



Belize Bank Limited
P.O. Box 364
60 Market Square
Belize City, Belize

INDIVIDUAL ACCOUNT APPLICATION

Tel: (501) 227-7132/3/4/5
Facsimile: (501) 227-2712
Email: bblbz@belizebank.com

Application Date ____ / ____ / ____

Branch: _____

1. APPLICANT INFORMATION

Primary Applicant		
Title	First Name	Last Name
Permanent Residence	City	District
Correspondence Address: (if different)	City	District
Email Address		
Nationality	Country of Residence	
Home Number ()	Mobile ()	
Date of Birth (dd/mm/yy)	Birthplace City	Birthplace District
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed / Divorced	Sex: <input type="radio"/> Male <input type="radio"/> Female	

Identification - Two Forms Photo ID Required (choose 2)		
<input type="checkbox"/> Social Security No.	Country of Issue	Exp Date
<input type="checkbox"/> Passport No.	Country of Issue	Exp Date
<input type="checkbox"/> Driver's License No.	Country of Issue	Exp Date

NOTE: For Belizean Residents, the Belize Social Security Card is a preferred ID.

Employment Information	
Employment Status: <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Student <input type="radio"/> Retired	Annual Salary
Occupation	Employer's Name
Employer's Address	City District
Work Number ()	Fax Number ()

Joint Applicant (if applicable)		
Title	First Name	Last Name
Permanent Residence	City	District
Nationality	Country of Residence	
Home Number ()	Mobile ()	
Date of Birth (dd/mm/yy)	Birthplace City	Birthplace District
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed / Divorced	Relationship to Primary Applicant	

Identification - Two Forms Photo ID Required (choose 2)		
<input type="checkbox"/> Social Security No.	Country of Issue	Exp Date
<input type="checkbox"/> Passport No.	Country of Issue	Exp Date
<input type="checkbox"/> Driver's License No.	Country of Issue	Exp Date

NOTE: For Belizean Residents, the Belize Social Security Card is a preferred ID.

Employment Information	
Employment Status: <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Student <input type="radio"/> Retired	Annual Salary
Occupation	Employer's Name
Employer's Address	City District
Work Number ()	Fax Number ()

2. TYPE OF ACCOUNT	
<input type="radio"/> Personal	<input type="radio"/> Business
If Personal, please indicate: <input type="radio"/> Chequing <input type="radio"/> Savings	If Business, please indicate: <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership
Doing Business As:	

3. PURPOSE OF ACCOUNT / NATURE OF BUSINESS

We are obliged by law to monitor your account and therefore need to have an understanding of how you expect the account to run. Please therefore answer the following questions. We appreciate that your circumstances may change in the future, however an idea of the expected annual turnover is required from the outset.

INTENDED USE OF ACCOUNT FUNDS

AMOUNT & SOURCE OF WEALTH			
<input type="checkbox"/> Business/Profits	<input type="checkbox"/> Salary/Bonus	<input type="checkbox"/> Pension receipt	<input type="checkbox"/> Dividend
<input type="checkbox"/> Gift from relative	<input type="checkbox"/> Settlement	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Business/Share Sale
<input type="checkbox"/> Fees Received	<input type="checkbox"/> House Sale	<input type="checkbox"/> Prize/Winnings	<input type="checkbox"/> Other

Estimated Amount of Total Assets **BZ \$** _____

