

CFAL Holiday Savings Challenge

Third Floor
308 East Bay Street
Nassau, The Bahamas
Tel: (242) 502-7010
Fax: (242) 393-4639
Email: savingschallenge@cfal.com



APPLICATION FORM

Name

Address

P.O. Box

Telephone

Date of Birth

DAY	MONTH	YEAR

 Email

Nationality

PASSPORT NUMBER									

NIB NUMBER									

Sex Male Female

CONTRIBUTION FREQUENCY Weekly Monthly

CFAL DIRECT DEPOSIT BANKING INFORMATION

Bank Name: FirstCaribbean International Bank
Bank Code: 010
Branch Code: 09706 (Main Branch, Shirley St.)
Account Name: Colina Financial Advisors Ltd.
Account Number: 201727189
Reference: Client Name/ Details

B3K? 7@F 67F3;>E 3F F: 77@6 A8F: 7
: A>63K E3H@9E 5: 3>>7@97

Name on Account:

Address associated with Account:

Bank Name:

Branch Name / Branch Number:

Checking / Savings Account:

Bank Account Number

(Name on bank account must match name of the account holder)

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DECLARATION

By signing this application the investor acknowledges and confirms that I:

- Am 18 years of age or older (otherwise applications must be made in the name of parent/guardian and signed by parent/guardian).
- Agree to be bound by the provisions of the CFAL Holiday Savings Challenge and the General Terms and Conditions of Colina Financial Advisors Limited (CFAL). CFAL reserves the right to refuse applications at its discretion.
- Am a Bahamian citizen or Permanent Resident with the unrestricted right to work in the Bahamas and am eligible to invest in the CFAL Holiday Savings Challenge.

Signature _____

DAY	MONTH	YEAR

- Please attach: Passport Driver's License NIB Card
 Proof of Current Physical Address (Utility Bill/ Bank Statement/ Voters Card/ Insurance Bill/ Credit Card Bill)

BENEFICIARY DESIGNATION

I, the undersigned, appoint the below beneficiary and authorize all monies from my investment in the CFAL Holiday Savings Challenge to be made payable to my beneficiary upon my death.

<input type="checkbox"/>	<input type="checkbox"/>
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Name of Beneficiary

Relationship to Investor

Contingent Beneficiary(ies)

Relationship to Investor

Signature _____

DAY	MONTH	YEAR