

CUSTOMER INFORMATIONSalutation: Mr. Mrs. Miss. Dr. Other: Name: (First) (Last) E-mail: Address: Date of Birth: (DD/MM/YYYY) Telephone: Mobile: Would you like the option to send Wires: Yes No If **Yes**, select wire limit: \$1 – \$1,000 (Default) 1 – \$5,000 1 – \$10,000 1 – \$50,000 1 – \$100,000 1 – \$200,000

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Print)	Customer Signature	Date (DD/MM/YYYY)

BANK USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>
APPROVED BY		
Name (Print)	Signature	Date (DD/MM/YYYY)

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CHECKED BY		
Name (Print)	Signature	Date (DD/MM/YYYY)

REFERENCE NUMBER: **CUSTOMER NUMBER:**

Clients and other individuals have certain rights with respect to the data held by Butterfield. The details of the individual rights, as well as how we handle the data provided to us, can be found in our Privacy Statement which can be obtained from www.butterfieldgroup.com or by contacting LICBermuda@butterfieldgroup.com. The Bank of N.T. Butterfield & Son Limited is licensed to conduct banking business by the Bermuda Monetary Authority.

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.

Telephone: Your contact telephone number and cellular number (if applicable).