

TRUST - APPLICATION FORM FOR NEW ACCOUNT - CORPORATE

BONI/Corporate/Alc/TRUSTAccountOpeningApplicationForm/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.

TRUST INFORMATION

Name of Trust			
Trust Domicile			
Date Created	yyyy-mm-dd		
Nature/Purpose of the Trust			
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			
Has the original Trust Agreement been amended or restated?	<input type="checkbox"/> Yes <input type="checkbox"/> No Most recent Amendment Date:..... Most Recent Restatement Date:.....		
Settlor / Trustor / Grantor of the Trust			
Is the Settlor also the Beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide the name(s) of the beneficiaries of the Trusts:		
Is the Beneficiary Vested?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a Trust Protector?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify name of Trust Protector:		
Do you wish the Bank to accept instructions by facsimile/email?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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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

TRUSTEE INFORMATION

Please provide the below information for each trustee of the Trust. If there are more than one trustees, please complete and attach a separate copy of the Trustee page for each additional Trustee.

NOTE: If any Trustee is a legal entity, kindly fill in Entity Trustee Information. If the Entity Trustee is your sole Trustee, then skip this page and proceed directly to Entity Trustee Information. If there is no legal trustee, then skip these pages.

Title			
Surname			
Given Name			
Maiden name (if applicable)			
Date of Birth	yyyy-mm-dd		
Country of Birth		Nationality	
Passport No		Expiry Date	yyyy-mm-dd
Country of Issue			
Permanent Residential Address			
Mailing Address (if different)			
Personal Email			
Telephone	(eg. +1 234 6737854)		
Tax Identification Number			
Is this Individual also a Grantor / Settlor / Trustor of the Trust?			
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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ENTITY TRUSTEE INFORMATION

If one of your trustees is an entity, please fill out the below section

NOTE: We will require the following documents if this section is filled in:

- Certificate of Incumbency
- Certificate of Good Standing (if applicable)
- Share Certificate / Share Register / Member Register
- Articles & Memorandum of Association/ Articles of Incorporation / Articles of Organisation
- Certificate of Incorporation / Formation
- Operating By Laws / Operating Agreements
- Due Diligence Documents for the Beneficial Owners (i.e. notarized passport copies, secondary ids, utility bills, reference letters)

Entity Name:			
Country of Incorporation	Date Created	yyyy-mm-dd	
Registered Office Address			
Mailing Address (if different)			
Email			
Business Telephone	(eg. +1 234 6737854)		
Alternate Number			
Is this Individual also a Grantor / Settlor / Trustor of the Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please list all of the Officers of this Company:			
Please list all of the Beneficial Owner(s) for this Company:			

SOURCE OF FUNDS

The Bank requires documentary verification of the sources of funds indicated on the application form.

This may be in the form of (but not limited to):

- Bank Statements (for AT LEAST the last 12 months)
- Copies of Signed Contracts/Agreements for Sale of Property (real and otherwise)
- Closing Statements or Statement of Shareholding from Solicitors/Stock Exchanges/Brokerage Companies (outlining details of sale of stocks/shares)
- Financial Reports
- Letter from Insurance Company re: Notification of proceeds of claim/maturity of policy.
- Letter from Solicitor/Executor of Estate re: inheritance.

Please state the source of initial funds (i.e. funds generated from what transaction or business used for the opening of this account):	

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Estimated overall value of the Trust (USD / EUR / GBP).....	Intended Initial Balance (USD / EUR / GBP).....	Amount expected to be paid in the account per annum: (USD / EUR / GBP).....			
Please indicate the likely source of on-going funds deposited into the account: Estimated monthly balance range	<input type="checkbox"/> Sales <input type="checkbox"/> Rent <input type="checkbox"/> Investment Income <input type="checkbox"/> Consultancy Fees <input type="checkbox"/> Commission <input type="checkbox"/> Other (please specify):				
	Estimated number of transactions per month:	<table border="1"> <thead> <tr> <th>Deposits</th> <th>Withdrawals</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> 1-15 <input type="checkbox"/> 15-30 <input type="checkbox"/> 30-35 <input type="checkbox"/> 45-60 <input type="checkbox"/> 60+ </td> <td> <input type="checkbox"/> 1-15 <input type="checkbox"/> 15-30 <input type="checkbox"/> 30-35 <input type="checkbox"/> 45-60 <input type="checkbox"/> 60+ </td> </tr> </tbody> </table>	Deposits	Withdrawals	<input type="checkbox"/> 1-15 <input type="checkbox"/> 15-30 <input type="checkbox"/> 30-35 <input type="checkbox"/> 45-60 <input type="checkbox"/> 60+
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Reason for opening your account					
What will the account be used for?	<input type="checkbox"/> Savings <input type="checkbox"/> Investment/Holding Account <input type="checkbox"/> Asset Protection <input type="checkbox"/> Other (please specify):				

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
..... 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.

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:

.....
.....

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

.....

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:

.....

This day of:.....

Before me:-

.....
Notary Public