

LLC - APPLICATION FORM FOR NEW ACCOUNT - CORPORATE

BONI/Corporate/Alc/LLC-AccountOpeningApplicationForm/ST1/2023/11/02

IMPORTANT:

- This form is to be filled out by the applicant or an authorized representative acting on behalf of the applicant.
- Ensure all details are provided as requested in the form, and remember to initial each page. Failing to complete the form in full might result in its rejection, causing avoidable processing delays.
- When relevant, kindly mark the appropriate checkbox.
- Please refrain from using correction fluid; any necessary changes must be endorsed by all applicants with their initials.

LLC CUSTOMER INFORMATION

Full Name of Account:			
Nature of the LLC:			
Country of Incorporation:			
Date of Incorporation	yyyy-mm-dd		
Company I.D. Number:			
Registered Office Address			
Post/Zip Code		State/Country	
Business/Postal Address (if different from above):			
Business Telephone	(eg. +1 234 6737854)	Fax No.	
Email Address			
Website Address			
Do you wish the Bank to accept instructions by facsimile/email?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ACCOUNT OPENING

TYPE OF ACCOUNT	CURRENCY
Current Account	<input type="checkbox"/> US Dollar (\$) <input type="checkbox"/> Euro (€) <input type="checkbox"/> Sterling (£)
Savings Account	<input type="checkbox"/> US Dollar (\$) <input type="checkbox"/> Euro (€) <input type="checkbox"/> Sterling (£)
Fixed Deposit	<input type="checkbox"/> US Dollar (\$) <input type="checkbox"/> Euro (€) <input type="checkbox"/> Sterling (£)

OTHER SERVICES PROPOSED:

- Credit Card: Visa Gold Credit Card: Visa Business Forex Dealing Internet Banking

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BUSINESS PROFILE

Description of the business activities				
Countries of Operation / target market				
Purpose of opening account				
Source of Funds <i>(in relation to the business activities e.g personal savings, investors, shareholders, loan coming from a personal account, loan coming from bank, funds already in business etc)</i>				
Estimated Annual Total Deposit / Turnover Please specify currency <i>(total incoming funds on the account excluding capital invested + funds which the business will generate+ loans etc.)</i>	Year:	Year:	Year:	
Estimated Annual Total Cash Transactions (notes) Please specify currency	Deposits		Withdrawals	
Estimated number and value of transactions <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Inflows		Outflows	
	Numbers	Values	Numbers	Values
Shareholding <i>(Attach structure chart, until ultimate beneficial owners)</i>	Names		Ownership %	
Name of Beneficial Owner(s) or Ultimate Beneficial Owner(s)	Names		Source of Accumulated Wealth	
			Amount: Description:	
			Amount: Description:	
			Amount: Description:	
		Amount: Description:		

CONTACT DETAILS

Name: 1st Contact	
Job Title	
Tel/Mobile No	
Email	

Name: 2nd Contact	
Job Title	
Tel/Mobile No	
Email	

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MEMBER/NON-MEMBER DETAILS

Please provide the below information for each Member of the LLC. If there are more than two members, please complete and attach a separate copy of this page for each additional member.

MEMBER 1			
Capacity	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	Is this person a Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person an authorised signatory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name <i>(First, Middle, Last)</i>			
Previous Name – If Any <i>(i.e. maiden name, former married name(s) or if you have changed your name by deed poll)</i>			
Passport/NIC Number			
Place & Date of Birth			
Nationality			
Have you or any member of your immediate family, held or is currently holding an important public office in a foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:		
Residential Address <i>(P.O Box address will not be accepted, please use Street Address)</i>			
Mailing Address <i>(if different from Residential address)</i>			
Email Address <i>(Personal)</i>			
Phone Number			
Occupation			

MEMBER 2			
Capacity	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member	Is this person a Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person an authorised signatory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name <i>(First, Middle, Last)</i>			
Previous Name – If Any <i>(i.e. maiden name, former married name(s) or if you have changed your name by deed poll)</i>			
Passport/NIC Number			
Place & Date of Birth			
Nationality			
Have you or any member of your immediate family, held or is currently holding an important public office in a foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:		

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Residential Address <i>(P.O Box address will not be accepted, please use Street Address)</i>	
Mailing Address <i>(if different from Residential address)</i>	
Email Address <i>(Personal)</i>	
Phone Number	
Occupation	
Tax Identification Number	

NOTE: Important public office refers to a head of state, Member of Parliament, senior government and judicial officials, senior executives of state owned corporations, important political party officials, immediate family members and close associates. Immediate family refers to spouses (by law or cohabitation), parents, children (and their spouses), siblings, grandparents and grandchildren.

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OWNER(S) DECLARATION

Please complete the relevant sections below in relation to all relevant accounts and provide any additional Information/documents as may be required.

Company Name:.....Country of Incorporation:.....

Have you or any member of your immediate family held or is currently holding an important public office in a foreign country?

Yes No

If Yes, please provide details:

I/We declare that the owners, i.e. individual(s) who ultimately own(s) or effectively control(s) the company (regardless of shareholding), and the percentage of shares held by the beneficial owners of the Company are as follows.

Name	NIC No./ Passport No	Nationality	% Share

SIGNATURES

By signing below, you are agreeing to open an account with the Bank of New Innovation Ltd (the bank) in accordance with the [Terms and Conditions](#) which you acknowledge having read and to which you agree to be bound. You authorise the bank to make enquiries and take up references as the bank consider appropriate in connection with application form and authorisation is to remain effective until the bank receives your written notification to the contrary. You understand that the bank do not accept any liability whatsoever in respect of any losses which you may suffer as a result of any fraud or negligent misuse of the banking services including online banking, unless such losses occur as a result of fraud or gross negligence on the part of the Bank or its employees or agents.

In addition, you are agreeing that there is no material, criminal, civil or administrative proceedings pending or threatened against the applicant or any of its principals.

.....
Name of Signatory

.....
Signature

.....
Date

.....
Name of Signatory

.....
Signature

.....
Date

NOTE: This page should be notarized/apostilled if not signed in the presence of and certified by a Bank of New Innovation Limited official.

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AFFIDAVIT OF SOURCE OF FUNDS DECLARATION AND INDEMNIFICATION

I.....of.....who being first duly sworn upon oath, deposes and states as follows:-

1. That the following source of funds statement and all annexures thereto, is true and accurate and is free of all claims, debts, loans, lawsuits, or contingent liabilities (such as indemnities or guarantees) immediately prior to any transfers by me to the accounts of

..... and that the funds were legitimately acquired in connection with:

.....

2. I confirm and represent that none of the wires which I may transfer to the Bank of New Innovation Limited have been derived directly or indirectly from any act or omission that may constitute an offence or as a result of or in connection with any criminal conduct.

3. I am not filing for relief under the provision of any applicable Bankruptcy Code, nor am I involved in any situation that I reasonably anticipate would cause me to file for relief under any Chapter of any applicable Bankruptcy Code in the future.

4. I have read and understood the description of the Proceeds of Crime Act and Anti Money Laundering Regulations enacted thereto, and confirm and represent that none of the monies which I may transfer have been derived from any of the activities specified in such Acts.

5. I am not transferring assets in an attempt to defeat the collection of any U. S. Government or U. S. Government backed obligations or any U. K. Government or U. K. Government backed obligations, or any other Government or Government backed obligations whatsoever. I am aware that doing so can amount to a crime.

6. The amount of funds transferred which this Affidavit and Source of Funds and Indemnification applies is:

Empty rectangular box for amount of funds transferred.

7. The source of funds is from:- Personal Account held with

Empty rectangular box for source of funds.

8. My Banker's reference to verify this transaction is..... at telephone.....

9. I understand and consent that the Bank may disclose this information to law enforcement authorities where required by Court Order or other applicable law.

And I make this affidavit conscientiously knowing the contents to be true and correct.

SWORN by the within named:

Large empty rectangular box for signature.

This day of:.....

Before me:-

.....

Notary Public