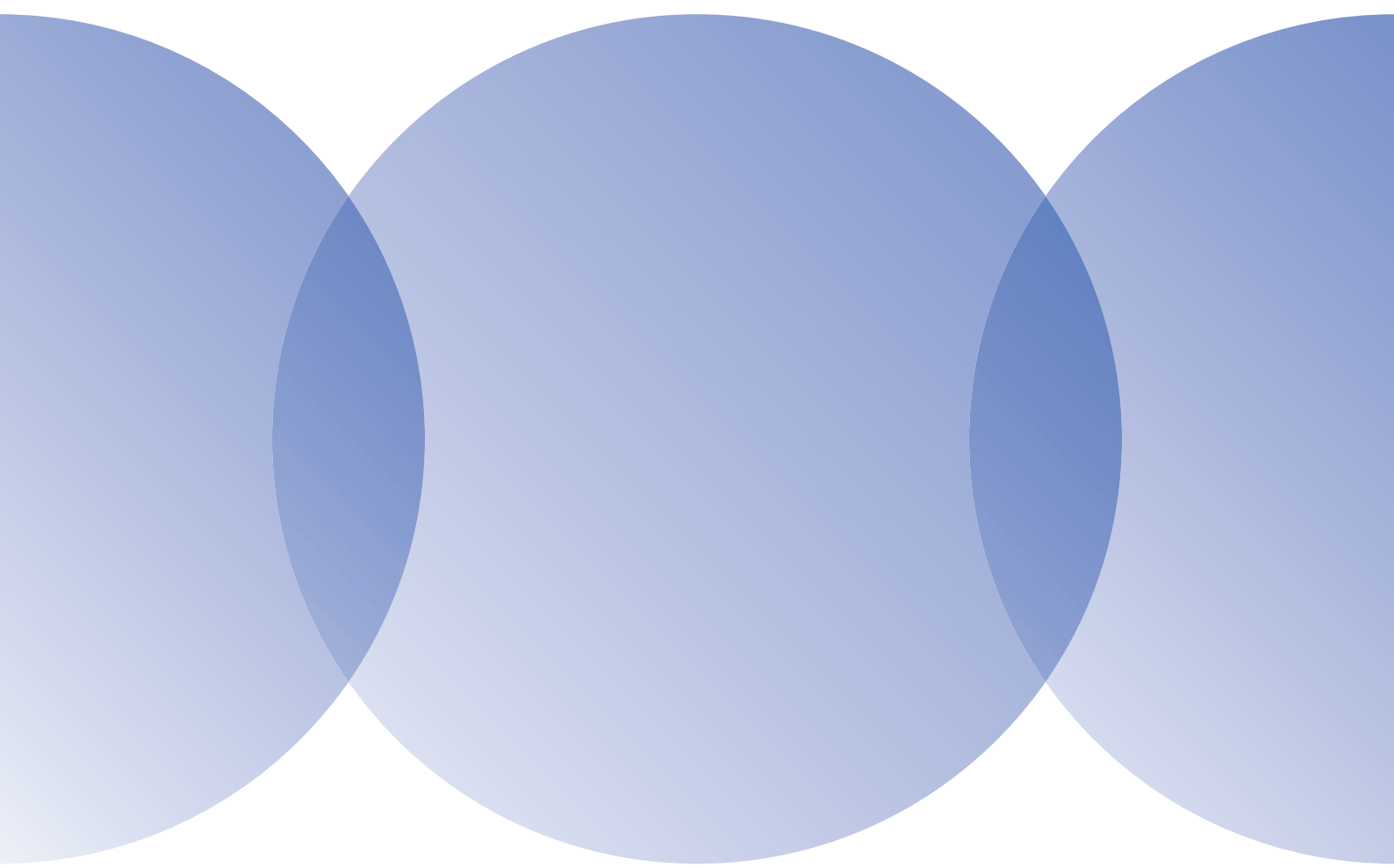


Offshore personal bank account application

Zurich Bank International



1 Applicant's details

Personal details

First applicant

Title

Mr Mrs Miss Ms Dr

Other (please specify)

Surname

Forename(s)

What is your marital status?

Single Married Divorced

Other Living with partner

Widowed Separated

Date of birth

Place of birth

Nationality

Country of residence
(for tax purposes)*

Passport number

Daytime telephone number

Mobile telephone number

Email address

Fax number

Second applicant

Title

Mr Mrs Miss Ms Dr

Other (please specify)

Surname

Forename(s)

What is your marital status?

Single Married Divorced

Other Living with partner

Widowed Separated

Date of birth

Place of birth

Nationality

Country of residence
(for tax purposes)*

Passport number

Daytime telephone number

Mobile telephone number

Email address

Fax number

Residential details

First applicant

Permanent address

Postcode

(unless otherwise stated, the first applicant's permanent address will be used for correspondence)

What is your residential status?

Owner Tenant

Living with parents Other

Second applicant

Permanent address

Postcode

What is your residential status?

Owner Tenant

Living with parents Other

*If you are resident in a European Union Member State please see Section 6.

Residential details (continued)

First applicant

Correspondence address
(if different from permanent address)

.....
.....
.....
Postcode

Why is a correspondence address required?

.....
.....
.....

Previous address
(if less than 3 years at permanent address)

.....
.....
.....
Postcode

How long did you live at this address?

Second applicant

Correspondence address
(if different from permanent address)

.....
.....
.....
Postcode

Why is a correspondence address required?

.....
.....
.....

Previous address
(if less than 3 years at permanent address)

.....
.....
.....
Postcode

How long did you live at this address?

Employment details

First applicant

What is your employment status?

- Full time Part time Self employed*
 Retired Receiving a pension
 Homemaker Unemployed

*If you are self employed, please provide the name and address of your Business Banker

Business Banker's name and address

.....
.....
.....
Postcode

Job title

.....
.....

Employer's/Business name

.....

Employer's/Business address

.....
.....
.....
Postcode

Nature of employer's/own business

.....

Time in this employment/own business

.....

Annual salary (gross)

£

Second applicant

What is your employment status?

- Full time Part time Self employed*
 Retired Receiving a pension
 Homemaker Unemployed

*If you are self employed, please provide the name and address of your Business Banker

Business Banker's name and address

.....
.....
.....
Postcode

Job title

.....
.....

Employer's/Business name

.....

Employer's/Business address

.....
.....
.....
Postcode

Nature of employer's/own business

.....

Time in this employment/own business

.....

Annual salary (gross)

£

2 Assets and liabilities

This section is optional – however completion would help us to have a better understanding of your financial circumstances

Your assets

First applicant

Residential property

Complete if you own property

Address

.....

Postcode

Value of property

£

Do you own any other property? Yes No

If Yes, please specify

Address

.....

Postcode

Value of property

£

Second applicant

Residential property

Complete if you own property

Address

.....

Postcode

Value of property

£

Do you own any other property? Yes No

If Yes, please specify

Address

.....

Postcode

Value of property

£

Investments

Type of investment held	Value of investment(s)	Name of provider
.....	£
.....	£
.....	£
.....	£
.....	£

Held by which applicant (please tick)

First applicant

Second applicant

If necessary, please use the additional notes section at the back of the form.

First applicant

Bank account(s)

Bank/building society name(s)

.....

Branch sort code

□ □ — □ □ — □ □ □ □

Current balance

£

Any other assets

.....

Second applicant

Bank account(s)

Bank/building society name(s)

.....

Branch sort code

□ □ — □ □ — □ □ □ □

Current balance

£

Any other assets

.....

Your current liabilities

First applicant

Mortgage

Address of property

.....
.....
.....

Postcode

Name of lender

.....
.....

Amount outstanding

£

Existing loans

Name of lender

.....
.....

Purpose

.....
.....

Amount borrowed

£

Amount outstanding

£

Credit card(s)

Name of provider

.....
.....
.....

Outstanding balance

£

Name of provider

.....
.....
.....

Outstanding balance

£

Name of provider

.....
.....
.....

Outstanding balance

£

First applicant

Mortgage

Address of property

.....
.....
.....

Postcode

Name of lender

.....
.....

Amount outstanding

£

Existing loans

Name of lender

.....
.....

Purpose

.....
.....

Amount borrowed

£

Amount outstanding

£

Credit card(s)

Name of provider

.....
.....
.....

Outstanding balance

£

Name of provider

.....
.....
.....

Outstanding balance

£

Name of provider

.....
.....
.....

Outstanding balance

£

Bankruptcy/County Court Judgements

First applicant

Have you ever been the subject of a bankruptcy/county court judgement? Yes No

If Yes, but you have settled the debt, please enclose an original or clear certified copy of the Certificate of Satisfaction

Second applicant

Have you ever been the subject of a bankruptcy/county court judgement? Yes No

If Yes, but you have settled the debt, please enclose an original or clear certified copy of the Certificate of Satisfaction

3 Monthly salary/wage and expenditure

Income

First applicant

Net monthly salary/wage £ approx

Other monthly income £ approx

Total monthly income £ **approx**

Second applicant

Net monthly salary/wage £ approx

Other monthly income £ approx

Total monthly income £ **approx**

Expenditure

First applicant

Monthly mortgage/rent £ approx

Hire Purchase/loan £ approx

Other regular payments £ approx

Total monthly expenditure £ **approx**

Second applicant

Monthly mortgage/rent £ approx

Hire Purchase/loan £ approx

Other regular payments £ approx

Total monthly expenditure £ **approx**

4 Operating your account

What type of account are you applying for?

Current account

Sterling current account (minimum GBP2,500) – a cheque book is available for a Sterling current account only

Do you require a cheque book/paying-in book? Yes No

Deposit accounts

Sterling instant access deposit account (minimum GBP2,500)

Do you require a paying-in book? (only available on an instant access account) Yes No

Sterling fixed term deposit account (minimum GBP10,000)

Sterling high value call deposit account (minimum GBP100,000)

Foreign currency deposit account (minimum GBP2,500 or currency equivalent)

Foreign currency fixed term deposit account (minimum GBP10,000 or currency equivalent)

If a fixed term account, what period of deposit do you require?

7 days 1 month 3 month 6 month 9 month 1 year

If a currency account, what currency do you require?

How often would you like your statements? (Your statement will be issued quarterly unless otherwise specified)

Monthly Quarterly Half yearly

Fixed term and foreign currency deposit account advices will be issued after each maturity and following each transaction

Your initial deposit

Please note we will be unable to deposit any cheque(s) sent with your application into your new account until our New Business Team has approved your application. We will write to you to confirm this.

If you are sending a personal cheque, this must be made payable to you.

If you are sending a Telegraphic Transfer, please do not organise the instruction until you have received confirmation of your account number.

We are unable to accept Cash or Travellers cheques as an initial deposit.

Please tell us why you are opening an offshore bank account

(In order to comply with Isle of Man regulations the following questions must be answered for every new account opened. Your account may not be made fully operational until this information has been satisfactorily provided.)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

How much will your initial deposit be?

£

Where did your funds come from? Please indicate the source

.....

.....

If your initial deposit is from a third party, please explain your relationship with the third party

.....

.....

Please indicate how much you intend to deposit annually

£0 – £25,000

£25,001 – £50,000

£50,001 – £100,000

£100,001 – £500,000

£500,001+

How many times do you anticipate using the account(s) on a monthly basis?

.....

Your Introducer

Please give details of your Financial Advisor if applicable.

Please ignore this question if you have not used a Financial Advisor.

Name

Company name

Address

.....

Postcode

Job title

Contact telephone number

Financial Advisor code

5 Account opening checklist

Please send all requested documents in the enclosed prepaid envelope to prevent processing delays

Before we can open your account we need you to send us proof of your identity and permanent address – please see below for details. We will return all documents to you.

We need one of the following identification documents, either an original or a certified copy, which includes your signature and photograph:

- Full valid passport
- Driving licence

The document must be certified by one of the following:

- Regulated Financial Advisor
- Solicitor/Notary Public/Lawyer/Accountant
- British Embassy Official
- An authorised employee of a regulated financial institution.

The certification should read “I certify this to be a true copy of the original which I have seen”. The certifier should sign and date the photocopy, print their name and state their position/capacity.

Please ensure the photocopy (or covering note) is stamped with a company stamp or the full company name and address is included.

We also need proof of your permanent address. Please send us one of the following. The document should be an original or a certified photocopy and be no more than three months old.

- Bank or Building Society statement
- Credit card statement
- Utility bill (gas, water or electricity)
- Council Tax bill/rate bill
- A telephone bill – this should be a bill for a landline and not a mobile

Contact details for verification of identity

For each account holder please give the name and address of your existing bankers or a professional advisor who have known you in a financial capacity for more than 12 months (eg. solicitor, accountant).

First applicant

Bank account(s)

Name

Profession

Address

Postcode

Second applicant

Bank account(s)

Name

Profession

Address

Postcode

Please also complete the consent form on page 13.

6 Declaration

Use of personal information

We may offer other services, including those from certain companies in the Zurich Financial Services group and other associated companies, which may be appropriate to your needs.

If you prefer not to receive such information from us, please tick these boxes:

- First applicant
 Second applicant

Your rights under the Isle of Man Data Protection Act 2002 are set out under clause 17 of the Terms and Conditions found in the 'Additional information' leaflet.

Joint account signature(s) authorisation

We request you to open an account or accounts in our joint names and we hereby authorise you from time to time to pay and honour all cheques, withdrawals or orders for payment, which may be drawn on any such account until we or any/either of us give you written notice to the contrary.

Please enter below the names of all authorised account holders.

--------------	--------------	--------------

We authorise you to charge the amount of all such cheques, withdrawals, or orders for the debit of our said joint account or accounts, in accordance with section 7.6 of the Terms and Conditions. Any loan, overdraft or liability which may from time to time be created on any such account will be our joint and several responsibility. We also authorise and request you to accept the signature of either or any of us, as our agent for any agreement from time to time with you, for the withdrawal of monies from or the debiting of any such account in our joint names by the use of any cheques, cheque guarantee card, or mechanical or automated means and despite any cancellation of this authority to charge any such amount accordingly until such card or other device has been returned to you.

European Union Member State Residents

If your permanent residence is in a European Union Member State any interest you earn will be subject to the provisions of the European Union Tax on Savings Directive (EUSD). We will automatically apply Retention Tax unless you elect otherwise below:

I wish to elect for 'exchange of information' under the EUSD and will therefore continue to receive interest gross of Retention Tax. I understand that certain personal information, including that relating to my interest income, will be provided to the relevant tax authorities.

- First applicant Second applicant

I am not liable to income tax in my country of residence - (please forward documentary evidence to this effect i.e. a certificate from your local tax authority).

- First applicant Second applicant

Further details of the EUSD are set out in Section 6 of the Terms and Conditions found in our 'Additional information' booklet which should be read in conjunction with this application form.

Account holder declaration

I/we confirm that I/we have read and understood the terms and conditions of the services chosen, and which I/we accept and by which I/we agree to be bound.

I/we undertake fully to meet my/our obligations arising by law or otherwise to disclose to any tax or fiscal authority to which I am/ we are obliged to make a disclosure of the capital and/or interest owed by you to me/us in relation to (a) this account, or (b) any of my/our accounts held with you now or in the future in sole or joint names, or (c) any accounts with you whether in my/our name(s) or otherwise in which I/we have a beneficial interest.

I/we confirm that the information and statements in this form are true and complete to the best of my/our knowledge, information and belief and shall form part of the basis of the contract between me/us and you.

First applicant

Signature

Date

Second applicant

Signature

Date

Completion of this section is compulsory for all account holders

Telephone instruction form

In order to protect the confidentiality of you and your account, we will ask you to identify yourself before any information is given over the telephone or instructions acted upon.

This questionnaire provides a useful and reasonably secure means by which we can confirm your identity over the telephone.

We will, at our discretion, accept your telephone instructions in respect of the following:

- Payments from your account to another in the same name(s)
- Changes to your personal details (except change of address, which must be made in writing)
- Current balance enquiries
- Confirmation of transactions (eg.. cheque cleared)
- Stopping of cheques
- Statement enquiries or reprints.

You will be asked to verify your identity by giving personal details which are not generally known to others, for example:

Question 1	Name of first school	Question 2	Name of Aunt Jane's son
Answer 1	St. John's	Answer 2	Robert

Please give four personal questions and answers below:

First account holder	Second account holder
Question 1	Question 1
Answer 1	Answer 1
Question 2	Question 2
Answer 2	Answer 2
Question 3	Question 3
Answer 3	Answer 3
Question 4	Question 4
Answer 4	Answer 4

If at any time you suspect that someone else has become aware of the details you have chosen to provide, you should complete a new Telephone Instruction Form. You can, of course, change the details at any time.

- I/We
- Authorise Zurich Bank International Limited to accept instructions from me/us over the telephone.
 - Agree that Zurich Bank International Limited will not be liable for any consequences of acting in accordance with this authority.
 - Agree to indemnify Zurich Bank International Limited against all claims and demands by any person, as a direct or indirect consequence of acting in accordance with this authority.

Account name	Account number																		
--------------	----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First applicant	Second applicant
Signature	Signature
Date	Date

Only complete if you wish us to act on your fax instructions

Fax instruction form

Only complete if you wish us to act on your fax instructions

The Bank will quote the remitter's name as reference on all payments made under this authority.

Fax instructions to transfer funds from accounts held with the Bank will be accepted if:

- 1) The funds are to be transferred into an account in the name(s) of the customer(s) requesting the transfer or to a bank for collection by the customer(s).
 - or 2) The funds are to be transferred into an account of, or for the benefit of, an individual or company appearing in the 'Nominated Beneficiaries' section below.
 - and 3) The authority below has been completed by the customer(s) and lodged with the Bank.
 - and 4) There are sufficient cleared funds available in the name of the customer(s) to cover the instruction.
- I/We
- a) Authorise the Bank to accept instructions from me/us by fax.
 - b) Agree that the Bank will not be liable for any consequences of acting in accordance with this authority (including any loss arising out of any error, omission or delay in the despatch, transmission, transcription, receipt, coding or decoding of any fax instructions no matter howsoever or by whosoever caused).
 - c) Agree to indemnify the Bank against all claims and demands made by any person as a direct or indirect consequence of acting in accordance with this authority.

Account name

Account number

First applicant

Signature

Date

Second applicant

Signature

Date

Note: Please complete the 'Nominated Beneficiaries' section below if you wish to use this facility for third party payments.

Nominated beneficiaries

A maximum of three beneficiaries may be nominated, in addition to the account holder(s), to whom the Bank may remit funds in response to fax instructions from the account holder(s).

(Please complete in block capitals)

Beneficiary

Relationship to account holder(s)

Beneficiary's bankers

Address

Postcode

Beneficiary

Relationship to account holder(s)

Beneficiary's bankers

Address

Postcode

Beneficiary

Relationship to account holder(s)

Beneficiary's bankers

Address

Postcode

Consent form for verification of customer identity

First account holder

Name of bank

Address To the Manager

Postcode

Account name

Account number

I/We authorise

(Name of bank)

to provide a reply to Zurich Bank

International Limited request for verification of identification.

Signature

Signature

As this request is a requirement of the Isle of Man Anti-Money Laundering Guidance Notes for Banks and Building Societies there is no charge to the client or Zurich Bank International Limited.

Zurich Bank International Limited PO Box 422, Lord Street, Douglas, Isle of Man, IM99 3AF, British Isles Telephone: +44 (0) 1624 671666
Fax: +44 (0) 1624 627526 Registered office: 43-51 Athol Street, Douglas, Isle of Man, IM99 1ET, British Isles.
Licensed by the Isle of Man Financial Supervision Commission to take deposits.
Zurich Bank International Limited is registered in the Isle of Man Number 22847.

Consent form for verification of customer identity

Second account holder

Name of bank

Address To the Manager

Postcode

Account name

Account number

I/We authorise

(Name of bank)

to provide a reply to Zurich Bank

International Limited request for verification of identification.

Signature

Signature

As this request is a requirement of the Isle of Man Anti-Money Laundering Guidance Notes for Banks and Building Societies there is no charge to the client or Zurich Bank International Limited.

Zurich Bank International Limited PO Box 422, Lord Street, Douglas, Isle of Man, IM99 3AF, British Isles Telephone: +44 (0) 1624 671666
Fax: +44 (0) 1624 627526 Registered office: 43-51 Athol Street, Douglas, Isle of Man, IM99 1ET, British Isles.
Licensed by the Isle of Man Financial Supervision Commission to take deposits.
Zurich Bank International Limited is registered in the Isle of Man Number 22847.

Additional notes

A large rectangular area with a light blue border and horizontal dotted lines, intended for taking additional notes. The area is empty and occupies most of the page below the header.

Zurich Bank International Limited

PO Box 422, Lord Street, Douglas, Isle of Man, IM99 3AF, British Isles.

Telephone: +44 (0) 1624 671666, Fax: +44 (0) 1624 627526

Registered office: 43-51 Athol Street, Douglas, Isle of Man, IM99 1ET, British Isles.

Zurich Bank International Limited is registered in the Isle of Man Number 22847.

Telephone calls may be recorded. Zurich Bank International Limited is part of Zurich Financial Services Limited, a Swiss corporation listed on the SIX Swiss Exchange. Zurich Bank International Limited places funds with other parts of its group and thus its financial standing is linked to that of the group. Depositors may wish to form their own view on the financial standing of Zurich Bank International Limited and the group based on publicly available information. The latest report and accounts are available at www.zurichbankinternational.com. Zurich Bank International Limited is a wholly owned subsidiary of Zurich Bank which is regulated by the Irish Financial Regulator.

Licensed by the Isle of Man Financial Supervision Commission to take deposits.



Because change happenz®