

## INDIVIDUAL/JOINT ACCOUNT APPLICATION FORM

☐ LIBERIAN DOLLARS ☐ UNITED STATES DOLLARS  
☐ PERSONAL SAVINGS ☐ PERSONAL CHECKING ☐ PERSONAL SAVINGS/GOLD

### Personal Data

Title: ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Miss. ☐ cllr. ☐ Rev.

Name:   
*First Middle Last*

Date of Birth:  Gender: ☐ Male ☐ Female   
*(MM-DD-YY) Maiden Name, If Applicable*

Do you have existing account with us? ☐ Yes ☐ No

If yes, please state your account #:

Nationality:  Status ☐ Resident ☐ Non Resident

Sr. Citizen:

Identity Presented:	Issue Date (MM-DD-YY)	Expiration Date (MM-DD-YY)	ID#
<input type="checkbox"/> Driver's License	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Work ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Student ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Others	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital Status: ☐ Married: ☐ Single: ☐ Divorced: ☐ Spouse Name:

Home Address:

County:  City/Town:  Country:

Tel:  Email:

Business Address:  Tel:

Mobile:  Tel (Residence):

Father's Name:  Address:

Mother's Name:  Address:

## Employment Data

Employer:  Address:   
Occupation:  Position:

Years of Employment with current employer:

## Income Details:

Source of Funds: **Salaries** ☐ **Business Income** ☐ **Property** ☐ **Trading** ☐ **Others**

Gross Annual Income USD:  LD

## Foreigner Details

Date of Arrival :  Expected Date of Departure:   
Visa #:  Visa issue date:  Visa Expiration date:   
Passport #:  Passport Issuing Country:   
Passport Permit #:

## Reference: ( Personal )

Name:  Address:  Phone:   
Name:  Address:  Phone:

## Government Official/Relatives

Are you a Government Official ? ☐ **Yes** ☐ **No**

If yes, please state Position:

Are you a relative of a Government Official? ☐ **Yes** ☐ **No**

If yes Please State Name of Official:

Relationship of Official:

Is Account for Minor? ☐ YES ☐ NO If yes, please provide the following:

Name of Minor:  Age:

Birth Certificate #:  Control #:  Vol #:

### Beneficiary /Next of Kin

Name:  Relationship:  DOB

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### Beneficiary /Next of Kin

☐ **Sms Banking (Please fill the sms Banking form )**

☐ **Email Instructions ( Please fill the Indemnity form )**

☐ **Internet Banking ( Please fill the Internet banking form )**

☐ **ATM (Please fill the ATM Form)**

☐ **E-Alert**

## DEPOSITOR'S CONTRACT

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING TERMS AND CONDITIONS OF

Account Title:

(Herein after called the Account)

**Other Bank** 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 be available for withdrawal the next business day.

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. Additionally, checks payable to an entity will not be negotiated in cash 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

Name:

Signed:  Date:

Name:

Signed:  Date:

Name:

Signed:  Date:

Name:

Signed:  Date:

## FOR INTERNAL USE ONLY – IBLL STAFF

I AUTHORIZE THE PROCESSING OF THE CUSTOMER'S ACCOUNT OPENING REQUEST HAVING RECOGNIZED AFTER A CAREFUL REVIEW OF THE INFORMATION AND ATTACHMENTS PROVIDED ME AND FOUND THAT ALL INFORMATION VALIDATES THE CUSTOMER'S REQUEST FOR A BANKING RELATIONSHIP

Received and processed by:

Date:

Customer Service Officer

Checked By:

Date:

Relationship Office? Dep. Branch Manager

Approved By:

Date:

Branch Manager

\*Required approval for all PEPs / FEPs

\*

Branch Manager

Date:

\*

CEO

Date: