



Personal Account Opening Form/Associated Party Form

Bank Use Only

<input type="checkbox"/> Personal Account	<input type="checkbox"/> Joint Account	<input type="checkbox"/> Associated Party	<input type="checkbox"/> KYC requirements previously met	
New Account No.		CIF	Employee ID	
Customer Type	Account Type	Citizenship	Market Segment	SIC Code
Manager	Currency	Product No.	Branch No.	Deposit Amount

Customer Details

Existing Customer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Resident Status? Resident <input type="checkbox"/> Non-resident <input type="checkbox"/>	Source of Funds (Select only one option below) <ul style="list-style-type: none"> <input type="checkbox"/> Commission <input type="checkbox"/> Bonus <input type="checkbox"/> Business income/ earnings <input type="checkbox"/> Business profits <input type="checkbox"/> Investment income/ earnings <input type="checkbox"/> Corporate investments earnings <input type="checkbox"/> Rental income <input type="checkbox"/> Loan <input type="checkbox"/> Ext investment/ capital Injection <input type="checkbox"/> Insurance payment <input type="checkbox"/> Compensation payment <input type="checkbox"/> Government grant <input type="checkbox"/> Sale of assets <input type="checkbox"/> Liquidation of assets <input type="checkbox"/> Mergers & acquisitions <input type="checkbox"/> Controlled money account <input type="checkbox"/> Gift/donation <input type="checkbox"/> Tax refund <input type="checkbox"/> Salary/ wages <input type="checkbox"/> Superannuation/pension <input type="checkbox"/> Government benefits <input type="checkbox"/> Redundancy <input type="checkbox"/> Inheritance <input type="checkbox"/> Windfall 	Source of Wealth (Select only one option below) <ul style="list-style-type: none"> <input type="checkbox"/> Business income/ earnings <input type="checkbox"/> Business profits <input type="checkbox"/> Investment income/ earnings <input type="checkbox"/> Corporate investments earnings <input type="checkbox"/> Rental income <input type="checkbox"/> Insurance payment <input type="checkbox"/> Compensation payment <input type="checkbox"/> Owns real estate/ property <input type="checkbox"/> Sale of assets <input type="checkbox"/> Liquidation of assets <input type="checkbox"/> Mergers & acquisitions <input type="checkbox"/> Controlled money account <input type="checkbox"/> Gift/donation <input type="checkbox"/> Employment income/ earnings <input type="checkbox"/> Redundancy <input type="checkbox"/> Superannuation/ pension <input type="checkbox"/> Government benefits <input type="checkbox"/> Inheritance <input type="checkbox"/> Windfall <input type="checkbox"/> No wealth
Given Names <input type="text"/> Surname <input type="text"/> Any other names known by <input type="text"/> Nationality/place of birth <input type="text"/> Date of Birth (dd/mm/yyyy) <input type="text"/> Gender <input type="text"/> Marital Status <input type="text"/> Permanent Residential Address (not a PO Box) <input type="text"/> Country: <input type="text"/> Mailing Name and Mailing Address Mailing Name: <input type="text"/> Country: <input type="text"/> Contact Phone Number <input type="text"/> Email Address <input type="text"/> TIN (if applicable) <input type="text"/> National Identity No. <input type="text"/> Birth Certificate No. <input type="text"/> Passport No. <input type="text"/> Occupation <input type="text"/> Employer Name <input type="text"/> Employer Address <input type="text"/> Country: <input type="text"/> Work Phone No. <input type="text"/> Start Date (dd/mm/yyyy) <input type="text"/> Salary (annual) <input type="text"/> Preferred Cheque Book Name <input type="text"/>		Is a Withholding Tax/Stamp Duty exemption certificate held? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Purpose of opening account <input type="text"/> 	

Electronic Services

- HandyCard
 Visa Debit Card (criteria applies)
 Telephone Banking
 Mobile Banking
 Internet Banking

Handycard No.

Do you want to receive your statement electronically? Yes No

Acknowledgements

I/We agree:

- that documents presented for identification purposes may be verified by the Bank with an appropriate authority;
- to be bound by the terms and conditions which apply from time to time to this account opened by me with the Bank;
- if card access has been requested, to be bound by the Conditions of Use governing the use of the card;
- the Bank may charge to this or any other account(s) I/we may conduct with the Bank or recover from me/us any bank fees, government charges, taxes or duties imposed on transactions on/or which relate to my/our account(s); and
- to check my/our account statements and notify the Bank of any errors or unusual transactions within 3 months of receiving each account statement.
- I understand that The Bank is not liable for any incorrect *pay other* transactions I make through Mobile Banking Transfer.
- I acknowledge that the mobile number I have provided is true and is registered with the Mobile Operator mentioned.
- The Bank is not liable for any losses incurred in the duration of the mobile being stolen, before reporting it to the Bank.

I acknowledge that I/we have received a copy of the relevant Terms and Conditions that apply to this account.

I believe the details of this form to be true and correct.

I acknowledge that I/we have read and understood the Privacy Statement in the Customer Banking Agreement.

Customer's Name

Customer's Signature

Customer's Photo

Where the customer is unable to sign or has signed with their initials, a mark, or in print, they are also required to provide their left thumb print and photo ID.

**Marksman
Customer's Left Thumb Print**

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Primary CIF	Customer Type	Account Type	Citizenship	Market Segment	SIC Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager	Currency	Product No.	Branch No.	Deposit Amount	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Staff Declaration

- (a) Collected all the necessary documents to complete the identification process Yes
- (b) Verified all necessary customer details Yes
- (c) Sighted all original documents and/or certified copies of documents Yes
- (d) Photocopied/scanned all documents provided for account opening purposes and confirmed that all images are clear & legible Yes
- (e) Collected a completed FATCA SDF Yes
- (f) Accurately completed 'Checklist for Personal Customers and Associated Parties' Yes

Account Opening Officer's Name

Employee ID

Signature

Date

Relationship Manager Declaration

Primary CIF has been recorded correctly and in compliance with the Credit Exposure Aggregation Policy as contained in the PNG Business Credit Manual Yes

Relationship Manager's Name

Employee ID

Signature

Date

Account Authorisation

I authorise the opening of this account and confirm all KYC and FATCA requirements are met.

Supervisor/ Verification Officer's Name

Employee ID

Signature

Date