



DEPOSIT ACCOUNT AND SERVICES APPLICATION

INSTRUCTIONS:

1. Please write in **BLOCK CAPITALS** & tick where necessary
2. Please complete sections **1, 2 & 6** for First / Sole Applicant
3. Where a Joint Account is being opened, complete sections **1, 2, 5 & 6** for Joint / Sole applicants & Joint applicants complete sections **3 & 6 ONLY**.

SECTION 1: Personal information on First / Sole Applicant

CUSTOMER # _____

PERSONAL DETAILS				
SURNAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PERMANENT ADDRESS	
FIRST NAME		MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED	MAILING ADDRESS (If different from above)	
MIDDLE NAME				
OTHER NAME (S)				
CITIZENSHIP	ID NUMBER		TAX ID NO.	NIS NUMBER
COUNTRY OF BIRTH	D.O.B.(YY/MM/DD)	E-MAIL		CELL
EMPLOYMENT DETAILS				
OCCUPATION / PROFESSION <input type="checkbox"/> SALARIED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER (Please specify) _____			JOB TITLE	
			EMPLOYER / NAME OF BUSINESS	
PHONE (W):	WORK ADDRESS		LENGTH OF EMPLOYMENT	
FAX:			YRS MTHS	
E-MAIL:			Start Date:	
THIS ACCOUNT IS FOR THE SOLE BENEFIT OF THE ACCOUNT HOLDER (S) AND WILL NOT BE USED FOR ANY THIRD PARTIES <input type="checkbox"/> Yes <input type="checkbox"/> No				
ARE YOU AN EXISTING MEMBER / CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES" PLEASE PROVIDE DETAILS BELOW)				
ACCOUNT TYPE				
ACCOUNT NUMBER (S)				
NAME OF JOINT HOLDER (IF ANY)				
ADDITIONAL DETAILS (IF ANY)				

SECTION 2: Requested Account (s) and Services

CUSTOMER ACCOUNT INFORMATION			
<input type="checkbox"/> REGULAR SAVINGS <input type="checkbox"/> FIXED DEPOSITS <input type="checkbox"/> SUPER SAVER <input type="checkbox"/> PERMANENT SHARES <input type="checkbox"/> SMART SAVER ACCOUNT	CUSTOMER/ACCOUNT NO. (Official use only)	INITIAL DEPOSIT AMOUNT (\$)	TRANSACTION CODE (S)
<input type="checkbox"/> REGULAR SAVINGS <input type="checkbox"/> FIXED DEPOSIT <input type="checkbox"/> SUPER SAVER <input type="checkbox"/> PERMANENT SHARES <input type="checkbox"/> SMART SAVER ACCOUNT	CUSTOMER/ACCOUNT NO. (Official use only)	INITIAL DEPOSIT AMOUNT (\$)	
STATE PURPOSE OF ACCOUNT		STATE SOURCE OF INCOME / WEALTH	

PLEASE TELL US HOW YOU LEARNT OF ST.VINCENT BUILDING & LOAN ASSOCIATION:

Employee
 Website
 Media
 Sign/Bill Board
 Relative
 Friend
 Other _____

SECTION 3: Personal Information on Joint Applicants
Information on First Joint Applicant

CUSTOMER # _____

PERSONAL DETAILS				
SURNAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F		PERMANENT ADDRESS
FIRST NAME		MARITAL STATUS:		MAILING ADDRESS (If different from above)
MIDDLE NAME		<input type="checkbox"/> SINGLE		
OTHER NAMES		<input type="checkbox"/> MARRIED		
CITIZENSHIP		<input type="checkbox"/> DIVORCED		
ID NUMBER		<input type="checkbox"/> WIDOWED		NIS NUMBER
COUNTRY OF BIRTH		<input type="checkbox"/> SEPARATED		PHONE (H)
D.O.B (Y/M/D)		TAX ID NO.		CELL
E-MAIL		NIS NUMBER		PHONE (H)
EMPLOYMENT DETAILS				
OCCUPATION / PROFESSION				JOB TITLE
<input type="checkbox"/> SALARIED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED				EMPLOYER / NAME OF BUSINESS
<input type="checkbox"/> OTHER (Please specify) <input type="text"/>				
PHONE (W):		WORK ADDRESS		LENGTH OF EMPLOYMENT YRS MTHS
FAX:				
E-MAIL:				
Start Date:				
THIS ACCOUNT IS FOR THE SOLE BENEFIT OF THE ACCOUNT HOLDER (S) AND WILL NOT BE USED FOR ANY THIRD PARTIES <input type="checkbox"/> Yes <input type="checkbox"/> No				
ARE YOU AN EXISTING MEMBER / CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES" PLEASE PROVIDE DETAILS BELOW)				
ACCOUNT TYPE				
ACCOUNT NUMBER (S)				
NAME OF JOINT HOLDER (IF ANY)				
ADDITIONAL DETAILS (IF ANY)				

Information on Second Joint Applicant

CUSTOMER # _____

PERSONAL DETAILS				
SURNAME		GENDER <input type="checkbox"/> M <input type="checkbox"/> F		PERMANENT ADDRESS
FIRST NAME		MARITAL STATUS:		MAILING ADDRESS (If different from above)
MIDDLE NAME		<input type="checkbox"/> SINGLE		
OTHER NAMES		<input type="checkbox"/> MARRIED		
CITIZENSHIP		<input type="checkbox"/> DIVORCED		
ID NUMBER		<input type="checkbox"/> WIDOWED		NIS NUMBER
COUNTRY OF BIRTH		<input type="checkbox"/> SEPARATED		PHONE (H)
D.O.B (Y/M/D)		TAX ID NO.		CELL
E-MAIL		NIS NUMBER		PHONE (H)
EMPLOYMENT DETAILS				
OCCUPATION / PROFESSION				JOB TITLE
<input type="checkbox"/> SALARIED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED				EMPLOYER / NAME OF BUSINESS
<input type="checkbox"/> OTHER (Please specify) <input type="text"/>				
PHONE (W):		WORK ADDRESS		LENGTH OF EMPLOYMENT YRS MTHS
FAX:				
E-MAIL:				
Start Date:				
THIS ACCOUNT IS FOR THE SOLE BENEFIT OF THE ACCOUNT HOLDER (S) AND WILL NOT BE USED FOR ANY THIRD PARTIES <input type="checkbox"/> Yes <input type="checkbox"/> No				
ARE YOU AN EXISTING MEMBER / CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES" PLEASE PROVIDE DETAILS BELOW)				
ACCOUNT TYPE				
ACCOUNT NUMBER (S)				
NAME OF JOINT HOLDER (IF ANY)				
ADDITIONAL DETAILS (IF ANY)				

SECTION 4: Personal Account Agreement

Customer Numbers

1. **BASIC TERMS:** In exchange for St.Vincent Building and Loan Association and such other subsidiaries and or affiliates of St.Vincent Building and loan Association as may from time to time hereafter come into existence and any successors or assignees of this company ("**The Association**") opening and operating one or more accounts for me, I agree to be bound by the following terms:
This Personal Account Agreement replaces previous Personal Account Agreements. Herein, "Account" means each existing account and future accounts opened with **The Association** by me, as a single or joint account holder or to which I was added as a joint account holder. "Bank Card" includes debit card (s) and credit card (s) that **The Association** may issue me to enable me to transact business at branches or at automated machines or to obtain cash advances or to charge retail purchases to the Account; "Disclosure Documentation" means the account fees and interest disclosure documentation I received when I opened the Account or was added as a joint account holder as applicable; "I", "me" and "my" refer to each person who has signed the application form, signature card and declaration.
2. **Joint and Separate Liability:** Each of the undersigned is individually liable, and all are jointly liable, to pay St.Vincent Building and Loan Association any amounts any of us may owe in respect to the Account.
3. **ACCOUNT STATEMENTS:** **The Association** will, when requested, mail or otherwise send me statements at my last known address, according to **The Association's** records. When I receive my statement, I agree to examine all entries and balances in it. If there are errors, omissions or irregularities, I agree to notify **The Association**, in writing within 30 days after the date on which the statement was sent to me.
4. **SECURITY:** I undertake to keep secret and secure all passwords, codes, identities, user names etc. that **The Association** issues to me and undertake to keep **The Association** indemnified, safe and harmless against their misuse whether willingly, negligently or unknowingly.
5. **CONDUCT:** I undertake to operate the account and the allied facilities in a manner that is responsible and abiding to the terms and conditions laid out in this agreement and the laws of St.Vincent and the Grenadines that govern the operation of such accounts. I undertake to keep **The Association** indemnified, safe and harmless against any misconduct or illegal activity done by me – willingly, negligently or unknowingly.
6. **REPORT OF LOSS / THEFT:** I must notify **The Association** immediately if my Banks Card (s) are lost or stolen, or if there are other circumstances from which one might reasonably infer that a fraud may occur or have occurred in connection with the Account (s). Subject to any other agreement I may have with **The Association**, **The Association** will not be liable for any improper withdrawal from the Account if I have not given **The Association** immediate notice as required by Clause 3, or if my estate has not given **The Association** immediate notice of my death.
7. **LIABILITY FOR FORGERY:** The Association will only be liable for a loss due to a forged or unauthorized signature on, or any alteration of a cheque or other payment instrument if I do both of the following:
 - (i) I notify **The Association** of the alleged forgery or alteration in writing and within the time period specified by clause 3 above, and
 - (ii) I prove that I took all reasonable steps to prevent the forged or unauthorized signature or the alteration and the resulting loss, and that despite that fact, the loss was unavoidable.
8. **INDEBTEDNESS:** I authorize **The Association** to debit my account for all charges, purchases, advances, instruments, cheques, instructions issued, signed or authorized by me, either in writing, electronically or the internet and all applicable fees as set out in disclosure and according to the rules of this Association. I authorize **The Association** to debit the Account any other indebtedness I may owe **The Association**. I undertake to honour the said liability and agree to pay **The Association** the full amount of indebtedness upon applicable due dates or on demand by **The Association**.
9. **OVERDRAFT AND CREDIT LIMIT:** **The Association** may, allow an overdraft in my account upon my written request or for any reason including but not limited to a result of withdrawals, cheques, charges, fees, purchases, advances or otherwise, at its sole discretion. The following apply to this section:-
 - a. If **The Association** does not allow my account to become overdrawn, then I must pay the account by which my Account is overdrawn immediately, upon **The Association's** demand. I authorize **The Association** to debit the Account its service fee (s) in respect of the overdraft, plus interest on the overdraft amount at the rate in effect from time to time.
 - b. **The Association** shall set up an overdraft limit for my Account. I will not make an account withdrawal, which would cause my overdraft limit to be exceeded. **The Association** has absolutely no obligation to pay an account withdrawal that would cause my indebtedness to exceed my overdraft limit or to be further exceeded.
 - c. For each calendar month in which an account is overdrawn, I will pay **the Association** the greater of: (i) interest on the indebtedness, calculated with clause 9 (d); or (ii) The minimum charge. If more than one Account is overdrawn in the same calendar month, the greater in accordance with clause (d) or the Minimum Charge is payable for each account.
 - d. Interest will be calculated and debited monthly to the Account to which it relates, based on the final daily indebtedness in the Account throughout the calendar month. The rate of interest I will pay is the nominal annual interest rate set by **the Association** from time to time in accordance with clause 10. Interest at the rate set by **the Association** will apply both before and after the indebtedness becomes payable, before and after the Agreement is terminated, and before and after judgment is obtained against me.
10. **CHANGES TO THIS AGREEMENT, THE INTEREST RATE OR FEES:** The Association is entitled to unilaterally change this Personal Account Agreement, applicable interest rate, fees, charges, overdraft limits or any of its clause any time in the future; and will deem to have been unequivocally accepted by me. The following apply to this section:
 - a. **FEES.** **The Association** may change applicable fees, charges, overdraft limits at any time in the future and notify me by any means of a public or private notification. The change will become effective after thirty days of the date notice is mailed or published; and will deemed to have been unequivocally accepted by me.
 - b. **INTEREST RATE.** **The Association's** Board may change applicable interest rate at any time in the future with prior notification to me. The change will become on the date stipulated; and will deemed to have been unequivocally accepted by me.
11. **STOP PAYMENTS:** If I give **The Association** instructions to stop payment of any instrument or order, I acknowledge that I will provide **The Association** with complete details of the instrument or order, and pay the appropriate service charge. **The Association** will use its best efforts to stop payment of such instrument. **The Association** is only required to stop payment of the instrument if it exactly matches the details I have provided else, **The Association** does not have to reimburse me for the amount of the instrument. If for any reason the instrument is paid, then subject to the terms of this section, **The Association** will reimburse me for the amount of the cheque and refund me the service charges unless it represents payment of a just debt due and owing by me. I will review my statements when requested to determine if the instrument has been paid in error and, if so, I will notify **The Association** immediately. **The Association** will not, however, be required to reimburse me for the amount of the instrument unless I notify **The Association** within the time period specified in clause 3 of this agreement. I agree and understand that stop payments cannot be issued by me on the Association's card transactions.
12. **STORING INFORMATION.** **The Association** may record and store all information relating to my account in such form and by such means **The Association** sees fit. I acknowledge and accept that **The Association** is not obligated to retain or return original items, instruments or cheques or to provide me with copies of any account statements, items or other documents. **The Association** may, do so only in its discretion and subject to availability upon my written request. I will pay **The Association** its applicable charges for any searches I request in advance or upon demand.
13. **DATA PROCESSING AND DISCLOSURE:** **The Association** may use the services of any of its subsidiaries and affiliates or any electronic data processing service bureau or organization in connection with keeping my account. I hereby consent to the sharing of information with such subsidiaries, affiliates or any electronic data processing service organization for the purposes of processing information relating to my account, providing contingency backup of data or any other proper banking purpose. In such a case, **The Association** will not be liable to me by reason of any act, delay or omission of such service bureau or organization in the performances of the services required of it.
14. **ANTI-MONEY LAUNDERING:** Anti-Money Laundering Legislations require that **The Association** verify source of funds before accepting deposits or processing transactions and must report unusual transactions to the relevant authorities. I hereby consent to **The Association** to disclosing this information to any statutory, financial or regulatory bodies for the purpose of ensuring that "**The Association**" complies with anti-money laundering legislations. I will indemnify **The Association** for its out of pocket expenses, including reasonable legal costs and courts costs for any investigation or potential investigation under applicable anti-money laundering legislations regarding my account, including but not limited to seeking direction from a court of competent jurisdiction on **The Association's** rights and obligations in such matters.
15. **THE ASSOCIATION'S PROPERTY:** I acknowledge that all cheques and Cards issued to me are the property of **The Association** and I shall safeguard them from loss, theft or misuse at all times.

16. **CHANGE OF PERSONAL INFORMATION:** I undertake to provide **The Association** in writing any change in my personal information included but not limited to Name, Address, Contact telephone numbers, Financial Position, Insolvency and any other information that may affect the conduct of my agreement with **The Association**.
17. **DISRUPTION OF SERVICE:** I acknowledge that **The Association** shall perform its obligations under this agreement in normal circumstances. However **The Association** shall not be liable for any damages as a result of force majeure or disruption due to natural disasters, power failures, communication and transport systems failures, wars, strikes, coups and all such natural or man-made acts that are disruptive in nature.
18. **ACCOUNT CLOSURE AND TERMINATION:** **The Association** reserves the right to close my **Regular Savings Account** upon giving thirty (30) written days notice. At anytime after the expiration of the notice period, **The Association** shall forward by registered mail to the account holder's last recorded address, a cheque representing the balance on the account as at the date of closing. Any item (s) or instrument (s) drawn or presented for payment or deposit after such closure on this type of account, will be declined by **The Association** and these item (s) or instruments (s) will be returned to the account holder. **The Association** shall not be liable for any damages arising out of the dishonouring or returning of such item (s) to the customer. The customer shall fully indemnify **The Association** against any third party claims (s) that may arise out of any such return or dishonor. In the event of account closure due to inactivity (**Re: Regular Savings Account**), **The Association** will, in accordance with the regulations of St.Vincent and the Grenadines, transfer the balance of this account to the relevant authority after the period of inactivity specified in those regulations. In this event, I undertake to promptly return **The Association's** property (as detailed in Clause 16 above) and pay to **The Association** all dues and indebtedness (as stated in Clause 8 above).
19. **JOINT TENANCY:** Unless otherwise agreed in writing, all money which is now or may later be credited to the Account (including all interest) is our joint property with the right of survivorship. That means that if one of us dies, all money in the Account becomes the property of the other accountholder (s). In order to make this legally effective, we each assign such money to the other accountholder (or the others jointly if there is more than one other accountholder).
20. **WITHDRAWALS:** Each of the undersign authorizes St.Vincent Building and Loan Association to accept as a valid discharge any withdrawals, cheque, receipt, other voucher or payment instrument which is signed by the sole applicant; or, in the case of a joint account, as per the Joint Account Mandate (Section 6 of the application form).
21. **SEVERABILITY:** If any clause of this agreement is found by a court of competent authority to be void or unenforceable, that the clause will be severed without affecting the validity or enforceability of any other provisions of this agreement.
22. **JURISDICTION:** The agreement shall be construed in accordance with and governed by the laws of St.Vincent and the Grenadines.

SECTION 5: Joint Account Mandate

THE JOINT ACCOUNT WILL BE OPERATED BY THE SIGNATORIES IN THE MANNER AS CHOSEN BELOW (also see Personal Account Agreement – 20 & 21):

First/Sole A/c Holder Only
 Any 1 to sign
 Any 2 to sign
 All applicants to sign

SECTION 6: Declaration

I hereby declare that the information provided by me in this application is correct and complete to the best of my knowledge and that I have received, read, understood and accepted this agreement (detailed under section 5 above) and shall be bound by it terms. You may provide or receive any information on me, including any information on this form, to or from, any statutory body, regulatory body, government organization, financial institution and court of law. I agree that you may use that information to establish and maintain my relationship with you, and to offer me any services from time to time, as permitted by law, regulatory and / or statutory body and / or government organization.

Signed at _____ this _____ day of _____ 20_____

SIGNATURE OF FIRST / SOLE APPLICANT	DATE	SIGNATURE OF FIRST JOINT APPLICANT	DATE	SIGNATURE OF SECOND JOINT APPLICANT	DATE
PRINT NAME		PRINT NAME		PRINT NAME	
SIGNATURE OF WITNESS	DATE	SIGNATURE OF WITNESS	DATE	SIGNATURE OF WITNESS	DATE
PRINT NAME		PRINT NAME		PRINT NAME	

Prepared by:

Signature: _____

Print Name: _____

Date: _____

Approved by:

Signature: _____

Date: _____

Print Name: _____

SIGNATURE CARD

(As defined in Personal Account & Services Application)

SURNAME

FIRST NAME AND INITIALS

IDENTIFICATION NO.

DATE OF BIRTH

ACCOUNT NO.

POA (Y/N)

LOA (Y/N)

JOINT (Y/N)

REQ. NO OF SIG.

RELATIONSHIP

<input type="text"/>
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*POA = Power of Attorney

*LOA = Letters of Administration

PLEASE READ AND SIGN

I hereby agree that in the event of my operating/establishing other accounts with St.Vincent Building & loan Association, as defined in form **BLA1001** Personal Account & Services Application, that I shall execute another signature card (or an updated signature card) and that the succeeding signature card(s) will replace, the preceding signature card which was executed by me.

CUSTOMER NO./CIF NO.

SIGNATURE

PICTURE ID

Is the signature already on-line YES () NO ()

BRANCH _____

DATE _____

FOR OFFICIAL USE ONLY

SIGNATURE SCANNED / ASSOCIATED (LINKED) BY:

.....

.....

.....

NAME OF OFFICER

SIGNATURE

DATE

SIGNATURE CAPTURE COMMITTED (VERIFIED & AUTHORISED) BY:

.....

.....

.....

NAME OF OFFICER

SIGNATURE

DATE

St. Vincent Building and Loan Association

108 Halifax Street
P. O Box 252
Kingstown
St. Vincent

CONSENT TO VERIFY INFORMATION

By virtue of the requirements of the proceeds of Crime and Money Laundering (Prevention) Act 2001, and the regulations and Anti- Money Laundering Guidance Notes issued there-under, the Bank is required to obtain independent verification; if it's so wishes, of the information given by the applicant for business.

Declaration

The undersigned hereby apply for business with the St. Vincent Building and Loan Association on A/C.

I/ We confirm that all information given to the Association are true and correct and shall form the basis of our business relationship. I/ We hereby authorize you (the Bank) to make any enquiries which you may deem necessary in order to confirm any of the information given, and each source of your enquiry id hereby authorized by me/us to provide any required information.

Signature

Signature

Date: ____/____/____

Date: ____/____/____

St. Vincent Building and Loan Association

108 Halifax Street
P. O Box 252
Kingstown
St. Vincent

CONFIRMATION OF BENEFICIAL OWNERS

By reason of the requirements of the proceeds of Crime and Money Laundering (Prevention) Act 2001, and the regulations and Anti- Money Laundering Guidance Notes issued there-under, the Association is required to confirm the beneficial owner/s of all credits of the account.

Declaration

1. I/We confirm that all monies deposited to the account are and will be beneficially owned by me/us; or
2. I/We confirm that all monies deposited to this account are and will be beneficially owned by:

(In the case of (2) the following information must be provided)

Name(s) of Beneficial Owner (s)

Address:

Identification:

Date of Birth:

Occupation:

Income:

NB: where a company or an incorporated body a full list of the officers, directors, and shareholders must be provided on a separate cover. (Subject to further verification).

I/We confirm that the provisions of the above act and the consequences for failing to comply with the regulations have been fully explained to us. We further confirm that the above declaration is true and correct.

Signature

Signature

Date: ____/____/____

Date: ____/____/____

St. Vincent Building and Loan Association

108 Halifax Street
P. O Box 252
Kingstown
St. Vincent

DECLARATION OF SOURCE OF FUNDS:

Account: _____

I/We hereby declare that the source of my funds of my/ our funds is

(Brief details required)

I/We are aware that the **St. Vincent Building and Loan Association will not enter into any transaction with funds related to any illegal activity.** I/We hereby declare that none of my/our activities, in any way, related to illegal drug trade; prostitution; armaments; money laundering or any other illegal activity.

Signature (s): _____

Date: ____/____/____

Operation and Verification of Account Agreement

In consideration of the St. Vincent Building and Loan Association.(herein referred to as the Association) keeping in its books an account opened by the undersigned and negotiating for taking on deposit or for discount or for collection or as collateral security or otherwise from the undersigned, bills of exchange , cheques, promissory notes, bank and express money orders or other orders for the payment of money, coupons, tickets, pertaining to the purchase a grain, livestock's and other produce, or other instruments or securities whether or not the undersigned is a party thereto (the whole hereinafter referred to as 'instruments', which shall deemed to include instruments drawn on any branch of the Association as follows.

1. That presentment, notice of dishonor, protest and notice of protest of all instruments is hereby waived unless the Association receives at or prior to maturity special written instructions to the contrary from the undersigned in respect of any specified instrument or instruments, and that , subject to any such special written instructions, the undersigned shall be responsible and liable to the Association on all instruments in the same manner and to the same extent as if the instruments has been duly presented and protested and notice of dishonor and notice of protest given as regards all parties thereto as required by any law applicable thereto, and that any person (other than a member of the Association's Staff) employed by the Association to carry out any such special written instructions shall be deemed to be the agent or the undersigned.
2. That the Association is authorised to present for payment or acceptance or collect the instruments through such financial institution as the Association may deem as the best, at the sole risk and expense of the undersigned, and, save to the extent that definite instructions have been received by the Association from the undersigned to give such financial institutions or other agents such instructions as to collection as the Association may deem best, and that the Association may accept either cash or bank draft, cheques, settlement vouchers, clearing house slips or any other evidence of payment, in payment of the instruments or in remittance therefore.
3. That the undersigned will indemnify the Association against all claims made against the Association and /or liability arising with respect to tickets pertaining to the purchase of grain, livestock and other produce whether by reason of forgery thereof or unauthorized signatures thereon or otherwise.
4. That the Association is authorized to debit the account of the undersigned with any of the instruments, or any of the evidence of payment referred to in section (2) hereof which are not paid on presentation or which if paid the Association may be called upon to refund, or which may be dishonored by non – acceptance or non-payment or any party to which is bankrupt or insolvent, or which, or proceeds of which, through no fault of the Association have been lost, stolen or destroyed, or which, or proceeds of which, for any reason the Association is unable to collect or withdraw, together with all costs, charges and expenses incurred by the Association in connection therewith and/or to debit the account of the undersigned with any cheques drawn on the branch of the Association at which the account of the undersigned is being carried and have been cashed, negotiated or credited to the account of the undersigned but which have not been found good.
5. That the Association is authorized to pay as in the case of an ordinary cheque and debit the account of the undersigned in the customary manner with every promissory note or acceptance of the undersigned presented for payment at the branch of the bank at which the account of the undersigned is being carried.
6. That in the event that the account is overdrawn:
 - A. The Association will be entitled to take whatever action it deems appropriate and, without limiting the generality or the foregoing, the Association will not be obliged to honor cheques, the whole without notice or delay;
 - B. The undersigned will agree to pay the amount indicated on the monthly statement of account.
7. That the undersigned will repay to the Association all amount debited to the account of the undersigned in accordance with the provisions of the agreement.

8. That the Association may from time make and debit to the aforesaid account its usual charges for the keeping of the account which charges the undersigned hereby agree(s) to pay.
9. That there where a statement of account and relative vouchers are to be rendered by the Association.
 - A. The undersigned will verify the correctness of each statement of account received from the Association;
 - B. If a statement of account and relative vouchers ate not received by the 10th day after the end of each month or, if statements ate not be prepared monthly, by the 10th day after the end of the term agreed on their preparation, the undersigned will obtain them from the Association;
 - C. The undersigned will, within the 30days from delivery on mailing of the statement of account and relative vouchers, notify the Association in writing at the branch or agency where the account is kept of any alleged omissions from or debits wrongly made or inaccurate entries in the account as so stated; and
 - D. That the end of the said 30 days the account as kept by the Association shall be conclusive evidence without any further proof that except as to any alleged errors of which the Association has been so notified and any payments made or forged or unauthorized endorsements the account contain all credits that should be contained therein and no debits that should not be contained therein and all the entries therein are correct and subject to the above exception the Association shall be free from all claims in respect of the account.
10. That should be undersigned conduct an account or accounts at more than one branch of the Association, the provisions of this agreement shall apply to each of such accounts unless the undersigned gives the Association special written instructions to the contrary designating the particular account or accounts to which the provisions of this agreement shall not apply.
11. That this is to be a continuing consent and agreement and shall bind the undersigned and the heirs, executors, administrators, successors and assigns of the undersigned.

Signature (s): _____

Date: ____/____/____

For and on behalf of A/C

.....

.....

ELECTRONIC INSTRUCTIONS INDEMNITY FORM

Terms and conditions:

INTERNET BANKING, E-MAIL, TELEPHONE AND FAX: Any reference in this section to “electronic instructions” or “my instructions” refers to e-mail, telephone or fax instructions. E-mail instructions will only be accepted from my e-mail address (es) stated on this form. I agree as follows:

Authorised instructions. I authorize **The Association** to act upon any electronic instructions from me to conduct any banking transaction in the said account.

Risks. I hereby understand that electronic instructions are not secure means of communication and I assume full responsibility for the risks of doing so.

Acting on instructions. **The Association** reserves the right to refuse to act upon such electronic instructions at its sole discretion and demand written instructions in lieu thereof.

The Association’s liability. **The Association** will not be responsible for any costs, damages or expenses that I may incur due to **The Association’s** acting or failing to act upon my electronic instructions, except for **The Association’s** gross negligence or willful misconduct where **The Association’s** liability will be limited to the amount of the transaction. **The Association** will not in any event be liable for any special, incidental, consequential or indirect damages or losses.

Indemnify clause. I will indemnify and save **The Association** harmless from any claims, damages, demands and expenses that **The Association** incurs (other than due to its own gross negligence or willful misconduct), including among other things, all legal fees and expenses, arising from **The Association** acting, or declining to act, on any of my instructions given under this agreement. I provide this indemnity in addition to any other indemnity or assurance against loss provided by me to **The Association**.

I hereby confirm that I have received, read, understood and accepted this agreement (details as per above) and shall be bound by it terms. You may provide or receive any information on me, including any information on this form, to or from, any statutory body, regulatory body, government organization, financial institution and court of law. I agree that you may use that information to establish and maintain my relationship with you, and to offer me any services from time to time, as permitted by law, regulatory and / or statutory body and / or government organisation.

Email address (es): _____

Telephone/Fax #s: _____

ACCOUNT # (s): _____

NAME (please print): _____

Signature: _____

Date: _____

Official Use Only

Account #: _____

Signature: _____

Date: _____