

# Account opening requirements

## Individual

1. Account opening application.
2. Two (2) forms of valid photo identification of the signers:
  - Primary identification document (passport).
  - Secondary identification document (ID, Driver License).
3. Copy of one (1) utility company bill (water, power, phone, cable) under the signer and co-signer's name issued within a period no longer than ninety (90) days prior to the application.
4. W-8BEN. \*
5. Copy of one (1) Bank Statement of the applicant as well as the co-signer of the account, issued within a period not longer than ninety (90) days prior to the application.

*\* Form must be completed at the time of opening the account.*

*Important:*

- *Copies of all documents must be clear and legible.*
- *If needed, the Bank will request additional information in order to open the account.*

Date 

# NEW ACCOUNT APPLICATION INDIVIDUAL



## SECTION I PERSONAL IDENTIFICATION

Names		Surnames	
Date of birth	Country of birth	Nationality	Other nationality
Passport No.	Expiration date	Identification No.	Expiration date
Gender	Marital status	Residential address	
City	State/Province	ZIP code	Country
Mailing address (if different from residential address)		City, State, ZIP code, Country	
Residential telephone No.	Alternate telephone No.	Email	

## SECTION II EMPLOYMENT INFORMATION

Commercial activity of the customer/Employer	Employed <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Other <input type="checkbox"/>	Explain:
Profession	Company or entity	Position	Time in position*	
Address			City	
State/Province	ZIP code	Country	Telephone No.	

\*Complete the following spaces only if the time in position is less than three years.

Company or entity	Position	Time in position
Company or entity	Position	Time in position

## SECTION III POLITICALLY EXPOSED PERSON

Are you a politically exposed person in another country? According to the definition on section V of the attached contract. Yes  No

## SECTION IV FINANCIAL INFORMATION

Annual gross income (Financial information in USD): \$ \_\_\_\_\_ Other income (not related to occupation): \$ \_\_\_\_\_

Net worth: \$ \_\_\_\_\_ Source of other income: \_\_\_\_\_

Explain source of assets:

Residence: Own  Leased  Other  Time in that residence: \_\_\_\_\_ Amount of rent or mortgage: \_\_\_\_\_

## SECTION V INITIAL DEPOSIT

Name/Entity sending the money	Initial deposit amount	Financial institution	Country
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Explain origin or concept of the initial deposit:

**SECTION VI**
**ACCOUNT PROFILE**
**Purpose of the account**

Savings  Miscellaneous payments/Services  Salary/Wages deposit  Professional fees  Investment   
 Loan liquidations  Others: \_\_\_\_\_

Explain origin or concept of the funds entering the account:

**INFORMATION ABOUT THE FORESEEN ACTIVITY OF THE ACCOUNT**

Complete all transactions foreseen to be made. In the case of any foreseen transactions, please mark "None".

	No. of transactions	Amount (\$)	Frequency	
Check deposits	_____	_____	Monthly <input type="checkbox"/>	None <input type="checkbox"/>
Check payments	_____	_____	Monthly <input type="checkbox"/>	None <input type="checkbox"/>
ACH credits	_____	_____	Monthly <input type="checkbox"/>	None <input type="checkbox"/>
ACH debits	_____	_____	Monthly <input type="checkbox"/>	None <input type="checkbox"/>
Incoming transfers	_____	_____	Monthly <input type="checkbox"/>	None <input type="checkbox"/>
Outgoing transfers	_____	_____	Monthly <input type="checkbox"/>	None <input type="checkbox"/>

Check Deposits, from banks outside of P.R./EE.UU

**Transfers**

Specify the **incoming** recurring transfers. Yes  No  Specify the **outgoing** recurring transfers. Yes  No

Name	Country	Name	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Transfer details**

Retailer payment (third parties)  Remittance services  Customer payments  Securities titles   
 Transfers to individuals (Explain): \_\_\_\_\_ Other (Explain): \_\_\_\_\_

Is there a seasonal variation in volume?: Yes  No

If yes, please explain:

Is there a significant transaction that you expect to receive or make in the near future? (purchase/sell a property or vehicle, investment, inheritance, insurance, etc.):

**SECTION VII**
**PRODUCTS**

Types of products: Credit Card  Checkbook

Requested credit limit: \$ \_\_\_\_\_

I authorize the bank to make recurring automatic charges to my demand deposit account for the monthly minimum payment due, as stipulated in teh credit card statement.

**SECTION VIII**
**DISCLOSURES**

- **Wire transfers.** I hereby designate the following individuals as representative, for the purpose of authorizing the wire transfer requests in my name. These representatives will remain authorized until I notify the Bank, in writing, of the revocation of the authorization of any of said representatives, in accordance to Section II of the attached contract.
- **Legitimacy certificate.** I hereby certify under penalty of perjury, that all the information provided by me, collected and recorded by Banco San Juan Internacional is correct and precise, and that I understand that any forgery or omission of information may result in my account being frozen and immediately closed without previous notification, in accordance to Section III of the contract.
- **Credit card.** I authorize an automatic charge to my demand deposit account, to cover the monthly minimum payment as established on the credit card statement. I authorize Banco San Juan Internacional Inc. to verify my credit and banking information as well as any other information necessary to process this application. I agree that the pledged funds will serve as guarantee for any other debt or obligation contracted under this agreement. Once the card has been issued, the amount of funds pledged will be equal to or less than 125% of the credit limit assigned, according to the evaluation of your credit capacity, and payment history. I agree and authorize the Bank to place a hold on my demand deposit account for the pledged funds, during the validity of the attached agreement, as stated in Section IV of the same.
- I hereby declare under oath that the funds deposited in Banco San Juan Internacional, Inc. are of legal origin and a product of my own property. I have read the above information, which I validate as authentic and reliable. I as well declare that I am aware of the civil and criminal consequences that could derive of giving false or misleading information. I authorize Banco San Juan Internacional, Inc. to request, consult, gather and transmit information about my credit history and references as many times it is required by the banking regulatory entities and any other related authorities.

*\* The following signature(s) pertain to the selected product(s). Your signature(s) constitute(s) the authorization to the Bank, that the undersigner(s) is/are the authorized person(s). These signatures will be under custody of Banco San Juan Internacional, Inc. in San Juan, Puerto Rico.*

**BY SUBSCRIBING THIS DOCUMENT, I ACCEPT AND ACKNOWLEDGE THE VALIDITY OF ITS CONTENTS WITHIN THE SAME. AND MY SIGNATURE EVIDENCES MY AGREEMENT WITH THE DECLARATIONS, TERMS AND CONDITIONS DETAILED IN THE ATTACHED "DEPOSIT ACCOUNT CONTRACT BANCO SAN JUAN INTERNACIONAL".**

**SECTION IX**
**REGISTERED SIGNATURES**

Joint  Indistinct  Other

Explain:

The signature to be registered in this section may include primary account holder (s) and/or cardholders. Please select accordingly.

			Account holder <input type="checkbox"/>	Card holder <input type="checkbox"/>	<input type="text"/>
A.	Names and surnames	Signature			Date (mm/dd/yyyy)
<b>*If you requested a credit card with a checking account, please complete as primary card holder.</b>					
B.	Names and surnames	Signature			Date (mm/dd/yyyy)
C.	Names and surnames	Signature			Date (mm/dd/yyyy)
D.	Names and surnames	Signature			Date (mm/dd/yyyy)

**SECTION X**
**ONLY TO BE USED BY THE EXECUTIVE/REPRESENTATIVE/WITNESS**

			<input type="text"/>
Names and surnames of the executive/representative/witness	Signature		Date (mm/dd/yyyy)

**SECTION XI**
**FOR INTERNAL USE**

**Reviewed by:**

		<input type="text"/>
Name and surname of back office officer	Signature	Date (mm/dd/yyyy)

**Approved by:**

		<input type="text"/>
Name and surname of compliance officer	Signature	Date (mm/dd/yyyy)

Date **NEW ACCOUNT APPLICATION  
INDIVIDUAL – APPENDIX I****• ONLY TO BE FILLED IN BY THE CO-SIGNER OF THE ACCOUNT (ONE FORM PER CO-SIGNER)****SECTION I PERSONAL INFORMATION**

Names		Surnames	
Date of birth	Country of birth	Nationality	Other nationality
Passport No.	Expiration date	Identification No.	Expiration date
Gender	Marital status	Residential address	
City	State/Province	ZIP code	Country
Mailing address (if different from residential address)		City, State, ZIP code, Country	
Residential telephone No.	Alternate telephone No.	Email	Relationship to applicant

**SECTION II EMPLOYMENT INFORMATION**

Commercial activity of the customer/Employer	Employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Other <input type="checkbox"/>	Explain:	
Profession	Company or entity	Position	Time in position*
Address			City
State/Province	ZIP code	Country	Telephone No.

\*Complete the following spaces only if the time in position is less than three years.

Company or entity	Position	Time in position
Company or entity	Position	Time in position

**SECTION III POLITICALLY EXPOSED PERSON**Are you a politically exposed person in another country? According to the definition on Section V of the attached contract. Yes  No **SECTION IV FINANCIAL INFORMATION**

Annual gross income (Financial information in USD): \$ \_\_\_\_\_ Other income (not related to occupation): \$ \_\_\_\_\_

Net worth: \$ \_\_\_\_\_ Source of other income: \_\_\_\_\_

Explain source of assets:

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Residence: Own  Leased  Other  Time in that residence: \_\_\_\_\_ Amount of rent or mortgage: \_\_\_\_\_

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

(Rev. February 2014)

► For use by individuals. Entities must use Form W-8BEN-E.

OMB No. 1545-1621

Department of the Treasury  
Internal Revenue Service

► Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).

► Give this form to the withholding agent or payer. Do not send to the IRS.

**Do NOT use this form if:**

**Instead, use Form:**

- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . 8233 or W-4
- A person acting as an intermediary . . . . . W-8IMY

**Part I Identification of Beneficial Owner (see instructions)**

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>			
City or town, state or province. Include postal code where appropriate.			Country
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.			Country
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

9 I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**



Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)