



BRANCH	DATE
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- (a) New Application - Fill in Section 1 and 2.
- (b) Changed Details - Fill in Section 1 (Client Number always) and indicate changes or enter "DELETE" where required in Section 1, 2.
- (c) Service Request - Fill in Section 1 (Client Number only) and 3 where required.

SECTION 1 - IDENTIFICATION

 1 - NEW
 2 - CHANGE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Initial	Surname	Customer Number <small>(New Applicants do not complete)</small>

SECTION 2 - ADDRESS AND ACCOUNT DETAILS

Address Line 1

Address Line 2

Telephone Number

At Least one account must be entered

CURRENT ACCOUNT	<input type="text"/>	-	<input type="text"/>	First
CURRENT ACCOUNT	<input type="text"/>	-	<input type="text"/>	Second if applicable
SAVINGS ACCOUNT	<input type="text"/>	-	<input type="text"/>	Third If Applicable

The undersigned hereby applies to The Windward Islands Bank Ltd. for the BANKOMATIKO Smartcard facility and certifies that the information contained above is true and correct.

PLEASE TAKE NOTE THAT IF YOUR ATM CARD IS NOT PICKED UP WITHIN ONE MONTH (30 DAYS) YOUR ACCOUNT WILL BE CHARGE A FEE OF US \$10.00

When ready, I will pick up the Bankomatiko Smartcard and PIN envelope at:

- Pondfill
 Illidge Road
 Bush Road
 Cole Bay
 Simpson Bay
 St. Eustatius

Date

Application Signature

FOR BANK USE ONLY

SECTION 3 - SERVICE REQUEST (for Branch use only)

- | | |
|---|---|
| a) FORGOTTEN PIN - <input type="checkbox"/> A | d) SUSPEND - <input type="checkbox"/> F |
| b) LOST CARD - <input type="checkbox"/> B | e) RESUME - <input type="checkbox"/> G |
| c) CANCEL - <input type="checkbox"/> C | |

PREPARED BY:

CHECKED BY:

Dept. Head/ Branch Manager Signature

Reason for cancellation:

 Staff Service Code

 Res. Code