

IMPORTANT

Completion Instructions

- Please use block capitals (**in ink or Type**)
- Complete all items (**1-11**)
- Complete the Resolution

Documents Required:

SOLE TRADERS/PARTNERSHIP

- Completed Business Application Form.
- Completed Official Nomination Form.
- Copy of ID for each partner or owner of the business.
- Copy of ID for each Nominated Cardholder.
- Proof of Address for each partner or owner of the business.
- Proof of Address for each Nominated Cardholder.
- Tin Certificate for each partner or owner of business
- Tin Certificate for each Nominated Cardholder
- Tin Certificate for the business
- Certificate of Business Registration.
- Source of income document i.e Annual Returns, Balance Sheet, Affidavit of Income Statement
- Character reference for each partner or owner of the business.
- Character reference for each Nominated Cardholder.

KINDLY INDICATE REQUIRED BUSINESS CREDIT LIMIT: (USD)

BUSINESS DETAILS

1. Name of Company

2. Date Founded

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3. Company Number

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4. Mailing Address

5. Business Telephone/Fax Number/E-mail

Telephone:
Fax:
E-mail:

6. Registered Office Address
(for company, if different from above)

7. Type of Business

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8. Contact Name

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9. Position Held

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10. Company /Business Name for Card embossing (**Max 20 characters including spaces and punctuation**)

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11. Main Banker's Name and Address

BANK DETAILS

12. Type of account at bank

Overdraft
 Loan

Deposit/Chequing(Statements)
 Other

13. Statements/Management Reports Should be sent:

To Mailing Address
 To Employee's Address (Statements)
 Other (Please State)

SOLE PROPRIETORSHIP – RESOLUTION/AGREEMENT

Dated this day of
(Day) (Month) (Year)

We/I Resolve/Agree that:

A. CITIZENS BANK GUYANA INC. be and is hereby authorized and/or requested to:

- Open One Business Card Account in the name of the Company. Issue individual accounts and business cards with individual credit limits linked to the Business Card Account for individuals nominated in a request signed by the person(s) holding the position(s) listed below and make any inquiries it deems necessary in connection with this request.
- Open One Business Card Account in the name of the Company. Issue business cards linked to the Business Card Account with a shared limit for individuals nominated in a request signed by the person(s) holding the position(s) listed below and make any inquiries it deems necessary in connection with this request.

Details of Person(s) Authorized to Nominated Cardholders/Transact Business:

SIGNING AUTHORITY: (Please tick the appropriate box)

- Any one to sign Any two to sign All to sign Sole Signatory
- Other (Specify):

BUSINESS TITLE:
SURNAME:
FIRST NAME:

Signature ID#:

BUSINESS TITLE:
SURNAME:
FIRST NAME:

Signature ID#:

BUSINESS TITLE:
SURNAME:
FIRST NAME:

Signature ID#:

BUSINESS TITLE:
SURNAME:
FIRST NAME:

Signature ID#:

And the Partners/Sole Proprietor undertake(s) to promptly notify the Bank of any changes of the holder(s) of such title(s).

- B. The Company accepts and agrees to be bound by the Business Card Terms and Conditions of Use governing this application which has been produced to the meeting of which a certified copy of this resolution forms part and as amended from time to time.
- C. Should this application be successful, we/I also give permission for Citizens Bank Guyana Inc. to provide any credit information to a licensed credit bureau in Guyana in accordance with the Credit Reporting Act.

We certify the above to be the true copy from the minutes

**Authorized
Signature**

..... (Insert full name)

**Authorized
Signature**

..... (Insert full name)

**AFFIX SEAL OR
COMPANY STAMP**

PAYMENT INSTRUCTIONS

(Please (v) tick appropriate box)

A. I/ We instruct Citizens Bank Guyana Inc. to debit my/our account numbered:-

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at your Branch for:

(Please (v) tick)

Full Amount Due

Minimum Payment Due

Fixed Amount of (please state) \$.....
on or before the Payment Due shown on each Monthly Billing Statement.

B. I/ We will effect payment on or before the Payment Due Date shown on each Monthly Billing Statement by cheque payable to Citizens Bank Guyana Incorporated.

OTHER INSTRUCTIONS/ INFORMATION

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AUTHORISING SIGNATURE(S)

Signature

Signature

Signature

Signature

**AFFIX SEAL OR
COMPANY STAMP**

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FOR BANK USE ONLY

BRANCH STAMP

Credit Line Approved For:

\$.....

X.....

Rating Officer

Date

X.....

Approved By

Date

X.....

Approved By

Date



It's Where You Belong

NOMINATION FORM

I/We, hereby authorize CITIZENS BANK GUYANA INC. to:

- Open a Business Card Account
- Add Nominee to Existing Business Account

Please indicate type of card limit:

- Individual Limit US\$ _____
- Shared Limit (All nominees use card within company limit)

With the following details:

Surname:

Date of Birth:

First Name:

Number of Dependents:

Middle Initial:

Government Identification#:

Gender:

Nationality:

Salutation:

Marital Status:

Business Title:

Mother's Maiden Name:

Home Telephone:

Email Address:

Mobile Telephone:

Nominated Cardholder's Signature:

X

Home Address:

By affixing my signature in the space provided above, I hereby confirm that I have read, understood and agreed to abide by the conditions of use detailed.

Name as it should appear on the card:

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AUTHORIZED TO NOMINATE:

.....
Signature

.....
Signature

.....
Signature

.....
Signature



AFFIX SEAL OR COMPANY STAMP

FOR BANK USE ONLY

Branch Stamp

Credit Line Approved For:

X.....
Approved By Date

X.....
Approved By Date