

For official use only											
Client name		Internal contact									
Cust. ID		Doc. reg. nr.									
Acc. Num.		Condition gr. spec.:									
Referred by:		Card type									

## ADDITIONAL AUTHORISED PERSON (AAP) FORM

Please note that only fully completed, duly signed, English language application forms, accompanied by all required documents will be processed. Completion aid on 14 languages is available on Loyal Bank website. Please complete the form electronically or in block letters. For fees please always consult our web site <u>www.loyalbank.com</u>

Please note that you are requested to submit the following documents together with this form:

1. Notarised/certified copies of your passport or other acceptable ID (the page containing photo and signature) for Additional Authorised Persons A notarised/certified copy of driver's license is also required

	1
for US and Canadia	in citizens *

2. Original or notarised/certified copies of a recent Utility Bill or Bank Statement<sup>2</sup> for Additional

	Authorised Persons. <sup>3</sup>	
3.	Original bank references for Additional Authorised Persons.4	
4.	Specimen signature form for all Additional Authorized Persons	

Please scan and email all these documents to <u>applications@loyalbank.com</u> so that we can review them before the hard copies are sent to our Head Office in St Vincent.

<sup>&</sup>lt;sup>1</sup> Any ID submitted should be valid for at least a further 6 months from the submission date. Please make sure that you submit the copies of the same ID you will have referred to in the application form.

<sup>&</sup>lt;sup>2</sup> Your bank statement as proof of address and the bank reference letter should come from different banks.

<sup>&</sup>lt;sup>3</sup> Any document submitted must be in your name and show the private address used in this application, and should not be older than 6 months. <sup>4</sup> The bank reference can be replaced with the last three months' bank statements.

## v2.0

Please indicate on which account you would like to authorise these persons (corporate name in case of corporate account, person's name in case of private account):

Name of account:	
Account number:	

## Additional Authorised Person(s)

1. Data	1	2
Prefix	Mr 🗆 Ms 🗆 Mrs 🗆	Mr 🗆 Ms 🗆 Mrs 🗆
Family name		
First name		
Date of birth		
Place of birth		
(city and country)		
Nationality		
Passport/ID number		
Expiry date		
2. Permanent address	<b>5</b> ⁵	
Postal code and		
country		
City		
Street		
House/flat number		
3 Mailing address <sup>6</sup> (if	different from the above)	
5. Maining address (II		
Postal code and		
country		
City		

House/flat number

Street

 <sup>&</sup>lt;sup>5</sup> Your full street address is required. A P.O.Box alone is not accepted.
<sup>6</sup> Please note that the card and Digipass will be delivered to this address.

## 4. Contact data

Telephone number		
Email address		
5. Employment		
Employer's name		
Self employed		
Please describe your o	ccupation/position below:	
Occupation/Position		
6. Are you a Senior Po	litical Official of Civil Servant?	
Yes		
No		
Family or close		
associate is		
If yes or family/close as	ssociate is please specify	
7. Cards for Additional	Authorised Persons <sup>7</sup>	
USD Master Card		
USD Cirrus Maestro Ca	ırd	
EUR Master Card		
EUR Cirrus Maestro Ca	rd 🗌	
USD Platinum Card <sup>8</sup>		
EUR Platinum Card		
No card		
Name to be placed on	bank card (no more than 25 characters ea	ach)

Additional Authorized Person 1

Company (if applicable)													
Person													
	-												

 <sup>&</sup>lt;sup>7</sup> Additional cards attract additional cost. For fees please consult our web site <u>www.loyalbank.com</u>
<sup>8</sup> Please note that Platinum cards for additional authorised persons are only available for accounts if the minimum deposit of USD 30.000 or EUR 20.000 (which is the condition for Platinum) is multiplied by the number of authorised persons' wanting to use such card.

v2.0

Additional Authorized Pers	on 2				
Company (if applicable)					
Person					
8. Digipass for Additional	Authorised Persor	ns <sup>9</sup>			
Please tick the box below i	f you request Digip	bass for the addition	al persons		
Please indicate the <b>signat</b>	ory rights in NetBa	ink <sup>10</sup> of the Addition	al Authorised Pe	ersons (choose one optic	on only):
any of them, individually	two of t	hem jointly 🛛 🗌	view only		
Other, please specify:					
 Additional Auth	norised Person 1		Addition	nal Authorised Person2	
		Account Holder's	signature <sup>11</sup>		
Date:					

 <sup>&</sup>lt;sup>9</sup> The Digipass will entitle the additional authorized person to initiate or execute SWIFT transactions from the account.
<sup>10</sup> For the first three options additional Digipasses will be delivered, which attract additional costs
<sup>11</sup> Please note that this form must be signed by both the Account Holder and the Additional Authorized Person(s)