

Application and Release Form (Standard)

Capital Bank International Relief Programme (“Programme”)

(Deposits of EC\$500 or less)

The process for completing the Application and Release Form (“Application”) is as follows:

- One Application must be completed for each Small Depositor of Capital Bank eligible to receive payment under the Programme.
- If any part of the form is incorrect or incomplete, the form may be returned to the Small Depositor for correction, or the Application declined.
- If the Small Depositor is no longer alive, the administrator of the estate is required to submit a death claim first, and then the procedures for processing the Application are to be discussed with the Programme Administrator, The Government of Grenada.
- If the Small Depositor disagrees with the Payment Amount, he or she should advise the Programme Administrator and the Application will be considered a Deferred Payment until all differences are resolved.
- If the Deposit has been assigned to another person, please complete the Application, advise the Programme Administrator, and provide details of the assignment. The Application may have to be considered Deferred Payment until the assignment has been verified.
- If the Deposit Account is in more than one name, with signing authority by all persons named on the account then the Application will have to be completed jointly and all signatories will be required to be present at the time of Payment.

Depositor’s Contact Information

Please list contact details below for the Small Depositor. Please ensure that the details are accurate.

Depositor’s Details

Name in full: _____

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Current Address: _____

Phone Number _____

Cell Phone _____

Bank Branch _____

Bank Account Number (if known) _____

SECTION 2: DECLARATION, WARRANTY AND RELEASE

The Depositor signing below hereby declares, warrants, and agrees as follows:

Completion of this Application Form

- That the information in this Application Form and the documents accompanying it are accurate and complete.

Receipt of Payment, waiver/surrender of rights, and disputes

- In consideration of the Payment indicated above, the Depositor enter into an agreement in accordance with the Programme terms with the Government of Grenada and the Receiver that:
 - the Deposit will be terminated;
 - all debts owed by Capital Bank in respect of the Deposit are discharged, including any right to further payments;
 - the Depositor waive all of his or her rights, claims, and interests in respect of the Deposit against Capital Bank the Receiver and the assets of Capital Bank;
 - the Depositor releases and indemnifies Capital Bank and the Receiver together with any of their employees, contractors or agents, from any liability whatsoever in respect of the Deposit and their Application under this Programme. This includes, but is not limited to, any rights to interest, earnings or other payments under the Deposit, or any consequential or other damages.

No Third Parties interested in the Deposit

Apart from any interest indicated by the signature of any Depositors’ current or former spouse below:

- The Depositor is the only person entitled to the proceeds payable in respect of the Deposit, and has not done anything to affect their Depositorship rights in the Deposit.
- The Deposit is not subject to any assignment to, or any other interests of, any party other than the Depositor listed in this Application Form and, if it is, the Depositor jointly and severally hold any payment received on trust for those parties.
- The Depositor indemnify Capital Bank, the Receiver and the Government of Grenada for all proceedings costs claims expenses and liabilities whatsoever arising from the above declarations being untrue or misleading.

Privacy Consent

The Depositor consents that the Receiver of Capital Bank may exchange information with the Government of Grenada regarding this Application.

SIGNATURE

1. DEPOSITOR SIGNATURE

I agree to the above Declaration:

Depositor’s Name (please print)	Depositor’s Signature	Date

TO BE COMPLETED BY OFFICE STAFF	
Depositor’s Details	Payment Details

Account Number:	_____	Principal Balance:	_____
ID type & number:	_____	Cheque No:	_____
		Approved by:	_____
		Deposit Document provided?	Yes / No