



Bank of St. Helena Ltd.

www.sainthelenabank.com

CHILD BOND SAVINGS ACCOUNT APPLICATION FORM



@sainthelenabank



Bank of St Helena Ltd

Head Office: Market Street · Jamestown · St Helena Island · STHL 1ZZ

T. +290 22390 · F. +290 22553 · email. info@sainthelenabank.com · web www.sainthelenabank.com

Established and regulated under the Financial Services Ordinance, 2008, the Financial Services Regulations, 2017 and the Company Ordinance, 2004

BEFORE YOU APPLY

Terms and Conditions

Customers applying for a Bank of St Helena Ltd Account MUST agree to and meet, where required, the relevant Terms and Conditions of the Account and all Services utilised in the operation of the Account.

Supporting documentation

When you apply for a Bank of St Helena Account, the Bank is required to verify your identity and residential address. Applicants are therefore required to provide supporting documentation as proof. For Child Bond Savings Accounts, where it is not the parents of the child opening the account, the Bank will also require approval from the parents or legal guardians confirming the Account opening.

About the Bank of St Helena Child Bond Savings Accounts

Bank of St Helena Child Bond Savings Accounts are available to minors under the age of 18 years. Funds deposited into the account are locked in savings until the Child becomes 18 years when the account will be converted to a Current Account in the child's name.

The adult opening the Account, on behalf of the child, will be responsible for the account and will receive regular statements on the account (if so requested). Deposits may be made into the account at any time, by any individual(s) however as mentioned above, withdrawals cannot be made until the child reaches the age of 18 and responsibility and ownership of the account is reverted to him/her.

Annual interest of 4% is accumulated on Child Bond Savings Accounts (rates subject to change).

Online Banking

Adults opening Child Bond Accounts can register for Online Banking, but will only be able to view, download and print statements. Transfers will not be allowed.

Package	Package Features	Fee
Premium	Online Banking – View/Download and Print Statements	Free

If you would like to include Online Banking in this application, please submit with Appendix Two Online Banking (individual accounts). Please be advised the Referral Limit section will not be applicable to this application. Customers with Online Banking will not be issued regular statements.

Completing the Savings Account Opening Form

For assistance with an Account Opening please contact the Operations Section, Bank of St Helena, Market Street, Jamestown, St Helena Island.

Completed application forms should be returned, via any Bank of St Helena Branch, to the Operations Section, Bank of St Helena, Market Street, Jamestown, St Helena Island.

**SECTION 1: ACCOUNT HOLDER DETAILS (CHILD)**

1.1. DETAILS	
Title:	
First Name:	
Middle Name:	
Last Name:	
Gender:	
Date of Birth:	
Nationality:	
Primary Address <small>(Must be a minimum 2 lines)</small>	
Name of Parent(s)/Legal Guardian	
Address of Parent(s)/Legal Guardian <small>(Must be a minimum 2 lines)</small>	
Details of any previous Address within the last 3 months <small>(Must be a minimum 2 lines)</small>	

1.2. PROOF OF IDENTITY AND STATUS	
Valid Passport:	<input type="checkbox"/>
Birth Certificate:	<input type="checkbox"/>
Certification of Status:	<input type="checkbox"/>

1.3. OTHER BANK ACCOUNTS HELD (BY THE CHILD)
At Bank of St Helena <small>(GIVE NUMBERS):</small>
At other Banks <small>(GIVE BANK NAME AND ADDRESS):</small>

1.4. EXPECTED LEVEL OF CREDIT	
Please specify the anticipated amount to be deposited at any one time into the savings account e.g. £20 per month.	
Average credit amount:	

**SECTION 2: DETAILS OF THE ADULT OPENING THE ACCOUNT**

2.1. PERSONAL DETAILS	
Title:	
First Name:	
Middle Name:	
Last Name:	
Gender:	
Date of Birth:	
Nationality:	

2.2. PRIMARY ADDRESS	
House Name and/or Number	
Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Country	

2.3. DETAILS OF ANY PREVIOUS ADDRESS WITHIN THE LAST 3 MONTHS	
House Name and/or Number	
Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Country	

2.4. COMMUNICATION (PLEASE COMPLETE ALL FIELDS THAT ARE APPLICABLE)					
Contact Name: <i>(name of the individual to receive bank communications, if different to the account holder listed in section 2.1. customers should note third party individuals receiving account information or documentation must be authorised to do so)</i>					
Post <i>(Please provide full address, if different to that listed in section 2.2):</i>					
Telephone	Home:		Work:		Mobile:
Fax:					
Email:					
Communications Preference - Please select your preferred form of contact from the Bank:					
Post	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Mobile	<input type="checkbox"/>
Fax	<input type="checkbox"/>	Email	<input type="checkbox"/>		<input type="checkbox"/>



2.5. EMPLOYMENT AND INCOME DETAILS

Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Self-Employed	<input type="checkbox"/>	Other (please specify)	

Employer Name:	
Address Line 1:	
Address Line 2:	
Address Line 3:	
Post Code:	
Country:	
Nature or Business (in which you are employed):	
Occupation (your Position within the organisation):	
Salary (please tick if appropriate)	<input type="checkbox"/>
Pension: (please tick if appropriate)	<input type="checkbox"/>
Any other Source of Income (please tick if appropriate)	<input type="checkbox"/>

2.6. PROOF OF IDENTITY AND STATUS

Proof of Identity (Passport/Birth Certificate):	<input type="checkbox"/>
Confirmation of Address (e.g. Utility bill):	<input type="checkbox"/>
Confirmation from Parent or Guardian, to open the account for the child named in Section 1:	<input type="checkbox"/>

2.7. OTHER BANK ACCOUNTS HELD

Please List Other Accounts (if any now or previously held) with Bank of St Helena

Account Name	Account Number

Please List Accounts held with other Banks

Bank Name	Account Name

SECTION 3: ONLINE BANKING / STATEMENTS

Adults opening Child Bond Savings Accounts can register for Online Banking, but will only be able to view, download and print statements. Transfers will not be permitted.

If you would like to include Online Banking with this application, please submit with **Appendix Two Online Banking** (individual accounts). A copy of the Appendix can be collected from the Bank, or downloaded from the official website. Please be advised the Referral Limit section on the Appendix will not be applicable to this application. Customers with Online Banking will not be issued regular statements.

Include Online Banking with this Application *(please tick)*

REGULAR STATEMENTS (NOT AVAILABLE FOR CUSTOMERS WITH ONLINE BANKING)				
Customers requesting a statement should indicate below:				
Frequency: <i>(please tick)</i>	Quarterly	<input type="checkbox"/>	Annually	<input type="checkbox"/>
• Posted to the address listed in section 2.2				<input type="checkbox"/>
• Emailed to the email address listed in section 2.4				<input type="checkbox"/>
• Collection from a Bank of St Helena Branch				<input type="checkbox"/>

Only one Statement per selected frequency can be requested for Child Bond Accounts.

SECTION 4: DECLARATION

Applicant Declaration	
I hereby confirm that:	
1. The above details are correct and complete;	<input type="checkbox"/>
2. I have read and accepted all applicable Terms & Conditions for this Account, and will operate the Account in accordance with these Terms & Conditions as set by Bank of St Helena Ltd.	<input type="checkbox"/>
3. I will promptly notify the Bank of any changes in the above details.	<input type="checkbox"/>
Full Name:	
Date:	
Signature:	

MEASURES TO PREVENT CRIMINAL ACTIVITY: Bank of St. Helena Ltd reserves the right to conduct business in a manner which allows it to meet local and international obligations with regard to the prevention of criminal activities, including money laundering. Therefore, please note that: you may be asked to explain, and provide evidence to support that explanation, any transaction you request the bank to conduct on your behalf, or any transaction the bank has conducted on your behalf; the bank may decline to conduct a transaction on your behalf, without giving a reason; and the bank may be required to report any transaction you request it to conduct, whether or not it has agreed to conduct it, to the appropriate authorities, as required in the applicable legislation. The bank will attempt to minimise the impact of these requirements on its conduct of your transactions, and requests your cooperation in the operation of these procedures.



SECTION 5: BANK USE ONLY

Approval of Application by member of Senior Management Team:	
AML Screening:	
Date Processed/Allocate number and open Account:	Date:
	A/C Number:
	Opened By:
Account Verified by Senior Member of Operations Team:	Date:
	Signature:
Contacted Customer:	Date:
	Signature:
Account Activated:	Date:

Identity Verification (tick as appropriate):		
<input type="checkbox"/>	As Existing customer - give Account number(s):	
<input type="checkbox"/>	By documents (attach copies)	

**ACCOUNTS WILL NOT BE ACTIVATED UNTIL DIGITALLY SIGNED.
NON RESIDENT CUSTOMERS MUST PROVIDE ORIGINAL DOCUMENTATION TO ACTIVATE ACCOUNT.**



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