

Account Opening Checklist

For the personal account holder, joint account holder and guardian of an account holder who is a minor (under the age of 18)

Customer Name: _____

Document Guidelines (See www.bcb.bm/information-centre/ for required forms)

Please provide original or certified copies of documents pursuant to BCB's Certification Guidelines in **FORM J**
Include this Checklist with your application forms

A - Account opening documents

- Complete Personal Account Application Form - Primary Account Holder Only
- Complete Joint Account Application Form - for each additional Joint Account Holder
- Complete Call Back Authorised Contact Information form (**FORM L**) for the Account Holder and each Joint Account Holder
- Complete Facsimile (Fax)/Email Indemnity Form (**FORM M**) if BCB will be instructed via Fax or Email
- Complete Tax Residency Self-Certification Declaration (**FORM R**)

B - Documents to verify persons (account holder, joint account holder, and guardian of a minor)

Verification of identity for each person

- For Non-Bermudian individuals only: Valid Passport
- For Bermudian Nationals only: Any one of the following National ID documents:
 - Passport;
 - Drivers' license;
 - Special Person Card
- For minor only: Certified Birth Certificate or Passport of minor

Verification of Residential Address for each person (Document verifying P.O. Box address is not acceptable).

Document should be less than 3 months old at the time of account opening and in name of the customer

- Any one original or certified copy of:
 - Utility bill which indicates a service address (excluding cell/mobile phone bills);
 - Bank or credit card statement from a recognized bank in Bermuda (excluding BCB) and not an electronic copy;
 - Letter from the tax department (land tax demand letter, bill or statement);

C - Enhanced Due Diligence Documents - not for all customers, subject to bank policy

- You may be asked to complete an Enhanced Due Diligence questionnaire (**FORM N**) subject to BCB's review of your account application form. The Relationship Manager will advise you separately if **FORM N** is required.
- If you are asked to complete an Enhanced Due Diligence questionnaire (**FORM N**), you need to provide documentation to verify the your Source of Funds and Source of Wealth as outlined in **FORM N**.

FOR BANK USE ONLY

Date Received in BCB:	Account Manager Name:
Customer Name:	CIF Number (if applicable):
Name of Reviewer:	Date of Review & Signature of Reviewer:

Submitting the application

Once completed, please return the application and accompanying documents to your Relationship Manager.

www.bcb.bm

Bermuda Commercial Bank, 34 Bermudiana Road, Hamilton HM 11, Bermuda

Telephone: +1 441 295-5678 **Email:** client_relationship@bcb.bm

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