

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

NAME OF INSTITUTION	
MANAGING DIRECTOR	
PHYSICAL ADDRESS	
POSTAL ADDRESS	
TELEPHONE	
FACSIMILE	
EMAIL ADDRESS	
WEBSITE	

TYPE OF LICENSE

Select Either or All as appropriate

BANK TRUST FAMILY OFFICE

COUNTRY OF DOMICILE	
NUMBER OF EMPLOYEES	
LIST BENEFICIAL OWNERS (With 10% or more interest)	

ANNUAL FEE: BSD\$2,000.00

To be invoiced for year:

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

SIGNATURE	
NAME/TITLE	
DATE	