

For official use only							
Client n	name Internal contact						
Cust. ID	Doc. reg. nr.						
Acc. Nu	um. Condition gr. spec.:						
Referre	d by: Card type						
	ADDITIONAL AUTHORISED PERSON (AAP) FORM						
Plea	ase note that only fully completed, duly signed, English language application forms, accompanied by all	required					
docur	ments will be processed. Completion aid on 14 languages is available on Loyal Bank website. Please co	mplete the					
form electronically or in block letters. For fees please always consult our web site www.loyalbank.com							
Dlagon	a note that you are requested to submit the following decuments together with this forms						
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	o and					
	signature) for Additional Authorised Persons A notarised/certified copy of driver's license is also required						
	for US and Canadian citizens. ¹						
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2.	Original or notarised/certified copies of a recent Utility Bill or Bank Statement ² for Additional						
	Authorised Persons. ³						
	Additionated Fersona.						
3.	Original bank references for Additional Authorised Persons.4						
4.	Specimen signature form for all Additional Authorized Persons						
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Please scan and email all these documents to applications@loyalbank.com so that we can review them before the hard							
copies are sent to our Head Office in St Vincent.							

¹ 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.

² Your bank statement as proof of address and the bank reference letter should come from different banks.

³ 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. ⁴ The bank reference can be replaced with the last three months' bank statements.

Please indicate on whi	ch account you would like to authorise th	ese persons (corporate name in case of corpora
account, person's nam	ne in case of private account):	
_		
Name of account:		
Account number:		
Additional Authori	sed Person(s)	
1. Data	1	2
Prefix	Mr Ms Mrs Mrs	Mr Ms Mrs Mrs
Family name		
First name		
Date of birth		
Place of birth		
(city and country)		
Nationality		
Passport/ID number		
Expiry date		
2. Permanent address	S ⁵	
Postal code and		
country		
City		
Street		
House/flat number		
3. Mailing address ⁶ (if	different from the above)	
Postal code and		
country		
City		
Street		
House/flat number		

 $^{^5}$ Your full street address is required. A P.O.Box alone is not accepted. 6 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	Ш	Ш						
Please describe your or	ccupation/position below:							
Occupation/Position								
6. Are you a Senior Pol	litical Official of Civil Servant?							
Yes								
No								
Family or close								
associate is								
If yes or family/close associate is please specify								
7. Cards for Additional	Authorised Persons ⁷							
USD Master Card Conta	actless							
EUR Master Card Conta	actless							
USD Platinum Card ⁸								
EUR Platinum Card								
No card								
Name to be placed on	bank card (no more than 25 characters	s each)						
Additional Authorized P	erson 1							
Company (if applicable)							
Person								

⁷ Additional cards attract additional cost. For fees please consult our web site <u>www.loyalbank.com</u>
⁸ 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 Company (if applicable) Person	on 2					
8. Digipass for Additional	Authorise	ed Persons ⁹				
Please tick the box below	f you requ	uest Digipass for the a	dditiona	ll persons		
Please indicate the signat	ory rights	in NetBank ¹⁰ of the Ad	dditiona	I Authorised Pe	ersons (choc	ose one option only):
any of them, individually Other, please specify:		two of them jointly		view only		
Additional Authorised Person 1			Additional Authorised Person2			

Account Holder's signature 11

Date:

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