

#Reg2	2 - Payment O	ption Maintena	nce F	Form (In	dividuals)	
	-	tory notes at the bottom		orm		
	1. Pe	rsonal Particulars (Indivi	duals)			
Title (Mr, Ms, Mrs, Dr, Sir, etc):		Middle Name(s):		Last ((Family) Name:	
Registry Account Number(s) ¹ : UID Number(s) ¹ :		Telephone No:	Telephone No:		l Address:	
	2. P	ayment Option (Bank De	tails) ²			
Bank Name:	Branch Address:			Branch Transit	Code:	
Account Number:		Account Type ³ Savings		(Check appropriate box): Chequing		
Name(s) on Account:		,				
Bank Address Line 1:	Bank Address Lin	Bank Address Line 2:		City:		
Parish/ County/ State:	County/ State: Zip Code/ Postal Code:		Country:			
Intermediary Bank Name: Intermediary Bank SW		SWIFT Code/ ABA #/ Routing #/ Sor	Code/ ABA #/ Routing #/ Sort Code:		Intermediary Bank Address:	
Signature Witnessed by ⁵	Date					
Name (Please Print)	Signature				Stamp/Notary Seal	
Individual Investor Information For	<u>m</u>					
3. Bank Account Type must be specifie4. Copies of Government-issued picture5. Signature(s) must be witnessed by the	on-ECCU Banks, Intermediary d. e IDs must be certified by the p ne Principal or Representative Senior Government Official or I	r Bank Information (Name, Address erson witnessing the form. of a Broker-Dealer, Notary Pub	ess, Swift	/ABA Code/Rout	ise leave blank ting Number, etc) should be provided below. of the Peace, Lawyer, Minister of Religion, on-ECCU Countries it must be witnessed by	