



Bank of St. Helena Ltd.

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

# TERM SAVINGS ACCOUNT

## CHANGE AN EXISTING ACCOUNT

## INDIVIDUAL



@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](mailto:info@sainthelenabank.com) · web [www.sainthelenabank.com](http://www.sainthelenabank.com)

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 section 2.2 for full details of supporting documentation requirements.

**Completing this Form**

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

For assistance 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 AMENDMENT DETAILS**

ACCOUNT DETAILS			
Title of Account (In Full):			
Account Number:			
Amendment Request:	Conversion of an existing Current Account to a Term Savings Account	<input type="checkbox"/>	Conversion of an existing Term Savings Account to a Current Account
		<input type="checkbox"/>	

**SECTION 2: APPLICANT DETAILS**

2.1. APPLICANT DETAILS			
Full Name:			
Address (Home Address where you currently reside):			
Your Previous Address (if less than three months at current Address):			
Date of Birth:			
Gender:	Male <input type="checkbox"/>		Female <input type="checkbox"/>
Telephone:	Home <input type="checkbox"/>	Work <input type="checkbox"/>	Mobile <input type="checkbox"/>
Fax:	<input type="checkbox"/>	Email: <input type="checkbox"/>	<input type="checkbox"/>
Nationality:			

**2.2. SUPPORTING DOCUMENTATION**

**Proof of identification**

Individuals holding St Helenian Status are required to provide photo identification 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)*

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



<b>Confirmation of address (All Account opening customers)</b>	
Utility bill (for current and past address)	<input type="checkbox"/>
Tax bill	<input type="checkbox"/>
Other (PLEASE SPECIFY:)	<input type="checkbox"/>
<b>Proof of Long Term Stay (for Non-St Helenian residents only)</b>	
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"/>

<b>2.3. REGULAR STATEMENTS</b>	(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)
Bank Statements will primarily be distributed using the email you have provided in Section 2. Please tick one of the following:	
• Email Statement to the email listed in section 2	<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>	

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	
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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