



BASIC PACKAGE APPLICATION FORM

Branch: W/F Bridge Street Gros-Islet Soufriere Vieux Fort

PERSONAL INFORMATION			
Customer Name:		Home Phone:	
		Work Phone:	
Mailing Address:		Mobile Phone:	
		E-Mail Address:	
Residential Address:			

Internet Banking Basic Service Options	
Standard Features:	Optional Features:
View Account Balances View and Print Cheque and voucher Images Secure E-mail Statements viewing and download Transaction viewing and download	<input type="checkbox"/> Bill Payment <input type="checkbox"/> Internal Transfers <input type="checkbox"/> Loan Payments <input type="checkbox"/> Stop Payments <input type="checkbox"/> Wire Transfers

GENERAL ACCOUNT ACCESS RIGHTS FOR USER (Login ID is Assigned by Bank)
INDIVIDUAL ACCOUNTS

CIF #:				
USER ID #:				
ACCOUNT #		VIEW ONLY View balances and statements/cannot perform any transactions.	TRANSFER IN ONLY Cannot access any account information/ deposit funds only.	TRANSFER IN & OUT Transfer funds in and out.
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL ACCOUNT ACCESS RIGHTS FOR USER (Login ID is Assigned by Bank)
JOINT ACCOUNTS

CIF #/s:				
ACCOUNT/s #	Access Rights	Signing Privileges		
1	<input type="checkbox"/> VIEW <input type="checkbox"/> IN ONLY <input type="checkbox"/> IN & OUT	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Both		
2	<input type="checkbox"/> VIEW <input type="checkbox"/> IN ONLY <input type="checkbox"/> IN & OUT	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Both		
3	<input type="checkbox"/> VIEW <input type="checkbox"/> IN ONLY <input type="checkbox"/> IN & OUT	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Both		
4	<input type="checkbox"/> VIEW <input type="checkbox"/> IN ONLY <input type="checkbox"/> IN & OUT	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Both		
5	<input type="checkbox"/> VIEW <input type="checkbox"/> IN ONLY <input type="checkbox"/> IN & OUT	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Both		
6	<input type="checkbox"/> VIEW <input type="checkbox"/> IN ONLY <input type="checkbox"/> IN & OUT	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Both		
7	<input type="checkbox"/> VIEW <input type="checkbox"/> IN ONLY <input type="checkbox"/> IN & OUT	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Both		
8	<input type="checkbox"/> VIEW <input type="checkbox"/> IN ONLY <input type="checkbox"/> IN & OUT	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Both		
9	<input type="checkbox"/> VIEW <input type="checkbox"/> IN ONLY <input type="checkbox"/> IN & OUT	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Both		
10	<input type="checkbox"/> VIEW <input type="checkbox"/> IN ONLY <input type="checkbox"/> IN & OUT	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Both		

By signing below, I hereby authorize you and your agents to attach the above Joint Accounts with the stated Access Right to the Complete On-Line Banking Account of the applicant. I hereby certify that all statements relating to the above Joint Accounts are true and complete and are made for the purpose of obtaining the Complete On-Line Banking Service; authorize you to obtain such information as you may require concerning the statements herein; agree that this application shall remain your property; and acknowledge my responsibility to inform you of any change in name and address and account signing Privileges within a reasonable time.

JOINT ACCOUNT SIGNATURE:	DATE:
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JOINT ACCOUNT SIGNATURE:	DATE:
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JOINT ACCOUNT SIGNATURE:	DATE:
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JOINT ACCOUNT SIGNATURE:	DATE:
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JOINT ACCOUNT SIGNATURE:	DATE:
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JOINT ACCOUNT SIGNATURE:	DATE:
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SPECIAL INSTRUCTIONS

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REVIEWING MANAGER'S SIGNATURE:	DATE:
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BILL PAYMENT DETAILS

UTILITY VENDOR	NAME ON ACCOUNT	ACCOUNT NUMBER
Cable & Wireless Fixed Line		
Cable & Wireless Mobile		
Cable & Wireless Cable Vision		
Digicel		
EC Global		
WASCO		
LUCELEC		
Courts Slu Limited		
4Cs Credit Card		

Authorization and Agreement

By signing below, I hereby apply for **Complete On-Line Banking (COB)** service (the "Service") and authorize you and your agents and assigns to provide the Service for the Bank of Saint Lucia Limited (BOSL) (the "Bank") accounts designated. I understand that the use of the Service is subject to the terms and conditions contained in: (a) the Complete On-Line Banking Service Agreement ("the Agreement") which I may access when I log onto the Service, (b) your general disclosure for personal and business accounts which I received when I opened my account(s) and (C) your general account mandates. I acknowledge and agree that using, or permitting another person to use, the Service confirms the terms and conditions set forth in the Agreement.

I must indicate that I wish to cancel the Service by written notice. Non-usage of the Service for **120 days** may result in suspension of the Service. I agree that any time after such notice or period of non-use, you may discontinue the Service. If my Service is discontinued I can request it's reinstatement by contacting the Bank in writing or via telephone.

I hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining the Service; authorize you to obtain such information as you may require concerning the statements herein; agree that this application shall remain your property; and acknowledge my responsibility to inform you of any change in name and address within a reasonable time.

COB APPLICANT'S SIGNATURE:	DATE:	LOADING OFFICER'S SIGNATURE:	DATE:
		LOADING OFFICER'S NAME:	

FOR BANK USE ONLY

ACCOUNT MANDATE REVIEWED AND VERIFIED BY:	NAME:	DATE:
	SIGNATURE:	

COB ACCOUNT SETUP REVIEWED BY:	NAME:	DATE:
	SIGNATURE:	