

# Additional Services Required



GLOBAL BANK OF COMMERCE, LTD.

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

I/We have received, read, understood and accepted the Terms and Conditions of the Customer Agreement in the "Leading The Way In Offshore Banking" Brochure. I/We agree to be bound thereby, and acknowledge that same may be amended by you from time to time. I/We confirm that I am/we are the beneficial owners of this account.

Please tick appropriate box:  
(Separate application forms will be forwarded to you for completion and return).

- Telephone Banking
- Internet Banking

## CORRESPONDENCE AND STATEMENTS

Please indicate your preference for receiving our general correspondence:

- Mail       Facsimile       Courier
- Please send all correspondence and statements for my/our account(s) on a regular basis to my address on record.
- Please hold all correspondence for my account at your office at an annual charge of US\$150. The mail not claimed may be destroyed after a period of one year.
- Please abide by the following special delivery instructions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FREQUENCY OF DEMAND/SAVINGS ACCOUNT STATEMENTS

(Please indicate preference)

- Monthly     Quarterly     Semi-Annually     Annually
- On request\*     Other\*

\*(A fee will apply for both)

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

<b>For Bank Use Only:</b>	
Data Entered by: _____ (Officer's Signature)	Date _____
Telephone/Internet Banking - Method Sent: Application Forms	<input type="checkbox"/> Fax <input type="checkbox"/> Airmail <input type="checkbox"/> Courier
Sent by: _____ (Officer's Signature)	Date _____