

This form is to be used when requesting a non personal account and services. Information about products and services are set out in the Terms and Conditions. To open an account we require your personal and business information to identify you in accordance with the Anti-Money Laundering and Counter Terrorist Financing Act 2015. It is important that you provide complete and accurate information, to ensure the bank provides you with products and services that you require.

## TYPE OF ENTITY

Select one

- Cooperative Society   
  Foreign Government   
  Foreign Company   
  Government   
  Groups & Associations  
 Incorporated Land Groups   
  Partnerships   
  PNG Company   
  Trust   
  Others \_\_\_\_\_

## KEY DETAILS

Registered Entity Name: \_\_\_\_\_  
 Registered Entity Number: \_\_\_\_\_ Date of Registration: \_\_\_\_\_ Registered Tax Identification Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_  
 Principal Location of Business Operations: \_\_\_\_\_  
 Number of employees: \_\_\_\_\_

## OWNERSHIP DETAILS

Tick the appropriate box

- 100% PNG owned   
  76-99% PNG owned   
  51-75% PNG owned  
 26-50% PNG owned   
  1-25% PNG owned   
  0% PNG owned

## ADDRESS DETAILS

PRINCIPAL PLACE/LOCATION OF BUSINESS		CORRESPONDENCE ADDRESS	
Section:	Lot:		
Street:	Town:		
District:	Province:	Town:	Province:
City:	Country:	Country:	City:
		Attention:	

## INCOME & DEPOSIT DETAILS

### Source of Initial Deposit

Tick the appropriate box(es)

- Allowance   
  Informal Sector   
  Investment Income   
  Royalties | Dividends  
 Salary   
  Other \_\_\_\_\_

### Purpose of Account

Tick the appropriate box(es)

- Allowance   
  Informal Sector   
  Investment Income   
  Royalties | Dividends

## DETAILS OF KEY PERSONS (ULTIMATE BENEFICIAL OWNER AND SIGNATORY)

NAME	POSITION or TITLE	NATIONALITY	TAX ID NUMBER	SHARE PERCENTAGE (%)

<b>DIRECTOR/SIGNATORY A</b>	CUSTOMER ID: KYC REFERENCE NO:
Tax Identification No: _____	
First Name: _____	Second Name: _____ Family Name: _____
Date of Birth: _____	Country of Citizenship/Nationality: _____ Place of Birth: _____
Residential Address: Allotment: _____	Section: _____ Suburb: _____ City: _____
Province: _____	Country: _____ Contact No (Business Hours): _____
Mobile No: _____	Email (Business): _____ Email (Personal): _____
ID 1 Provided: _____	ID 2 Provided: _____

<b>DIRECTOR/SIGNATORY B</b>	CUSTOMER ID: KYC REFERENCE NO:
Tax Identification No: _____	
First Name: _____	Second Name: _____ Family Name: _____
Date of Birth: _____	Country of Citizenship/Nationality: _____ Place of Birth: _____
Residential Address: Allotment: _____	Section: _____ Suburb: _____ City: _____
Province: _____	Country: _____ Contact No (Business Hours): _____
Mobile No: _____	Email (Business): _____ Email (Personal): _____
ID 1 Provided: _____	ID 2 Provided: _____

<b>DIRECTOR/SIGNATORY C</b>	CUSTOMER ID: KYC REFERENCE NO:
Tax Identification No: _____	
First Name: _____	Second Name: _____ Family Name: _____
Date of Birth: _____	Country of Citizenship/Nationality: _____ Place of Birth: _____
Residential Address: Allotment: _____	Section: _____ Suburb: _____ City: _____
Province: _____	Country: _____ Contact No (Business Hours): _____
Mobile No: _____	Email (Business): _____ Email (Personal): _____
ID 1 Provided: _____	ID 2 Provided: _____

<b>DIRECTOR/SIGNATORY D</b>	CUSTOMER ID: KYC REFERENCE NO:
Tax Identification No: _____	
First Name: _____	Second Name: _____ Family Name: _____
Date of Birth: _____	Country of Citizenship/Nationality: _____ Place of Birth: _____
Residential Address: Allotment: _____	Section: _____ Suburb: _____ City: _____
Province: _____	Country: _____ Contact No (Business Hours): _____
Mobile No: _____	Email (Business): _____ Email (Personal): _____
ID 1 Provided: _____	ID 2 Provided: _____

**METHOD OF OPERATION AND ACCOUNT SIGNATORIES**

Authority is given to the person whose specimen signature appears below to operate on the account.

\*  Sole Signatory    \*  Either To Operate     All To Sign     Other *(Specify special instructions)*

<b>A.</b> Full Name: _____ Position: _____
Signature : _____ Dated : _____

<b>C.</b> Full Name: _____ Position: _____
Signature : _____ Dated : _____

<b>B.</b> Full Name: _____ Position: _____
Signature : _____ Dated : _____

<b>D.</b> Full Name: _____ Position: _____
Signature : _____ Dated : _____

## PRODUCT AND ACCESS

Tick required box.

Product	Access Required	OPT IN Services (Apply separately)
<input type="checkbox"/> Government Account	<input type="checkbox"/> Cheque Book	<input type="checkbox"/> Mobile Merchant <input type="checkbox"/> School Merchant <input type="checkbox"/> EFTPoS <input type="checkbox"/> Deposit Book
<input type="checkbox"/> VAT Account	<input type="checkbox"/> Cheque Book	
<input type="checkbox"/> Company Account	<input type="checkbox"/> Cheque Book <input type="checkbox"/> Internet Banking <input type="checkbox"/> SME VISA Card ( <i>SME segment only</i> )	
<input type="checkbox"/> Trust Account	<input type="checkbox"/> Cheque Book	
<input type="checkbox"/> Groups & Association Account	<input type="checkbox"/> Cheque Book <input type="checkbox"/> Internet Banking	
<input type="checkbox"/> Government Trust Account	<input type="checkbox"/> Cheque Book	
<input type="checkbox"/> Interest Bearing Account	<input type="checkbox"/> Cheque Book <input type="checkbox"/> Internet Banking	

## COMMUNICATION

I/We give consent to be informed about products, services, surveys or to update our records held with the bank. Preferred mode of contact:

Telephone     Email     SMS

## SME VISA CARD INFORMATION

The following persons are authorized to have in their possession and transact with a SME VISA Card.

CARD HOLDER 1

Name: \_\_\_\_\_

CARD HOLDER 2

Name: \_\_\_\_\_

*\*Only applicable where method of operation is Sole Signatory or Either to Operate.*

## DISCLOSURE STATEMENT

BSP Financial Group Limited advises that we may disclose your personal information in future to: (1) other organizations to help us to assess financial risk or to recover debt; (2) credit reference agencies; (3) other members of the BSP Group including BSP advisers, consultants or service providers, any of the banks subsidiaries, branches, head office or representatives; (4) any authority, regulator or government agency in any jurisdiction as the Bank may in its absolute discretion consider appropriate, necessary or advisable; (5) other organizations to assist us in compliance obligations in respect of sanctions, anti-money laundering, counter-terrorism financing and proceeds of crime; and (6) the United States Internal Revenue Service to assist us in compliance with our obligations under our arrangements regarding the Foreign Account Tax Compliance Act ("FATCA").

## CUSTOMER DECLARATION

I certify that the information contained in this form is true and accurate.

I have read and accept BSP's Account and Electronic Banking Terms and Conditions that apply to my business accounts and the transactions I conduct on my business accounts.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signed Director: \_\_\_\_\_

Signed Director/Secretary: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## BANK USE ONLY

BSP CUSTOMER ID:

Short Name: \_\_\_\_\_

Account No: \_\_\_\_\_

KYC Reference No:

Branch No: \_\_\_\_\_

Account No: \_\_\_\_\_

DESIGNATED NON FINANCIAL BUSINESS or PROFESSION (DNBF)

FINANCIAL INSTITUTION

## SME CARD EMBOSSING

CARD HOLDER 1

1st Line Embossing Name: (Card Holder Name / 21 Characters)

2nd Line Embossing Name: (Company Name / 25 Characters)

CARD HOLDER 2

1st Line Embossing Name: (Card Holder Name / 21 Characters)

2nd Line Embossing Name: (Company Name / 25 Characters)

## STAFF DECLARATION

### Staff Declaration

As the officer receiving the application, I confirm that I have reviewed the form:

- The customer has completed all necessary details and signed the form;
- Customer identification documents have been checked and satisfy BSP requirement;
- I have conducted and attached evidence of pre-onboarding checks for :
  - Foreign Nationals;
  - High Risk and Politically Exposed customers;
  - DNFBP
- I have processed the account and/or service request for the customer accordingly;
- I have scanned the signature, image and onboarding documents as prescribed by policy/procedure.

I confirm that I performed the following:

- |   |                                       |   |                                       |
|---|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Verified Entity Details                    | <input type="checkbox"/> IB processed | <input type="checkbox"/> SME VISA Card  | <input type="checkbox"/> Deposit Book |
| <input type="checkbox"/> Verified Identification of all Signatories | <input type="checkbox"/> Cheque Book  | <input type="checkbox"/> Provided the Business with all relevant Terms & Conditions |                                       |

### ACTIONING OFFICER

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### AUTHORISING OFFICER :

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

# NON PERSONAL ACCOUNT CHECKLIST

## Requirements to open a new account

### For Company/Business

- Completed Non Personal Account Application Form
- Company Profile
- Copy of Company Certificate of Incorporation from IPA.
- Copy of IRC Tax Identification Number (TIN) for company
- Meeting Minutes
- Complete Online Business Banking Application Form (if required)
- Valid ID for each signatory (refer to Identification Requirements section)

### For Sole Trader / Partnership

- Completed Non Personal Account Application Form
- Copy of Trading License or IPA Certificate
- Business Profile
- Copy of Tax Identification Number for Individual Sole traders
- Valid ID for each signatory (refer to Identification Requirements section)
- UBO

### Examples of Licensing Bodies

Business	Licensing Body
Trade Store	Trading license from the Local Level Government
PMV/Taxi	PMV/Taxi license from the Land Transport Board
Takeaway Shop	Trading license from the Local level Government
Clothing Business	Trading license from the Local level Government

## Identification Requirements

If you are a new BSP customer (i.e. do not have an active personal account with BSP), you are required to provide the following acceptable forms of identification to a total value of 40 points or more.

Form of Identification	Allocated Points
Drivers License	37 points
Passport	37 points
Work Permit	37 points
National Identity Card	37 points
Employment Identification Card with Photo	37 points
Student Identification Card	37 points
Birth Certificate	20 points
Referee with photo	20 points
Letter of employment	3 points
Marriage Certificate	3 points
School Certificate	3 points
Certificate of Baptism	3 points

The following products and services can add value to your business.

- Internet Banking (obtain application)
- EFTPoS device (obtain application)
- Term Deposit
- Mobile Merchant (obtain application)
- School Merchant (obtain application)

**Note:** You will be required to complete separate applications for the products and services stated above. Please obtain these applications from your nearest BSP Branch.

**Visit your nearest Branch or SME Business Centre today and discuss all your business and banking needs. We have tailored solutions to help grow your small business.**