

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

Application Date (dd/mm/yyyy): _____

Branch: _____

STEP 1: CUSTOMER IDENTIFICATION

Party ID: _____

First Name: _____ Last Name: _____

Identification - One Form Photo ID Required

Social Security No _____ Country of Issue: _____ Exp Date (dd/mm/yyyy): _____

Passport No _____ Country of Issue: _____ Exp Date (dd/mm/yyyy): _____

STEP 2: ALERT CONTACTS

Mobile Number: _____ Email Address: _____

STEP 3: ALERT SETUP

1

2

3

Account Number: _____

Alias: _____

A debit above threshold: \$ _____

A deposit above threshold: \$ _____

Available balance below threshold: \$ _____

Credit card balance below threshold: \$ _____

Credit card payment reminder: \$ _____

Credit card transaction above threshold: \$ _____

Alert Channels: Mobile Email Mobile Email Mobile Email

STEP 4: DECLARATION

I certify that the information provided above is true and accurate and that I have read and agree to the terms and conditions in the Online Banking Access Agreement.

Print Name of Applicant _____ X Signature _____ Date (dd/mm/yyyy): _____

For Official Use Only:

Approved By: _____ X _____ Date: _____