



Butterfield

P.O. Box HM 195 | Hamilton HM AX, Bermuda

www.butterfieldgroup.com

BUTTERFIELD ONLINE INTERNET BANKING PERSONAL APPLICATION

Retail Banking

CUSTOMER INFORMATION

Salutation: (Mr./ Mrs./ Miss / Dr)

Name: First _____

Last _____

Email: _____

Address: _____

Date of Birth:

Telephone:

Mobile:

Would you like the option to send Wires: Check Box if Yes

- Select Wire Limit:
- 1 – 1,000 (Default)
 - 1,001 – 5,000
 - 5,001 – 10,000
 - 10,001 – 50,000
 - 50,001 – 100,000
 - 100,001 – 200,000

Alerts:

Printed Name: _____ Customer Signature: _____ Dated ___/___/___ (dd/mm/yy)

BANK USE ONLY

Approved By Name: _____ Signature: _____ Dated ___/___/___ (dd/mm/yy)

Check By Name: _____ Signature: _____ Dated ___/___/___ (dd/mm/yy)

Reference Number



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Business/Personal
Application Form Explanation

ALL FIELDS MUST BE COMPLETED BEFORE SUBMITTING THE APPLICATION FORM TO THE BANK.

Page 1. Client Information

First Name:	Your Given/Christian name.
Last Name:	Your last name/surname.
E-mail:	Your business or personal e-mail address.
Address:	Your home address.
Mailing:	The mailing address if different from the address.
Telephone:	Your contact telephone number and cellular number (if applicable).
Alerts:	A messaging service providing customers with information regarding activity with their accounts