



64 Broad Street, Monrovia, Liberia.

INDIVIDUAL ACCOUNT APPLICATION FORM (UNITED STATES DOLLARS)

| | | |
|---|---------------------------------|----------------------------|
| Name of Applicant: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss | | |
| _____ | _____ | |
| <i>First</i> | <i>Middle</i> | |
| _____ | _____ | |
| <i>Last</i> | <i>(suffix)</i> | |
| Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> widow(er) <i>(MM-DD-YY)</i> | | |
| Do you have existing account(s) with us?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state your Account Number(s) _____ | | |
| Home Address: _____ | Telephone No. _____ | |
| Business Address: _____ | Telephone No. _____ | |
| Email Address: _____ | Web Address: _____ | |
| Nationality: _____ | Identification Presented: _____ | |
| Resident () Resident's Permit No. _____ | Non Resident () _____ | |
| Employer: _____ | Occupation: _____ | Years of Employment: _____ |
| Address: _____ | Position: _____ | |
| Personal Reference: | | |
| 1. _____ | Address _____ | Phone No. _____ |
| 2. _____ | Address _____ | Phone No. _____ |
| Business/Bank Reference: _____ Address _____ | | |
| Beneficiary(ies): Name _____ Relationship _____ | | |
| IS ACCOUNT FOR MINOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES PLEASE PROVIDE THE FOLLOWING PRIMARY CONTACT: | | |
| NAME OF MINOR | ADDRESS | AGE PHONE NO. |

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

DOCUMENT CHECK LIST (FOR BANK USE ONLY)

| | | |
|---|--|--|
| <input type="checkbox"/> Employee ID | <input type="checkbox"/> National ID | <input type="checkbox"/> Employee ID |
| <input type="checkbox"/> Driver License | <input type="checkbox"/> Letters of Administration | <input type="checkbox"/> Reference |
| <input type="checkbox"/> 2 Passport Size Photos | <input type="checkbox"/> Resident Permit(NON Liberian) | <input type="checkbox"/> Partner Agreement |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Social Security No. | BM Cust. ID _____ |
| Account Number: _____ | _____ | _____ |
| PROCESSED BY: | CHECKED BY: | APPROVED BY: |
| DATE: | DATE: | DATE: |

**THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING TERMS AND CONDITIONS OF
DEPOSITORS' CONTRACT**

ACCOUNT TITLE: _____
(HEREIN AFTER CALLED THE ACCOUNT)

Checks that are deposited are considered uncollected funds until the monies are received from the paying bank. Sufficient time will be allowed for checks to clear prior to my writing out other checks against my checking account.

Cash deposited shall not be available for withdrawal until the next business day.

Statements may be picked up at the bank beginning the fourth business day at the close of each monthly period. Statements will be mailed to mailable address on request.

In receiving items for deposit or collection, this Bank acts only as depositor's collecting agent and assumes no responsibility beyond the exercise of due care. All items are credited subject to final payment in cash or solvent credits. This bank will not be liable for default or negligence of its duly selected correspondents nor for losses in transit, and each correspondent so selected shall not be liable except for its own negligence. This bank or its correspondent may send items directly or indirectly, to any bank including the pay or and accept its draft or credit as conditional payment in lieu of cash. It may charge back any item at any time before final payment, whether returned or not, also any items not good at close of business on day deposited.

In case this bank is requested to stop payment on an item or items, the depositor agrees to hold the bank harmless for all expenses and costs incurred by the Bank on account of refusing payment of said item, and further agrees not to hold the Bank liable on account of payment-contrary to this request if same occur through inadvertence, accident or oversight, or if by reason of such payment other items drawn by the depositor are returned insufficient. Request for stop payment is effective for 60 days, but renewal may be made from time to time. No stop payment request, renewal or revocation shall be valid if oral. All stop payment requests, renewal or revocation shall be submitted to the bank in writing.

It is agreed that this account, whether active or dormant (an account shall be considered dormant when no deposit shall have been made or checks drawn for a period of six months) shall be subject to service and maintenance charges heretofore adopted by this Bank. New service and maintenance charges and changes in existing charges shall become effective upon the posting of notice in the office of the Bank for a period of ten days and the publication there of in any local newspaper before the end of said period, or upon giving the depositors not less than ten days notice in writing mailed to his last known address. Such charges may be deducted from the depositor's account and the Bank shall not be liable for dishonoring checks, drafts, notes, acceptances or other instruments because of insufficient funds resulting from the deduction of such charges.

Checks drawn on this account will be negotiable over our counters and in Liberia only. Checks drawn on this account will be negotiable over our counters and in Liberia only. Checks presented abroad, another commercial banks or payable to an entity may be returned unpaid despite available funds in this account since payment of such checks will be contingent upon availability of funds in our accounts abroad. Additionally, checks payable to an entity will not be negotiated in cash but may be substituted by our draft drawn on our NY account at our discretion with no responsibility on our part.

Pursuant to a decision by the Liberia Bankers Association, we will not accept a deposit or encash a check made payable to joint payees as follow:

1. Company / Individual 2. Individual / Company 3. Company / Company

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____