



Business Account Application

Account Number: _____ **STAFF ID** _____

Account Ownership Requested

Sole Proprietorship Partnership Organization Association

BUSINESS INFORMATION

Name: _____ Type of business: _____
 Business Registration Number: _____ Date opened: _____
 Business Address: _____ Email: _____
 Business Tel: _____

BENEFICIAL OWNER INFORMATION

Last Name: _____ First Name: _____
 Middle Name: _____ Alias: _____
 Male: Female: D.O.B: _____
 Tel: _____

IDENTIFICATION

Social Security Passport Driver's License National ID
 ID Number Country
 ID Number Country
 Nationality: Dual Nationality Yes No
 Address: _____

Name of banker(s)
 Source of Income
 Source of wealth

SHAREHOLDER INFORMATION *(if applicable)*

Full name: _____ Date of birth _____
 Occupation Telephone # _____
 Address _____
 Email _____
 ID number ID Type Country
 Are you an American citizen? Yes No

SHAREHOLDER INFORMATION *(if applicable)*

Full name: _____ Date of birth _____
Occupation _____ Telephone # _____
Address _____
Email _____
ID number _____ ID Type _____ Country _____
Are you an American citizen? Yes _____ No _____
Expected activity on account \$ _____ Daily _____ Weekly _____ Monthly _____

AUTHORIZED SIGNATURES

1. Full Name: _____ Signature _____
Title _____ Tele#: _____ Date _____
2. Full Name: _____ Signature _____
Title _____ Tele#: _____ Date _____
3. Full Name: _____ Signature _____
Title _____ Tele#: _____ Date _____

I hereby make application of business account and agree to conform to the bye-laws, policies and procedures of the Grand Bay Co-operative Credit Union limited.

FOR OFFICIAL USE ONLY

Account #: _____ Date opened: _____
Risk: High: _____ Medium: _____ Low: _____
Approved by: _____ Date: _____