

BANK OF NEVIS LIMITED  
BANK OF NEVIS INTERNATIONAL LTD

***BUSINESS CUSTOMER  
INFORMATION QUESTIONNAIRE***

<b>A</b>	Date of Application: _____
	Name of Business: _____
	Business address: _____ _____
	Business Tel #: _____ Fax: _____ Email: _____
	Agent's Tel #: _____ Fax: _____ ID #: _____

<b>B</b>	Principal owner: _____
	Home address: _____ Nationality: _____
	Owner's Tel #: _____ Fax: _____ ID #: _____

<b>C</b>	Nature of Business: _____
	Date of Incorporation: _____ Memorandum of Association <input type="radio"/>
	Documents lodged: Cert of Reg. <input type="radio"/> Cert of Inc. <input type="radio"/> Articles of Association <input type="radio"/>

<b>D</b>	Reason for opening this account: _____ _____
	Expected annual account turn-over: \$ _____
	Source of funds: _____
	Name of Banker: _____
	Address: _____ _____

<b>E</b>	Name of signatory 1): _____ Signature: _____
	Name of signatory 2): _____ Signature: _____

<b>F</b>	<b>FOR BANK USE</b>	<b>APPROVED BY:</b>
	Operations Sup: _____	date: _____
	Operations Manager: _____	date: _____
	<b>NEW ACCOUNT NUMBER ASSIGNED:</b> _____	