



# BSP MasterCard Corporate Debit Card

## Expense Account Application Form

### Purpose of this Form:

This application form should be completed by Businesses, Companies and Government Organisations applying for the MasterCard Corporate Debit Card Expense Account and the BSP MasterCard Corporate Debit Card(s) associated with that Account.

The form is to be completed also by organisations with an existing Expense Account requiring the addition of a new card holder

Establishment of MasterCard Corporate Debit Card Expense Account

- › Each account created provides a consolidated view of all cards belonging to that expense account.
- › To be eligible to apply for this product, the applicant must be an existing corporate client of the Bank of South Pacific Limited. New clients of BSP must first establish a Business Cheque Account to be eligible for this product.

### Nomination of Signatories

- › Please provide the details of the existing signatories to the applicant's Business Cheque Account

### New BSP Customer MasterCard Corporate Debit Cardholder Account

- › Complete this form ONLY for any nominated cardholder who is not an existing BSP customer.

### Daily Spend / VIP Limits

- › Refer to this when completing Section C

### Nomination of Cardholders

- › Nominated cardholder(s) must meet the following requirements to be eligible for this product
  - An employee of the organisation
  - Over 18 years of age
  - Meet the identification requirements as set by the Bank of South Pacific Limited

### Terms and Conditions

- › Please obtain a copy of the relevant Terms and Conditions for this product:
  - BSP MasterCard Corporate Debit Card Terms and Conditions
  - BSP Electronic Banking Terms and Conditions
- › These documents are available at your Branch, through your Relationship Manager or online at [www.bsp.com.pg](http://www.bsp.com.pg).

### General Information in Completing this Form

- › If you require assistance in completing this Form, please contact your BSP Relationship Manager, Branch or call the BSP Client Service Centre on 180 1100.

Please:

- › Place an 'X' in the appropriate check box
- › Print in BLOCK CAPITALS in a blue or black ball point pen

### SECTION A: APPLICANT DETAILS

Registered name of the business or company (Entity):

Trading name (if applicable):

Business or Company Registration Number:

Investment Promotion Authority (IPA) Number (if applicable):

### Business Ownership:

*Please place an 'X' to indicate Business/Company ownership*

|                          |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | 1% - 25% PNG Ownership  |
| <input type="checkbox"/> | 26% - 50% PNG Ownership |
| <input type="checkbox"/> | 51% - 75% PNG Ownership |
| <input type="checkbox"/> | 76% - 99% PNG Ownership |
| <input type="checkbox"/> | 100% PNG Ownership      |
| <input type="checkbox"/> | 100% Foreign Ownership  |

**Business Address:**

Allotment:

Section:

Street:

Town:

Province:

**Mailing Address:**

PO Box #:

Post Office Name:

Street:

Town:

Province:

**SECTION B: NOMINATION OF AUTHORISED SIGNATORIES**

Please nominate the signatories authorised to manage this expense account and the cards linked to that account.

**Signatory 1:**

Title:  Mr  Ms  Miss  Mrs Other (please specify):  Date of Birth:

Surname:  Given name(s):

Position:

Business address:

Email:

Telephone Number (business hours):

Mobile:

**Signatory 2:**

Title:  Mr  Ms  Miss  Mrs Other (please specify):  Date of Birth:

Surname:  Given name(s):

Position:

Business address:

Email:

Telephone Number (business hours):

Mobile:

**Signatory 3:**

Title:  Mr  Ms  Miss  Mrs Other (please specify):  Date of Birth:

Surname:  Given name(s):

Position:

Business address:

Email:

Telephone Number (business hours):

Mobile:

**Signatory 4:**

Title:  Mr  Ms  Miss  Mrs Other (please specify):  Date of Birth:

Surname:  Given name(s):

Position:

Business address:

Email:

Telephone Number (business hours):

Mobile:

# NEW BSP CUSTOMER MASTERCARD CORPORATE DEBIT CARD - CARD HOLDER ACCOUNT

**OFFICE USE ONLY**

CIF Number.....

This form applies to non BSP / new customer applying for a MasterCard Corporate Debit Card.

**NOMINATED MCDC ACCOUNT HOLDER DETAILS**

First Name  Second Name  Surname   
Marital Status  Citizenship  Date of Employment

Employment Status:  Fulltime  Part time (Tick applicable)

I hereby request that BSP allow me to access and operate the MasterCard Corporate Debit Card cardholder account to be created as part of my employers application for my use of the MasterCard Corporate Debit Card, of which this application is part of.

**MASTERCARD CORPORATE DEBIT CARD ACCEPTANCE OF TERMS AND CONDITIONS**

I,.....accept BSP's MasterCard Corporate Debit Card Terms & Conditions which apply to this account.

Signature:

Date:

**OFFICE USE ONLY**

RELATIONSHIP MANAGERS / TELLER / CSO: I confirm that I have performed the following:

- Verified MCDC cardholder applicant details
- Provided the MCDC cardholder with relevant Terms & Conditions that apply to this product.

Staff Number:

Signed:

Date:

**Authorising officer:**

Staff Number:

Signed:

Date:

**MCDC CARD HOLDER ACCOUNT ( PRODUCT CODE 14)**

Customer shortname.....  
Branch Number.....  
Market Segment.....  
Officer Code.....  
Card Holder Account Number.....(To be completed by Lending Support)

**Daily spend/VIP Limits (refer to this when completing Section C)**

| VIP Limit | ATM<br>(Domestic or International) | EFTPoS<br>(Domestic or International) | Comments   |
|-----------|------------------------------------|---------------------------------------|--|
| 0         | K0                                 | K1,000                                | The VIP limits are <u>DAILY</u> spend limits on any given card. The amount you can spend is ultimately governed by how much money is in your cardholder account. |
| 1         | K0                                 | K3,000                                |  |
| 2         | K0                                 | K10,000                               |  |
| 3         | K1,000                             | K20,000                               |  |
| 4         | K1,000                             | K50,000                               |  |
| 5         | K5,000                             | K100,000                              |  |
| 6         | K10,000                            | K200,000                              |  |
| 7         | K500                               | K5,000                                |  |

**SECTION C: EXPENSE ACCOUNT SETUP AND CARDHOLDER NOMINATION**

Please select setup type:

- > New Expense Account Setup
- > New Cardholder to be added to existing Expense Account
- > Existing Expense Account Number

Specify how the business name should be embossed on each card (Max 25 Characters)

**Please specify in the following in the table:**

- > The first name and surname of each employee to be issued with a BSP MasterCard Corporate Debit Card;
- > The employee name to be embossed on each card (maximum 21 characters);
- > The date of birth of each employee;
- > Daily spend limit/VIP Limit. Refer to table in previous page and specify limit code from 0...to...7 according to your preferred daily spending ATM and EFTPOS limits.
- > The Cardholder's requirement of a sweep facility. This facility applies to businesses that have more than two cardholders with frequent spending habits and who would like their cardholders accounts linked to the Business Expense Account where funds will be made available from expense account to cardholders account. Please note that when a sweep facility is established, an overdraft/s has to be loaded to the holders account/s. Normal credit requirements apply.

Each cardholder **MUST** provide a copy of their identification (driver's license or passport)

| CARDHOLDER NOMINATION |  |  |  |  |  |  |  |  |  |  |  | BANK USE ONLY            |                       |                      |  |   |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--------------------------|-----------------------|----------------------|--|---|--|--|
| NAME OF EMPLOYEE      |  | Card Emboss Name of Employee (21 Characters) |  |  |  |  |  |  |  |  |  | Date of Birth (dd/mm/yy) | Daily Spend/VIP Limit | Establish Sweep? Y/N | If Sweep = Yes Indicate Overdraft amount | Current Customer CIF if existing customer |  |  |
| 1                     |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |
| 2                     |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |
| 3                     |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |
| 4                     |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |
| 5                     |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |
| 6                     |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |
| 7                     |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |
| 8                     |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |
| 9                     |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |
| 10                    |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |
| 11                    |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |
| 12                    |  |  |  |  |  |  |  |  |  |  |  |                          |                       |                      |  |   |  |  |

Please copy this page if the nomination of extra cardholders is required.

**SECTION D: CLIENT DECLARATION**

Declaration

I/We:

- 1) Acknowledge that I/we have read and understand the BSP MasterCard Corporate Debit Card Terms & Conditions and BSP Electronic Banking Terms and Conditions and by executing this application accept these documents and agree to be bound by them in my/our use of the Expense Account and the MasterCard Corporate Debit Card.
- 2) Are liable for the use of the MasterCard by my/our cardholders and that I/We are responsible for ensuring that the cardholders comply with all obligations imposed on me/us under the Bank's Electronic Banking and BSP MasterCard Corporate Debit Card Terms & Conditions.
- 3) Warrant that:
  - (a) In the case that the Entity is a company or an incorporated body, a resolution was passed in accordance with the Entity's Constitution or Memorandum of Association for an application to be made for;
  - (b) I/We are duly authorised to make an application for the establishment of the expense account subject to the BSP Electronic Banking and BSP MasterCard Corporate Debit Card Terms & Conditions, and the supporting documentation provided together with this form evidences the matters stated in this clause.(Note: Please attach a copy of a power of attorney and/minutes of the Entity's resolution to certify the above).
- 4) Acknowledge that the 'cardholders' are to be provided full authority to operate on those accounts using the MasterCard and permitted to transact daily in total an amount not exceeding the approved daily limit where available funds permit.
- 5) Acknowledge that the Bank is not responsible for nature of purchases made on any MasterCard Corporate Debit Card(s). Purchases will be governed by my/our organisation's expense policy relating to this facility.
- 6) Agree the authorities on this form and nominated cardholders will continue in full force and effect until the Bank receives notice of amendment or cancellation in writing;

Agree that the contents of this application and the supporting documentation provided together with this form are true and correct and that my/our signature below indicate my/our understanding of and consent to all matters set out in this application form.

**Signatory 1:**

Position (e.g. Director, Secretary):

Full Name:

Signature:

Date:

**Signatory 2:**

Position:

Full Name:

Signature:

Date:

**Signatory 3:**

Position:

Full Name:

Signature:

Date:

**Signatory 4:**

Position:

Full Name:

Signature:

Date:

**Note:** If there are more signatories to sign off, please copy or reprint this section and attach the page(s) to this form.

The common seal of:  (Client)  
was hereunto affixed by the undersigned proper officers of the said company, by whom and in whose presence the seal of the Company shall be affixed.



Director

Full Name:

Signature:

Date:

Director/Secretary

Full Name:

Signature:

Date:

**BANK USE ONLY**

- Cust CIF #:  • Cust SIC code  • Indicate overdraft amount on Expense Account if applicable:  K  • If ACA applies, Risk code
- Interest Rate
- Is the form completed correctly?:  Yes  No • Have the identities of the signatories and all cardholders been verified?  Yes  No
- Initiating Branch BSB-088  Collection Branch BSB-088
- I certify that the details contained within this form have been checked. System has been checked and appropriate action taken for card creation
- Bank Officer Name:
- Signature of Bank Officer:
- Signature of Branch / Relationship Manager:
- Date entry completed:  dd / mm / yy • Data entry validated:  dd / mm / yy

**TO BE COMPLETED BY LENDING SUPPORT**

**BUSINESS EXPENSE ACCOUNT SUMMARY**

|                               |                                 |                      |
|-------------------------------|---------------------------------|----------------------|
| Business Expense Account Name | Business Expense Account Number | Account Sublimit     |
| <input type="text"/>          | <input type="text"/>            | <input type="text"/> |

**CARDHOLDER SUMMARY**

| NAME OF EMPLOYEE | VIP Limit | Cardholder Account Limit | Sweep Established (Y/N) | Cardholder Account Number | Assigned Card Number |
|------------------|-----------|--------------------------|-------------------------|---------------------------|----------------------|
| 1                |           |                          |                         |                           |                      |
| 2                |           |                          |                         |                           |                      |
| 3                |           |                          |                         |                           |                      |
| 4                |           |                          |                         |                           |                      |
| 5                |           |                          |                         |                           |                      |
| 6                |           |                          |                         |                           |                      |
| 7                |           |                          |                         |                           |                      |
| 8                |           |                          |                         |                           |                      |
| 9                |           |                          |                         |                           |                      |
| 10               |           |                          |                         |                           |                      |
| 11               |           |                          |                         |                           |                      |
| 12               |           |                          |                         |                           |                      |