immediate Family Member (IFM) of a PEP or a Close Associate of a PEP.

No Yes Where “No” is selected and there is an IFM or Close Associate of a PEP, indicate the full name of the PEP and the relationship:

Initials _____

Date MM / DD / YYYY _____



FIDELITY BANK (BAHAMAS) LIMITED
A MEMBER OF THE FIDELITY GROUP OF COMPANIES

RELATIONSHIP INFORMATION FORM

PERSONAL CUSTOMER

Form 0001 (Rev October/18)

Relationship Information Declaration

1. I confirm that the information in this Relationship Information Form is true, complete and accurate.
2. I agree to inform Fidelity Bank (Bahamas) Limited (**the Bank**) of any changes to information disclosed on the Relationship Information Form.
3. By signing this Relationship Information Form, I acknowledge that (i) I have received, read and understood the Bank's Terms and Conditions and (ii) I agree to be bound by such Terms and Conditions, which form an integral part of this application to open an account with the Bank. Any capitalized term which is used in this Relationship Information Form, but not defined herein, shall have the meaning ascribed to such term in the Terms and Conditions.
4. In particular, as stated in paragraph 3(e) of the Terms and Conditions, I acknowledge that (i) completion of this Relationship Information Form and/or receipt thereof by the Bank does not constitute, and shall not be construed as constituting, acceptance by the Bank to establish an account with the Bank and (ii) all information disclosed on this Relationship Information Form is subject to independent verification by the Bank in accordance with its internal policies and procedures.

X	<small>Print name</small>		<small>MM/DD/YYYY</small>
Signature	Name of Account Holder	RIM Number (Bank use only)	Date

<p>For Bank Use Only:</p> <p>I confirm that I or other Fidelity personnel</p> <hr/> <p>Have/has met the account-owner in-person and the identity verification requirements are fully complied with or</p> <p>An Eligible Introducer has completed the Eligible Introducer Form and the signature of the Eligible Introducer has been verified.</p> <hr/> <p>Name of Account Opening Personnel</p> <hr/> <p>Signature _____ Date MM/DD/YYYY _____</p>	<p style="text-align: center;">Incomplete Declined Approved*</p> <p>*I confirm that the identity verification requirements are fully complied with; and that KYC on-boarding checks and reviews have been completed.</p> <hr/> <p>Name of Unit Compliance Officer</p> <hr/> <p>Signature _____ Date MM/DD/YYYY _____</p>
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FIDELITY BANK (BAHAMAS) LIMITED
A MEMBER OF THE FIDELITY GROUP OF COMPANIES

TAX RESIDENCY SELF-CERTIFICATION FORM

PERSONAL CUSTOMER

Form 0001 (Rev October/18)

For Bank Use Only RIM No:

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Fidelity Bank (Bahamas) Limited (the "Bank") is obliged under The Bahamas and the United States of America Foreign Account Tax Compliance Agreement Act, 2015 (the "FATCA Act"), the Guidance Notes on the International Tax Compliance Requirements of the Intergovernmental Agreement Between the Bahamas and the United States of America (the "FATCA Guidance Notes"), the Automatic Exchange of Financial Account Information Act, 2016 (as amended) (the "CRS Act"), the Automatic Exchange of Financial Account Information Regulations, 2017 (as amended) (the "CRS Regulations") and the Guidance Notes on the Common Reporting Standard for Automatic Exchange of Financial Account Information in Tax Matters (the "CRS Guidance Notes") to collect information relating to an account holder's residence for tax purposes. Please complete the sections below, as directed, and provide any additional information which is requested. Please note that the Bank may be obliged to share this information with the Competent Authority of the Government of The Bahamas, which may share it with relevant tax authorities abroad. Terms referenced in this Tax Residency Self-Certification form shall have the same meaning as applicable under the FATCA Act, the FATCA Guidance Notes, the CRS Act, the CRS Regulations or the CRS Guidance Notes. If you have any questions about how to complete this Tax Residency Self-Certification form, please contact a tax advisor. Please note that you may be subject to penalties for making false or misleading declarations in this form. Please note that, where there are joint account holders, each account holder is required to complete a separate Tax Residency Self-Certification Form.

1. IDENTIFICATION

Name of Individual			
Date of Birth <small>MM / DD / YYYY</small>		Country of Birth (do not abbreviate)	
Permanent residence address (street, apt. or suite no. or rural route). Do not use P O Box or in care of address			
City/Town	Province/State	Postal Code/ZIP Code	Country (do not abbreviate)
Mailing Address (if different from above)			
City/Town	Province/State	Postal Code/ZIP Code	Country (do not abbreviate)

2. DECLARATION OF U.S. CITIZENSHIP OR U.S. RESIDENCY FOR TAX PURPOSES

Please **select** either (a) or (b) or (c) and complete as appropriate

(a) I confirm that I am a U.S. citizen and/or resident in the U.S. for tax purposes (green cardholder or resident under the substantial presence test) and my U.S. Tax Identification Number (U.S. TIN) is as follows: _____ and my IRS W-9 or W-8 Form is attached.

(b) I confirm that I was born in the U.S. (or in a U.S. territory) but I am no longer a U.S. Citizen as I have voluntarily surrendered my citizenship; and my U.S. Certificate of Loss of Nationality is attached.

(c) I confirm that I **am not** a U.S. citizen or resident in the U.S. for tax purposes.

3. DECLARATION OF TAX RESIDENCY (OTHER THAN THE U.S.)

Declaration of Tax Residency (other than U.S.) (Complete this section only if you have (a) non-U.S. tax residency(ies). (Each country/jurisdiction has its own rules for defining tax residence. Some countries have provided information on how to determine whether an individual is resident for tax purposes in the jurisdiction for inclusion on the OECD AEOI Portal (<http://www.oecd.org/tax/automatic-exchange/>). You are encouraged to consult your tax advisor if you are in doubt about your tax residence.)

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country). Please indicate "not applicable" if a jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. In that event, please specify the reason for the non-availability of a tax reference number.

Country / Countries of Tax Residency	Tax Reference Number Type	Tax Reference Number

4. DECLARATION

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. For the duration of my contractual relationship with the Bank, I undertake to notify the Bank, within 30 days on my own initiative, if my status for U.S. tax purposes and/or my country(ies)/jurisdiction(s) of residence for tax purposes change(s). If any certification made on this form becomes incorrect, I agree that I will submit a new form and/or further necessary forms and documentation within 90 days after such change in circumstances. I further affirm that I am aware that my relationship with the Bank may be terminated if I fail to comply with my obligation to submit the relevant documentation required to determine my status as a U.S. citizen or resident for U.S. tax purposes and/or resident for tax purposes in any other country(ies)/jurisdiction(s). I acknowledge that it is an offence to make a self-certification which is false in a material particular. Where legally obliged to do so, I hereby consent to the Bank sharing the information in this form with the relevant tax information authorities.

Signature X	Date <small>MM / DD / YYYY</small>
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FIDELITY BANK (BAHAMAS) LIMITED
A MEMBER OF THE FIDELITY GROUP OF COMPANIES

ACCOUNT INFORMATION FORM

PERSONAL CUSTOMER

Form 0001 (Rev October/18)

Account No.

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New Account Information Form

Revised Account Information Form

Date: _____ MM / DD / YYYY

Account Product and Service Offerings

Account Product and Service Offerings

If available for the account, I/We would like to have access to:

Debit-Card Services	Internet-Banking Services	Mobile-Banking Application Services	SMS Alerts
Yes	Yes	No Yes	No Yes

ASUE Savings Account Only

Applicable

Not Applicable

I/We hereby agree to make deposits to the ASUE Account weekly/bi-weekly/monthly (circle one) until my plan matures on the _____ of _____, 20____ (with a grace period of 2 business days after maturity to withdraw proceeds).

X _____ Print name _____ MM/DD/YYYY
Signature Name of Account Holder RIM Number (Bank use only) Date

X _____ Print name _____ MM/DD/YYYY
Signature Name of Account Holder RIM Number (Bank use only) Date

X _____ Print name _____ MM/DD/YYYY
Signature Name of Account Holder RIM Number (Bank use only) Date

X _____ Print name _____ MM/DD/YYYY
Signature Name of Account Holder RIM Number (Bank use only) Date



FIDELITY BANK (BAHAMAS) LIMITED
A MEMBER OF THE FIDELITY GROUP OF COMPANIES

SIGNATURE CARD
PERSONAL CUSTOMER
Form 7980 (Rev October/18)

Date: MM / DD / YYYY

Account Number:

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Account Authorities:

Single Either to Sign All to Sign Other - please use space below to detail other account authority requirements:

NAME	SIGNATURE	RIM Number (Bank Use Only)

For Bank Use Only:

<p>_____ Name of Account Opening Personnel</p> <p>_____ Signature</p> <p>_____ Date MM/DD/YYYY</p>	<p>_____ Name of Unit Compliance Officer</p> <p>_____ Signature</p> <p>_____ Date MM/DD/YYYY</p>
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