



New Business Account Information Form

Business or Company Name: .....

Ultimate Beneficial Owner(s): .....

Registered Address: .....
.....
.....

Is the Business registered in Antigua and Barbuda? [ ] No, which Country.....

Are you an existing customer of ACB? [ ] Yes [ ] No

Type of Enterprise:

- [ ] Sole Proprietorship [ ] Partnership [ ] Corporation [ ] Limited Partnership [ ] LLC [ ] Non-Profit
[ ] Cooperative Other .....

Nature of Business: Please provide a short description of the Goods &/or Services your business offers (e.g. construction, groceries, legal services, restaurants, CIP)

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.....

Telephone #'s (Office)..... (Mobile).....

Email Address (1)..... (2).....

Contact person (1)..... (2).....

Kindly indicate your interest in our:

- [ ] Credit Card Services [ ] Mobile Banking [ ] Overdraft facilities

(Please note that Terms and Conditions apply)

For bank use only:

Account #..... CIF# .....

Account Status [x] New [x] Update [x] Dormant [x] Inactive

