



EASY ACCESS SERVICES APPLICATION FORM

Member No:

- Online Banking
 Easy Voice (IVR)
 Mobile Banking
 E-Statements
 Online/Mobile/IVR Reset

1. PERSONAL INFORMATION

MR.
 MRS.
 MS.
 LAST NAME(S):

FIRST NAME:
 MIDDLE NAME(S):

DATE OF BIRTH (mm/dd/yyyy):

IDENTIFICATION *(valid photo ID required)*

BARBADOS ID CARD No:

PASSPORT No:

OTHER:

ADDRESS: STREET/ AVENUE

CITY/ TOWN:
 PARISH/ STATE:

ZIP/ POSTAL CODE:
 COUNTRY:

TELEPHONE NOs: Home:
 Work:
 Ext:

Mobile:
 Email:

2. ACCOUNT INFORMATION

ACCOUNTS I WISH TO ACCESS WITH E-SERVICES

Shares Account

Other

Deposits Account

Other

3. DECLARATION

I hereby make application for Online Banking Easy Voice Mobile Banking

E-Statements Online/Mobile/IVR Reset

I accept the terms in the attached user agreement

SIGNATURE:.....

DATE (mm/dd/yyyy):.....

4. FOR OVERSEAS APPLICANTS ONLY

I prefer to receive my login instructions by (please select one) E-mail Post

NOTORIAL CERTIFICATE:

I, Notary Public in and for the Country/ State/ Province/ Country of do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/ female who identified his/ herself to be within namedthe executing party to the foregoing typed documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this day of20.....

PLACE NOTORIAL STAMP HERE

.....
Notary Public in and for the Country/ State/Province/Country of.....

HOW DID YOU FIND OUT ABOUT THIS SERVICE?

FOR OFFICIAL USE ONLY

NAME OF MEMBER SERVICES REP :

SIGNATURE:

DATE (mm/dd/yyyy):

NAME OF MEMBER SERVICES OFFICER :

SIGNATURE:

DATE (mm/dd/yyyy):

MEMBER CARE REP. PROCESSING ACCOUNT:

SIGNATURE:

DATE (mm/dd/yyyy):