

We, the institution named below, hereby apply to become a member of the Association of International Banks & Trust Companies in The Bahamas.

FULL NAME OF INSTITUTION	
MANAGING DIRECTOR	
PHYSICAL ADDRESS	
POSTAL ADDRESS	
TELEPHONE	
FACSIMILE	
EMAIL ADDRESS	
WEBSITE	
TYPE OF LICENSE	Select Either or All as appropriate <input type="checkbox"/> BANK <input type="checkbox"/> TRUST
COUNTRY OF DOMICILE	
NUMBER OF EMPLOYEES	
ANNUAL FEE: BSD\$ 2,000.00 To be invoiced for year: YYYY	

We hereby agree to abide by the Terms & Conditions detailed in the *AIBT Code of Conduct*.

SIGNATURE	
NAME/TITLE	
DATE	