

Account Opening Form

Please DELETE as appropriate



NOUVOBANQ

Seychelles International
Mercantile Banking Corporation Ltd

**INDIVIDUAL AND JOINT
ACCOUNTS**

If you already have an Account with this Bank,
please quote the Account Number below:

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Name of Branch:

Indicate whether [Non-Seychellois / Seychellois - Non-Resident / Resident]

Indicate type of Account required

<input type="checkbox"/>	CURRENT	-	please complete PART A
<input type="checkbox"/>	SAVINGS	-	please complete PART A
<input type="checkbox"/>	TERM DEPOSIT	-	please complete PART A and B
<input type="checkbox"/>	CALL DEPOSIT	-	please complete PART A and C

Indicate form of ownership

<input type="checkbox"/>	INDIVIDUAL	-	please complete PART A
<input type="checkbox"/>	JOINT	-	please complete PART A

PART A

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(for bank use)

Title of Account

Mr/Mrs/Miss/Ms
..... (underline Surname)

Passport I/D Card Number

Permanent Address

Telephone: Residence Office:

Profession/Occupation/Nature of Business

Employer's Name & Address

Name & Address of previous/existing banker(s)

Introduced by (name & address)

Introducer's Signature (Verified by)

Reference 1

Reference 2

How often do you require a statement?

Special instructions regarding operation of the A/c. E.g. Either or survivor, Jointly etc

I/We request you to open an Account as specified above. I/We agree to provide any documents required by you and to abide by the current rules for the conduct of such accounts.

I/We agree to inform you of any changes in the information provided on this form or in all the related documents.

I/We confirm to the best of knowledge and belief the information given is correct. I/We authorise the bank to make such enquiries and to take up references as it may consider necessary in regard to opening of such accounts. I/We agree to be liable for any overdraft or debt due to Nouvobanq which Nouvobanq may permit on this account or any other account in my/our name.

Signature(s)

Date

PART B

Required for
TERM DEPOSIT ACCOUNT

TO: NOUVOBANQ

..... BRANCH

AGREEMENT FOR RENEWAL OF TERM DEPOSIT ACCOUNTS(S)

It is hereby agreed that any deposit or deposits placed in my/our name shall in the absence of any intructions to the contrary be automatically renewed for the same period as that of the maturing deposit. The interest to be given on automatically renewed deposits is the rate ruling at the time for deposits of like amount and period. I/We understand and agree that Nouvobanq will notify me/us at least two clear working days prior to the original or any renewed maturity date of its desire to terminate or change any terms and/or conditions of the account.

It is agreed and understood that I/we have no right to call for repayment of a deposit prior to the original or any renewed maturity date but that in the event of any agreement to repay funds at an earlier date you shall have the right to apply a penal rate on the deposit or to call for forfeiture of any or all of the interest due since the date of the last deposit or renewal of that deposit. Any instructions to withdraw a deposit or to vary the period from that of the maturing deposit will be conveyed to you in writing to arrive three clear working days prior to the date of maturity.

Signature(s)

Date

Signature(s)

Verified

.....
(all joint account holders must sign)

PART C

Required for
CALL DEPOSIT ACCOUNT

TO: NOUVOBANQ

..... BRANCH

AGREEMENT FOR 7 DAYS CALL DEPOSIT

It is hereby agreed and understood that I/we will maintain minimum balance prescribed from time to time and the bank reserves the right not to pay any interest for the period during which minimum balance has not been maintained.

Any instructions to withdraw whole or any part of the deposit will be conveyed to you in writing at least seven days prior to date of withdrawal and the bank will deduct 7 days interest from either principal amount or accrued interest in the absence of appropriate notice.

The bank reserves the right to reduce rate of interest on, and to charge a commission for, the keeping of this account. Interest is payable half yearly each June and December.

Signature(s)

Date

Signature(s)

Verified

.....
(all joint account holders must sign)

PART D

Required for
JOINT ACCOUNT

TO: NOUVOBANQ

..... BRANCH

JOINT MANDATE

In connection with this account we request you to honour cheques or orders (including cheques or orders in favour of any or either of us) thereon signed as per the instructions in Part A; and in consideration of any overdraft or debt due to you which you may permit on this account or on any other account in our names, we agree to be jointly and severally liable. On the death of any one of us the signature of the survivors may be accepted as a sufficient discharge for any credit balance on this account or any part of such balance.

Signature(s)

Date

Signature(s)
Verified

.....
(all joint account holders must sign)

NOUVOBANQ USE ONLY

Check list - Initial when complete/obtained

Signature card made out

Cheque personalisation plate made

Form 2 or 230 despatched

Mandates obtained

Manager's Signature

REF: 03/04/101C



NOUVOBANQ

Seychelles International
Mercantile Banking Corporation Ltd

SIGNATURE CARD

Account No:

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Name: _____

Signing Instructions:

Special Instructions:

FOR BANK USE:

P/A FORM NUMBER	DATED	INITIAL	DATE CANCELLED	INITIAL

Specimen Signatures:

(PLEASE SIGN CLEARLY INSIDE EACH BOX ONE SIGNATURE PER BOX)

1	2	3
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Name	Name	Name
Title	Title	Title

4	5	6
---	---	---

Name	Name	Name
Title	Title	Title