

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

NAME OF ENTITY			
Managing Director			
Senior Officer I or Senior Officer II (as registered with Central Bank of The Bahamas)			
Physical Address			
Postal Address			
Telephone			
Email Address			
Website Address			
INCORPORATION DATE (per registrar general's department)		Registration No.	
TYPE OF LICENCE Select Either or All as appropriate	<input type="checkbox"/> Bank	<input type="checkbox"/> Trust	<input type="checkbox"/> Bank & Trust <input type="checkbox"/> Family Office
SERVICE TYPES PROVIDED (e.g. private banking, trust services, securities trading)			
PARENT COMPANY NAME (where applicable)			
TRADING NAME (where different from entity registration name)			
BUSINESS LICENCE NUMBER (Per Department of Inland Revenue)			
TAX IDENTIFICATION NUMBER (Per Department of Inland Revenue)			
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.

NAME/TITLE	
SIGNATURE	
DATE	