DEPOSITORY BAGS SERVICE APPLICATION FORM

Customer Information

Company Name : _____

Address : _____

Country : _____

Portfolio /Account Number : _____

Phone Number : _____

Email : _____

Acknowledgment:

By signing this document, the Legal Representative (s) of the company, being the Managing Director(s), Board Member(s), or other, declare to have read and accepted:

- ☐ The "Depository Bags Service Terms and Conditions"
- ☐ The "Deposit Bag Instructions"
- ☐ Orco Bank's "General Terms and Conditions"

Note(s):

- After completing this form, please send it to one of the following emails for processing:
  - Curaçao: cash.services@orcobank.com
  - Sint Maarten: cash.servicesSXM@orcobank.com
- This request requires 1 - 3 business days to process and complete.
- An administration fee will be applied to your account for the loss or additional key(s).

This form was signed on _____(*MM/DD/YYYY*)

Client Signature(s)

_____

Name:

Function title:

For internal use only

Processed By : _____

Date Processed : _____

Reviewed By : _____

Date Reviewed : _____

Key Information

Number of Keys Issued : _____

Location(s) of Night Depository : _____

Country : _____