

Personal Deposit Account Application Requirements

1. Account opening application.
2. Two (2) forms of valid photo identification of the signers:
 - Primary identification document (passport).
 - Secondary identification document (ID, National Identity Document, 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, BSJI will request additional information in order to open the account.*

Personal Deposit Account Application

Date / /

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 Self-Employed Other

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) \$
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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 _____

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 the transactions foreseen to be made. In the case of a transaction not being foreseen to be made, please mark the option "None".

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

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

Transfers

Specify the **Incoming** recurring transfers.

Specify the **Outgoing** recurring transfers.

Name	Country	Relationship	Name	Country	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Transfer details

Retailer payment (third parties) Remittance services Customer payments Securities titles

Transfers to persons (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? (For example: purchase/sell a property or vehicle, investment, inheritance, insurance, etc.) _____

SECTION VII: Products

Type(s) of product(s): Credit Card Checkbook

If you selected Credit Card, please complete the **Credit Card Application**.

SECTION VIII: Disclosures

• **Wire transfers.** I hereby designate the following individuals as representatives, 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.

• 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 result from false or misleading information given. 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"/>	/ /
A. Names and surnames <small>(If you requested a Credit Card with a checking account, please complete as primary card holder)</small>	Signature	Identification No.	<input type="checkbox"/>	<input type="checkbox"/>	/ /
B. Names and surnames	Signature	Identification No.	<input type="checkbox"/>	<input type="checkbox"/>	/ /
C. Names and surnames	Signature	Identification No.	<input type="checkbox"/>	<input type="checkbox"/>	/ /
D. Names and surnames	Signature	Identification No.	<input type="checkbox"/>	<input type="checkbox"/>	/ /

SECTION X: Only to be used by the Executive/Representative/Witness

			/ /
Names and surnames of the executive/representative/witness	Signature		/ /

SECTION XI: For internal use

Reviewed by:

			/ /
Name and surname of back office officer	Signature		/ /

Approved by:

			/ /
Name and surname of compliance officer	Signature		/ /

Personal Deposit Account Application

Appendix I

Date / /

Only to be filled in by the Co-Signer of Account (one form per Co-Signer)

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		Relationship to applicant	

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 _____

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

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

► **For use by individuals. Entities must use Form W-8BEN-E.**
► **Go to www.irs.gov/FormW8BEN for instructions and the latest information.**
► **Give this form to the withholding agent or payer. Do not send to the IRS.**

OMB No. 1545-1621

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 United States (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
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

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). Do not use a P.O. box or in-care-of address.			
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)			
6a Foreign tax identifying number (see instructions)		6b Check if FTIN not legally required <input type="checkbox"/>	
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 and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____.

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

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 or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- 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 I certify that I have the capacity to sign for the person identified on line 1 of this form.

_____	_____
Signature of beneficial owner (or individual authorized to sign for beneficial owner)	Date (MM-DD-YYYY)

Print name of signer	