



**Bank of St. Helena Ltd.**

[www.sainthelenabank.com](http://www.sainthelenabank.com)

# **TERM SAVINGS ACCOUNT APPLICATION FORM**

## **MINOR**



@sainthelenabank



Bank of St Helena Ltd

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

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Established and regulated in St Helena under the Financial Services Ordinance, 2008 and 2017, the Financial Services Regulations, 2017, the Company Ordinance, 2004 and the Company Regulations, 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. Please refer to sections 1.3 and 2.6 for full details of supporting documentation requirements.

### About the Bank of St Helena Term Savings Accounts

Bank of St Helena Term Savings Accounts are available to individuals (including joint account holders), Minors, Business', organisations and registered charities. The Term runs from 01 July to 30 June. Deposits may be made to the account at any time however only one cash withdrawal or payment transaction may be made on the account during the term. Annual interest of 0.6% is accumulated on Term Savings Accounts (rates subject to change).

*Where accounts are opened, third party, for an individual aged less than 16 years, the Personal details of the Minor should be provided in section 1. However please note that the Communication (1.4) details will not be required for the named Minor Account Holder. The Third Party opening and operating the account, on behalf of the Minor, must however include their Personal, Communications and Employment & Income details.*

### Completing the Savings Account Opening Form

*Please be advised this Application can be completed and submitted online.*

For assistance with an Account Openings please contact the Customer Service Section. Completed application forms should be returned, via any Bank of St Helena Branch, to the Customer Service Section, Bank of St Helena, Market Street, Jamestown, St Helena Island.



**SECTION 1: ACCOUNT HOLDER DETAILS**

1.1. DETAILS OF MINOR	
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) <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. SUPPORTING DOCUMENTATION**

**Proof of identification**

Individuals holding St Helenian Status are required to provide a valid passport or a copy of their birth certificate and verification of current and past postal address (if applicable).

Individuals without St Helenian Status will be required to provide a current Passport for photo identification.

(PLEASE INDICATE BELOW WHICH DOCUMENTATION HAS BEEN PROVIDED)

Proof of identity	
Birth Certificate	<input type="checkbox"/>
Valid Passport	<input type="checkbox"/>
Other <small>(PLEASE SPECIFY:)</small>	<input type="checkbox"/>

Confirmation of Parent or Guardian Address	
Utility bill (for current and past address)	<input type="checkbox"/>
Tax bill	<input type="checkbox"/>
Other <small>(PLEASE SPECIFY:)</small>	<input type="checkbox"/>



**Proof of Parent or Guardian Long Term Stay** (for Non-St Helenian residents only)

Letter of Employment (for contracted, non-St Helenian employees)

**Opening an Account for a Minor the applicant is not the Parent or Guardian off**

Letter from the Minor's parent or guardian

**1.3. OTHER BANK ACCOUNTS HELD** (IN THE NAME OF THE MINOR)

At Bank of St. Helena (GIVE NUMBERS):

At other banks (GIVE BANK NAME AND ADDRESS):

**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 ON BEHALF OF THE MINOR**

**2.1. PERSONAL DETAILS**

Title:							
First Name:							
Middle Name:							
Last Name:							
Gender:							
Date of Birth:							
Marital Status: (please tick)	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Widowed
Nationality:							
Please detail any Dual 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)			
<b>Contact Name:</b> <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>			
Telephone	Home:	Work:	Mobile:
Email:			
<b>Communications Preference</b> - Please select your preferred form of contact from the Bank*:			
Telephone	<input type="checkbox"/>	Mobile	<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) <input type="checkbox"/>

Employer Name:	
If Contracted, please detail length of Contract and end date:	
Address Line 1:	
Address Line 2:	
Address Line 3:	
Post Code:	
Country:	
Job Title:	
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"/>	<input type="checkbox"/>



**2.6. SUPPORTING DOCUMENTATION**

**Proof of identification**

Individuals holding St Helenian Status are required to provide a valid passport or a copy of their birth certificate and verification of current and past postal address (if applicable).

Individuals without St Helenian Status will be required to provide a current Passport for photo identification, verification of current and past postal address (if applicable) and proof of long term stay on either St Helena or Ascension Island e.g. Letter of Employment, Contract, etc.

Please note where an applicant's name differs to that shown on a Birth Certificate or Valid Passport, proof of name change must be provided. E.g. Marriage Certificate or Gazette Publication.

*(PLEASE INDICATE BELOW WHICH DOCUMENTATION HAS BEEN PROVIDED BY TICKING THE APPROPRIATE BOXES)*

<b>Proof of identity</b> (Applicable for all Account Holders)	
Birth Certificate	<input type="checkbox"/>
Valid Passport	<input type="checkbox"/>
Other e.g. Marriage Certificate <i>(PLEASE SPECIFY)</i>	<input type="checkbox"/>

<b>Confirmation of address</b> (All Account opening customers)	
Utility bill (for current and past address)	<input type="checkbox"/>
Tax bill	<input type="checkbox"/>
Other <i>(PLEASE SPECIFY)</i>	<input type="checkbox"/>

<b>Proof of Long Term Stay</b> (for Non-St Helenian residents only)	
Letter of Employment (for contracted, non-St Helenian employees)	<input type="checkbox"/>
Letter of Introduction (for partners of St Helenians and partners/spouses of contracted, non-St Helenians)	<input type="checkbox"/>

**2.7. OTHER BANK ACCOUNTS HELD**

<b>At Bank of St Helena</b> (give numbers):	
<b>At other banks</b> (give bank name and address):	

<b>2.8. REGULAR STATEMENTS</b>	<i>(BY TICKING AN OPTION BELOW, YOU INDICATE THAT YOU WISH TO RECEIVE A REGULAR STATEMENT ON YOUR TERM SAVINGS ACCOUNT, AND DO NOT HAVE ONLINE BANKING)</i>
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Bank Statements will primarily be distributed using the email you have provided in Section 2.4. Please tick one of the following:	
• Email Statement to the email listed in section 2.4	<input type="checkbox"/>
• I do not have an email address (further options will be discussed)	<input type="checkbox"/>
• Collection from a Bank of St Helena Branch	<input type="checkbox"/>

(Please note additional statements are subject to fees charged automatically to the primary account. See the Bank's Rates, Fees and Charges for more information). Customers will not receive a Statement if this section is incomplete.



**SECTION 3: DECLARATION**

<b>I hereby confirm that:</b>	
1. the above details are correct and complete;	<input type="checkbox"/>
2. I will 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"/>
<b>Full Name:</b>	
<b>Date:</b>	
<b>Signature:</b>	
<b>Signed on behalf of:</b> <i>(FOR MINOR ACCOUNTS, WHERE THE APPLICANT IS AGED UNDER 16 YEARS):</i>	

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 4: BANK USE ONLY SECTION**

Application Received	Signature		Date	
Application Entered	Signature		Date	
Recommendation for Account				
Approval of Application by Senior Management Team Member		Date		
		Signature		

AML Screening Number Allocation Account Opening	AML Screening			
	Client Number			
	Account Number			
	Date			
	Signature			
Processing Checklist	Chart of Account		Date	
	Overdraft		Signature	
	Online Banking			
Standing Order	Seq #		Date	
	Initial		Signature	

Account Verified by Customer Service Manager	Date			
	Signature			
Customer Contacted	Date			
	Signature			
Account Activated	Date			
	Signature			
Application Completed	Date			

Identity Verification (tick as appropriate):	
<input type="checkbox"/>	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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