

**Customer Number**  **Date**

**Customer Information**  New Customer  Existing Customer

Last Name

Given Names

Social Security Number (SSN)

Date of Birth

### Customer Residential Address

### Customer Mailing Address (if different)

### Contact Details

Home Number  Cell Number

Business Contact Number  Facsimile Number

Email address

### Employment Details

Occupation

Employer

Address

Industry  Employed Since

### Tax Certification by Customer

By signing below and under penalties of perjury, I certify that:

1. The number shown on this document is my correct Social Security Number; and

2. I am:  not subject to backup withholding

exempt from backup withholding

subject to backup withholding

## Account Information

Account Number  Branch Name

Account Name

Individual  Joint (All account holders must sign the Authority for Operations and Declaration section)

Account Type  (e.g. Savings, Certificate of Deposit)

## Certificate of Deposit

If the account described above is a Certificate of Deposit account, this authority applies to that account and additionally to all future Certificate of Deposit accounts opened with identical account names, unless requested otherwise.

**Debit/Access Card Required**  Yes  No

Enter card embossing details   
Last Name  Given Names   
(Maximum of 26 characters)

Please issue a new Debit/Access Card and link above account as the primary account.

Please link above account as secondary account to my primary account.

Check Book required. Type of Account  Access Account  Check Account

Internet banking facilities required.

## Privacy Acknowledgement

Amerika Samoa Bank (the Bank) collects your personal information in order to assess your application for a product or service you are applying for. Without this information, the Bank may not be able to consider or approve your application. By signing below you acknowledge that you have received the Bank's Privacy Statement.

## Authority for Operations and Declarations by Customer(s)

To: Amerika Samoa Bank (the Bank)

1. I/we hereby request the Bank to open an account in the name set out above.
2. I/we agree to be bound by this authority and the terms and conditions of the agreement and disclosures which govern the account listed in this document as amended and notified by the Bank from time to time.
3. This authority is to remain in force and the Bank may rely on this authority in all dealings, matters and transactions between me/us and the Bank in respect of the account, subject to any changes to the authority notified to the Bank in writing by me/us, or until written revocation of the authority by the me/us is given to the Bank.
4. All previous authorities relating to the matters mentioned above are hereby superseded except as regards to any liabilities not yet determined and instruments drawn or executed thereunder but not yet presented and/or paid.
5. In the case of a joint account, I/we declare that we shall be jointly and severally responsible to the Bank for any liability incurred or to be incurred in respect of or arising from the abovementioned account or any of the documents, acts, matters and things herein mentioned and such liability shall be payable to the Bank on written demand. If any one of us dies, the Bank will treat the balance of the account as owned by the surviving account holder(s), unless the Bank is required or permitted to do otherwise by law. Further this authority shall bind our respective executors, administrators, legal personal representatives and all persons, claiming from or under us as to all documents, acts, matters and things done or executed under this authority before the Bank receives notice revoking this authority.
6. I/we acknowledge and agree that the Bank reserves the right to open my/our account/and transmit any funds from such account.
7. All information on this document and any identification document provided with this document is true and correct.
8. I/we have read, understood and agree to the matters specified in this document.

Where this declaration is signed by two or more people, it is given by each individually.

For joint account, all account holders must also sign this form.

**Account Holder 1**

Full name

Customer signature  Date

Customer Number

**Account Holder 2**

Full name

Customer signature  Date

Customer Number

**Account Holder 3**

Full name

Customer signature  Date

Customer Number

**Account Holder 4**

Full name

Customer signature  Date

Customer Number

**Bank use only**

Form completed by		Forwarded to EBS by		Date	
<b>EBS</b>					
Date received		Input by		Checked by	
Customer Registration Number (CRN)					