

## INDIVIDUAL/JOINT CURRENT ACCOUNT MANDATE

### CHECKLIST

Please complete all relevant portions of the Application Form and Account Opening mandates and return the package along with the following documents:

1. Two completed Signature Cards.
2. EMAE invoice
3. Evidence of Identification (ID natural)
4. Residence permit ( where applicable )
5. Passport ( where applicable )
6. Fiscal Card

### INDIVIDUAL/JOINT CURRENT ACCOUNT MANDATE

To. Island Bank SA ("the Bank ")

I/We hereby request and authorize you:

1. To open a current account in my/our name and at any time subsequently to open further accounts as I/we may direct.
2. To honor all cheques or other orders which may be drawn on the said account provided such cheques or orders are signed by me/us and to debit such cheques or orders to the said account whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit without prejudice to your right to refuse to allow any overdraft or increase overdraft and in consideration thereof I/We agree.
  - a) To assume full responsibility for the genuineness or correctness and validity of all endorsement appearing on all cheques, orders, bills, notes, negotiable instruments, receipts and/or other documents deposited in my/our account.
  - b) To be responsible for the payment of any overdraft with interest under such terms as the Bank may determine and to comply and be bound by the Bank's rules for the conduct of a Current Account receipt of which I/We hereby acknowledge.
  - c) To free the Bank from any responsibility for any loss of funds deposited with the Bank due to any future Government order, law, levy, tax, embargo, moratorium, exchange restriction and/or all other causes beyond the Banks' control.
  - d) That all funds standing to my/our credit are payable on demand only in such local currency as may be in circulation.
  - e) To be bound by any notification of change in conditions governing the account directed to my/our last known address and any notice or letter sent to my/our last known address shall be considered as duly delivered and received by me/us at the time it would be delivered in the ordinary course of post.
  - f) That if a cheque credited to my/our current account is returned dishonoured; the same may be transmitted to me/us by post, or hand delivery.
  - g) I/We agree that the Bank will bear no liability whatsoever for funds handed to members of the staff outside banking hours or outside the Bank's premises.
  - h) That my/our attention has been drawn to the necessity of safe guarding my/our cheque book so that unauthorized persons are unable to gain access to it and to the fact that neglect of this precaution may be ground for any consequential loss being charged to my account.
  - i) That the Bank is under no obligation to honour any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheques and I/We understand and agree that any such cheque may be returned to me/us unpaid but if paid, I/we are obligated to repay the Bank on

demand. The Bank may at its discretion grant financial accommodation to me/us where there are insufficient funds in my/our account to meet my/our instruments in connection with any transaction.

j) That any disagreements with entries on my/our Bank Statements will be made to the Bank within 15 days of the dispatch of the Bank's Statement. Failing receipt by the Bank of a notice of disagreement of the entries within 15 days from the date of dispatch, my/our Bank Statement as rendered is correct.

k) That any sum standing to the debt of the current account shall be liable to interest charges at the rate fixed by the Bank from time to time. The Bank is authorized to debit from the account the usual Bank charges, interest, commissions, and any service charge set by the management from time to time.

l) I/we also agree that the Bank may at its discretion close My/our account(s) in the event that it is dissatisfied in anyway with the operation thereof.

I/we also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law you may at any time and without notice to me/us combine or consolidate all or any of my/our accounts without any liabilities to you and set off or transfer any sum or sums standing to the credit of any one or more of such accounts or any other credit, be it cash, cheques, balances, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect whether such liabilities be actual, contingent, primary, collateral, several or joint.

Dated the \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_\_

SIGNATURE (over 15k stamp)  
NAME AND ADDRESS


**ACCOUNT OPENING APPLICATION FORM**

**CUSTOMER'S INFORMATION**

Name:

Business/Occupation

Business/Address

Email

Tel:

Home address :

**FOR JOINT ACCOUNT**

Names of Joint Account Holders:

Address :

Business/Occupation

**COMMUNICATION INFORMATION**

Correspondence address:

E-mail:

**DECLARATION**

I/we apply for the opening of an account or accounts with Island Bank ("The Bank)

I/we understand that the information given herein is the basis for opening such account(s) and therefore warrant that such information is correct.

I/we agree to be bound by the terms and conditions governing the operation of the account(s)

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date

Date

**FOR THE BANK USE ONLY  
DOCUMENTS OBTAINED**

YES

DEFERRED

WAIVED

COMPLETED SIGNATURE CARDS(2)

EMAE INVOICE

ID NACIONAL

CHEQUE BOOKS DELIVERED

POWER OF ATTORNEY

OTHERS DOCUMENTATIONS CHECKED

CSO: \_\_\_\_\_

\_\_\_\_\_  
NAME

INITIAL

DATE

Deferral/WAIVER OF DOCUMENTS AUTHORIZED

\_\_\_\_\_  
NAME

INITIAL

DATE

ACCOUNT OPENING AUTHORIZED

\_\_\_\_\_  
NAME

INITIAL

DATE

SPECIAL INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Initial \_\_\_\_\_

Please complete the arrached mandate instruction. Ensure that the specimen of authorized signatries are placed at the appropriate place.

# MANDATE CARDS

## JOINT ACCOUNT/INDIVIDUAL

PLACE

NAME

ADDRE

SS

NACIONALITY  
OCCUPATION

TELEPH

ONE/FAX

EMAIL ADDRESS

Authorized combination  
to sign

Both to sign  
(Please sign the  appropriate)


One or other

All to sing

NAME	SIGNATURE	PHOTO

OPENING DATE  ACCOUNT

OFFICIAL SIGNATURE \_\_\_\_\_

Other(s) Bank(s)

Type of Account

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Other(s) Instructions

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Name of next of skin:

Address of next of skin