



Return the completed application in person, by courier or mail to Customer Support at PO Box 1097, Grand Cayman KY1-1102. The application can also be scanned and emailed via secure mail to [cnb@caymannational.com](mailto:cnb@caymannational.com). Please call +1 345 949-4655 and ask for 'Online Banking' if you need assistance. Terms are as defined in the General Terms and Conditions ('Terms & Conditions').

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## CUSTOMER INFORMATION

Please write in BLOCK CAPITALS and tick where necessary

New Application <input type="checkbox"/> Change Existing Profile <input type="checkbox"/> Business Name	
Primary Contact Name	Office Telephone
Email Address	Cellular Telephone

## CONTROL INFORMATION

Single User Control* <input type="checkbox"/>	This is relevant to businesses with only one online banking User.
Single Administrator Control <input type="checkbox"/>	This empowers one Administrator to authorise the creation/modification of Account Control and the creation/modification of other Users.
Multiple Administrator Control <input type="checkbox"/>	This requires two or more Administrators to be appointed, two of which must authorise the creation/modification of Account Control and the creation/modification of other Users, but not their own profile.

\* The following section is not applicable to Single User Control.

## MASTER/BUSINESS USERS INFORMATION

The following person(s) is/are hereby designated as the Administrator(s) for the purposes of Online Banking activities and with powers described in the Online Banking User Guides for Business Customers. The Administrators have direct and indirect control over bank accounts that may be different from existing signatories. See Terms & Conditions.

Total Number of Business Users	This includes those who initiate transactions, authorise transactions, as well as the Administrators (known as 'Master Users') for the Business Online Banking profile. Simplified KYC due diligence is required for the Administrators and Authorisers.
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### MASTER 1 (Mandatory for Single or Multiple Administrator Control)

Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	First Name	Middle Initial	Surname
Office Telephone	Cellular Telephone	Email Address	

### BUSINESS USER 2 Please select one of the following options: Master User Authoriser

Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	First Name	Middle Initial	Surname
Office Telephone	Cellular Telephone	Email Address	

### BUSINESS USER 3 Please select one of the following options: Master User Authoriser

Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	First Name	Middle Initial	Surname
Office Telephone	Cellular Telephone	Email Address	

### BUSINESS USER 4 Please select one of the following options: Master User Authoriser

Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	First Name	Middle Initial	Surname
Office Telephone	Cellular Telephone	Email Address	

### BUSINESS USER 5 Please select one of the following options: Master User Authoriser

Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	First Name	Middle Initial	Surname
Office Telephone	Cellular Telephone	Email Address	

### BUSINESS USER 6 Please select one of the following options: Master User Authoriser

Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	First Name	Middle Initial	Surname
Office Telephone	Cellular Telephone	Email Address	

## AUTHORISATION LEVELS

Single-level Authorisation <input type="checkbox"/>	This requires only one Authoriser to approve a request.
Two-level Authorisation <input type="checkbox"/>	This requires two Authorisers to approve a request.
Three-level Authorisation <input type="checkbox"/>	This requires three Authorisers to approve a request.

Note: Applications cannot be processed without a valid cellular number and email address. Please also note that Users will receive a temporary username via email upon completion of application processing, which the User will be able to change to a preferred User Name at first login. A temporary password will be provided via SMS. The User will be prompted to create a new password at first login.

**ACCOUNTS AND SERVICES TO BE ACCESSED THROUGH ONLINE BANKING (for additional accounts, list on a separate sheet)**

CHEQUING/SAVINGS ACCOUNT #	VIEW ONLY	FULL ACCESS	TERM DEPOSIT ACCOUNT # (View Only)	LOAN ACCOUNT # (View Only)
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>		

BUSINESS/CORPORATE CREDIT CARD #	VIEW ONLY	FULL ACCESS
X X - X X X X -	<input type="radio"/>	<input type="radio"/>
X X - X X X X -	<input type="radio"/>	<input type="radio"/>
X X - X X X X -	<input type="radio"/>	<input type="radio"/>
X X - X X X X -	<input type="radio"/>	<input type="radio"/>

**OPTIONAL: PRIMARY PARTIES ACCESS (For businesses with common control) Not applicable**

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- If Customer is a Related Party, insert name of Controlling Customer (Related Parties) Each customer to complete own application form
- If Customer is the Controlling Customer (Related Parties), insert name(s) of Related Parties Each customer to complete own application form

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The Administrator of the Controlling Customer (Primary Parties) will have control of the Linked Accounts of the Primary Parties. The Related Parties will be controlled by the Controlling Customer (Related Parties). See Guidance Notes and Terms & Conditions.

**ACCEPTANCE OF TERMS & CONDITIONS BY CUSTOMER**

The Customer hereby applies to Cayman National Bank Ltd. to use Cayman National's Online Banking for the Linked Accounts and the appointment of the named persons as Administrator(s), pursuant to the Terms & Conditions.

Customer hereby confirms and certifies that it has resolved, pursuant to its constitutional and governing documents, to apply to Cayman National for Online Banking, in accordance with the Terms & Conditions and this Application Form and that the Customer has read, understood and agrees to be bound by the Terms & Conditions, which form part of this Application and are also available at [www.caymannational.com](http://www.caymannational.com).

Customer specifically agrees and understands that any prior or other requirement or instruction(s) to Cayman National to verify any signatures on any type of transaction or to limit any transaction in any way, does not apply to any Customer Instructions received through Online Banking. Customer acknowledges that limitations on individual or joint authority to transact any business under the Other Mandates do not apply to Customer Instructions on Online Banking. Customer must establish (or re-establish) its own Account Control (eg: authorisation limits) through its Administrator(s) in accordance with the Online Banking Guides.

Director/President	Signature	Secretary/2nd Director	Signature
Print Name		Print Name	
Date	Day / Month / Year	Date	Day / Month / Year

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Authorised By	Branch	Date	Day / Month / Year
Customer Advised	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	In Person <input type="checkbox"/>
Request Actioned By	Date	Day / Month / Year	Authorised By
Date Completed	Day / Month / Year		