E first Form

COMPANY PROFILE AND ADMINISTRATOR INFORMATION

Company Name			
Registered Address Line			
City		Country	Trinidad & Tobago
Operating Address Line			
City		Country	Trinidad & Tobago
Email Address			
Telephone No.		Fax No.	
Trading Activity: (specify: drug store, supermarket etc.)			

Company Administrator 1

Client ID (For Official Use)			
First Name		Last Name	
Position			
National ID/PP/DP No.			
Day Phone No.			
Email Address			

Company Administrator 2

Client ID (For Official Use)			
First Name		Last Name	
Position			
National ID/PP/DP No.			
Day Phone No.			
Email Address			

_____
Company Administrator 1

_____
Company Administrator 2

THE ROLE OF THE COMPANY ADMINISTRATOR

The company has the option to appoint a maximum of two officer/s who will act as the administrator/s. The bank will provide the administrator/s with a user ID and password, which gives access to all the Online Banking Services for all the accounts accessible via efirst. This individual will be solely responsible for the administration and due diligence of users granted access to company accounts. The responsibilities of the administrator function are:

- Adding, modifying or deleting users and / or their access rights on efirst
- Granting company levels and limits for transactions
- Enabling access to account/s and entitlements for all users
- Resetting user passwords
- Monitoring user activity on efirst

I / We have read and understood the above and as such have duly designated persons as defined on this application under e first Company Profile and Administrator Information as the authorized company administrator/s.

_____
Authorized by – Director

_____
Name

_____
Date

_____
Authorized by – Director
OR Corporate Secretary

_____
Name

_____
Date

E first Form

COMPANY LEVEL LIMITS AND ACCOUNT SECURITY SET UP

Account Number	Account Name	Transaction Type	Access (Indicate features required)	Daily Limit $
1:		**Transfer bet. Accounts**	☐	
		Bill Payments	☐	
		ACH Payments	☐	
		Direct Debits	☐	NOT APPLICABLE
		International Wire Transfers	☐	
		Stop Payments	☐	
2.				
3.				
4.				
5.				

*International Wire Transfers are only applicable to foreign currency accounts

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Please list any Directors, Shareholders (10% or more), Beneficial Owners or Account Signatories that are classified as PEP (politically exposed person) using the definitions provided. (use separate sheet if required)

1. --------------------------------------   --------------------------------------
    (Full name in block letters)   (Job Title/ Position)

    (Please indicate function entrusted to this individual from the attached definitions)

2. --------------------------------------   --------------------------------------
    (Full name in block letters)   (Job Title/ Position)

    (Please indicate function entrusted to this individual from the attached definitions)

3. --------------------------------------   --------------------------------------
    (Full name in block letters)   (Job Title/ Position)

    (Please indicate function entrusted to this individual from the attached definitions)

Company Name:

_____   _____   _____
Authorized by – Director   **Name**   **Date**

_____   _____   _____
Authorized by – Director   **Name**   **Date**
OR Corporate Secretary

COMPANY STAMP HERE