



Account number

APPLICATION FORM ADITIONAL SIGNATORY

MAIN HOLDER INFORMATION

Full name	Identification	Relationship
	Type N°	

SIGNATOY INFORMATION

Note: Please, write do not apply in cases that do not apply

Signatory

Full name	Identification	Country of birth	Cityzenship
	Type		
	N°	Other nacionality, indicate	
Country of residence	Home address (No mailbox or PO BOX)		
Country	Home phone	Cell phone	E-Mail
Date of birth	Civil Status	Profession	
Occupation and/or Position		Company name	
Office phone	Work E-mail	Are you self employed?	
		Yes No	

Describe type of business, industry, product and/or provided service or area of service where you work:

Office Address		
City	State	Country
Are you or any family member in a public office position or participate in political party affairs or held a high government position?		
Yes No		



REGULATORY CLAUSES

CUSTOMER IDENTIFICATION PROGRAM "CIP":

To help the government fight the funding of terrorism and money laundering activities, law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

DECLARATION OF ACCOUNT AND AUTHORIZED HOLDERS:

I (we) certify (certify) that: (i) (if) I (we) received the information on this form and all the information and all the documents submitted to the Bank are true and correct in all respects; (ii) I (we) inform (notify) the Bank immediately of any changes to that information; (iii) I (we) I understand (understand) that the terms and conditions of this Agreement, are subject to change and modification at the discretion of the Bank, without prior notice to Customer, except as required by applicable law or pursuant to set forth herein; (iv) I (we) I (we) submit (submit) irrevocably to the jurisdiction of any court of Puerto Rico for any action or proceeding relating to this (s) account (s) that is initiated by the Bank or its behalf; and (v) I (we) waive (give up) irrevocable and voluntarily (as does the Bank to accept this form) to any existing right to trial by jury in any legal proceedings related to this form. Also, I (we) certify (certify) the funds deposited in this account I (we) belong and not to be the case, I (we) I (we) agree (commit) to supply information relating to the manage these funds in a manner satisfactory to the Bank; (vi) I (we) have no residence in the Commonwealth of Puerto Rico or were born in the aforementioned jurisdiction.

For purposes of this form I declare (declare) that the development of my (our) economic activity and the origin of the funds deposited, and / or for which the deposited funds are used, is framed within the scope of the law, also that or deposit funds deposited come from legal activities, which is why I (we) I take responsibility (responsible) for their legitimacy and provenance; and certify (certify) that transfers to be entered will be drawn by people widely known to me (us) and are not engaged in illegal activities. By signing this form, I (we) accused (we accuse) receipt of the terms and conditions of the Agreement, ironing products and rates and the other disclosures required by law or regulation and / or being provided access to them through of the bank's website. The Bank will provide the Contractor request a username and password to access the website, for the purpose of consulting and operations with the Bank and is committed to safeguarding the information of access to online banking.

SPACE FOR SIGNATURE

Main holder

Main holder full name

Signatory

Signatory full name

Date

FOR INTERNAL USE

Recibed by

Full name

Signature

Originals verified. Certified copies of received documents

Verification
(Authorized Officer)

Full name

Signature