Palau Investment Bank

BANK ACCOUNT OPENING APPLICATION

(Signature Card)

Please complete this application accurately and legibly along with followings.

PURPOSE OF APPLICATION:

- ☐ Account opening (for new customer)
- ☐ Information update (For account holder)

TYPE OF APPLICANT:

- ☐ Individual
- ☐ Sole Proprietor
- ☐ Company

TYPE OF ACCOUNT: (Check all that applies)

- ☐ Savings
- ☐ Term deposit (CD) <Optional>

SINGLE OR JOINT:

- ☐ Single Applicant Account
- ☐ Joint Applicant Account

CURRENCY TYPE:

- ☐ USD

OPENING DEPOSIT AMOUNT for Savings account: USD_____

(Minimum amount is USD30.00 for savings and USD500.00 for term deposit.)

(Submit term deposit slip to transfer funds from savings if applied for term deposit.)

SOURCE OF FUNDS: _____

(Describe as much detailed as possible)

BANK ACCOUNT INFORMATION

Please provide bank account information that you are sending funds from for security purposes.
(In case of redemption of the account in the future, the funds will be sent to the account designated below.)

Bank: _____ Branch:_____

Account Type:_____ Account Number:_____

Account holder's name: _____ Domicile of Bank:_____

CUSTOMER INFORMATION:

(Only if you are an individual applicant, please fill out below information.)

Name (First, Last, Middle): _____

Gender: ☐ Male ☐ Female ☐ Other

Date of birth: _____/_____/_____ (DD/MM/YY)

Residential status: ☐ Resident of Palau ☐ Non-resident of Palau

Nationality: _____ Mother's Maiden Name: _____

Social Security Number: ☐ Copy attached

Passport: ☐ Copy attached

Number: _____

Issued Country: _____

Expiration Date: _____

Driver's License: ☐ Copy attached

Number: _____

Expiration Date: _____

Other ID: ☐ Copy attached

Type of ID:_____

Number: _____

Residential address:

City /Province: _____ District: _____

Street: _____ Apartment/Flat: _____

Mailing address:

City /Province: _____ District: _____

Street: _____ Apartment/Flat: _____

P.O.B: _____

Contacts: (* are mandatory)

Home phone: _____

*Cellphone: _____

*E-mail address: _____

Skype ID:_____

Working Permit:

Number: _____

Expiration Date: _____

Employment:

Type of Employment: ☐ Employed ☐ Unemployed ☐ Student ☐ Retired

Employer: ☐ Government (or related) ☐ Private company ☐ Self-employed

Employer's Name: _____

Employer's Address: _____

Office phone: _____ Office fax: _____

Beneficial owner's name and residential address*:

_____

*Beneficial owner: In case you are self-employed, please write the name of person, if any, who has business equity more than 51% in your business other than yourself.

CONTACT PERSON:

(Provide information of a person to be contacted in case of emergency.)

Last Name: _____ First Name: _____

Relation to you:_____ Cellphone: _____

JOINT APPLICANT INFORMATION:

(Only if you have a joint applicant in your account, please fill out below information.)

Name (First, Last, Middle): _____

Gender: ☐ Male ☐ Female ☐ Other

Date of birth: _____/_____/_____ (DD/MM/YY)

Residential status: ☐ Resident of Palau ☐ Non-resident of Palau

Nationality: _____ Mother's Maiden Name: _____

Social Security Number: ☐ Copy attached

Passport: ☐ Copy attached

Number: _____

Issued Country: _____

Expiration Date: _____

Driver's License: ☐ Copy attached

Number: _____

Expiration Date: _____

Other ID: ☐ Copy attached

Type of ID:_____

Number: _____

Residential address:

City /Province: _____ District: _____

Street: _____ Apartment/Flat: _____

Mailing address:

City /Province: _____ District: _____

Street: _____ Apartment/Flat: _____

P.O.B: _____

Contacts: (* are mandatory)

Home phone: _____

*Cellphone: _____

*E-mail address: _____

Working Permit:

Number: _____

Expiration Date: _____

Employment:

Type of Employment: ☐ Employed ☐ Unemployed ☐ Student ☐ Retired

Employer: ☐ Government (or related) ☐ Private company ☐ Self-employed

Employer's Name: _____

Employer's Address: _____

Office phone: _____ Office fax: _____

Beneficial owner's name and residential address*:

_____

*Beneficial owner: In case you are self-employed, please write the name of person, if any, who has business equity more than 51% in your business other than yourself.

TRUSTEE INFORMATION:

(Only if applicant has trustee(s), please fill out below information.)

Name (First, Last, Middle): _____

Gender: ☐ Male ☐ Female ☐ Other

Date of birth: _____/_____/_____ (DD/MM/YY)

Residential status: ☐ Resident of Palau ☐ Non-resident of Palau

Nationality: _____ Mother's Maiden Name: _____

Social Security Number: ☐ Copy attached Passport: ☐ Copy attached

Number: _____

Issued Country: _____

Expiration Date: _____

Driver's License: ☐ Copy attached Other ID: ☐ Copy attached

Number: _____ Type of ID: _____

Expiration Date: _____ Number: _____

Residential address:

City /Province: _____ District: _____

Street: _____ Apartment/Flat: _____

Mailing address:

City /Province: _____ District: _____

Street: _____ Apartment/Flat: _____

P.O.B: _____

Contacts: Working Permit:

Home phone: _____ Number: _____

Cellphone: _____ Expiration Date: _____

E-mail address: _____

Employment:

Type of Employment: ☐ Employed ☐ Unemployed ☐ Student ☐ Retired

Employer: ☐ Government (or related) ☐ Private company ☐ Self-employed

Employer's Name: _____

Employer's Address: _____

Office phone: _____ Office fax: _____

Beneficial owner's name and residential address*:

_____

*Beneficial owner: In case you are self-employed, please write the name of person, if any, who has business equity more than 51% in your business other than yourself.

COMPANY INFORMATION:

(Only if applicant is a company, please fill out below information.)

Company Name: _____

Business Name: _____ (Fill here only if different from company name.)

Name of Representative person: _____

Other Director's name(s): _____

Residential status: ☐ Resident of Palau ☐ Non-resident of Palau

Date of Establishment: _____/_____ /_____ (DD/MM/YY)

Paid in Capital: _____ (in USD)

Physical Address:

City /Province: _____

District: _____

Street: _____

Building: _____

Mailing Address:

City /Province: _____

District: _____

Street: _____

Building: _____

P.O.B: _____

URL for company website: _____

Primary Contact Person:

(Provide information of a person to be contacted.)

Name: _____

Relation to you: _____

Cellphone: _____

Email Address: _____

Beneficial owner's name and residential address*:

_____

*Beneficial owner: In case you are self-employed, please write the name of person, if any, who has business equity more than 51% in your business other than yourself.

Required Documents to be attached to this application:

- ☐ Copy of Business License
- ☐ Copy of Articles of Incorporation
- ☐ By law

ONLINE & MOBILE BANKING SERVICE:

Please check all that apply to register your account for.

☐ Online Banking Service (for PCs) ☐ Mobile Banking Service (for iPhone, iPad and Android devices)

Note: To register Mobile Banking Service, Online Banking Service is REQUIRED.

ACKNOWLEDGEMENT:

I hereby acknowledge and confirm that all the information I have provided above are true and correct and also acknowledge that I have read "Account Disclosure Agreement" and "Online Banking Agreement", if applies, and agree to receive the bank services.

Applicant Signature: _____

Date: _____/_____/_____ (DD/MM/YY)

Joint Applicant Signature: _____

Date: _____/_____/_____ (DD/MM/YY)

Trustee Signature: _____

Date: _____/_____/_____ (DD/MM/YY)

Please submit to bank personnel / manager at the bank or email scanned copy to info@palau-i-bank.com after checking all items are filled out properly.

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FOR BANK USE ONLY:

Bank staff in charge: _____ Customer number: _____

OFAC Sanctions List Search (https://sanctionssearch.ofac.treas.gov): ☐ Done ☐ Not yet

Note:

(Processed by)

Signature: _____

Name: _____

Date: _____

(Approved by)

Signature: _____

Name_____

Date: _____

(Revision: 30 April 2020)