



KIDS SAVINGS ACCOUNT APPLICATION FORM

OFFICE USE ONLY
CIF NUMBER:

CHILD'S DETAILS

FIRST NAME: OTHER NAME: FAMILY NAME:
 DATE OF BIRTH: ..dd../..mm../..yy.... GENDER: Please tick only one box [] MALE [] FEMALE
 COUNTRY OF CITIZENSHIP:

ADDRESS:
 P.O BOX:
 STREET: AREA/SUBURB:
 CITY/DISTRICT: PROVINCE:
 PHONE NUMBER:

PARENT OR GUARDIAN'S DETAIL

ARE YOU AN EXISTING CUSTOMER? [] YES [] NO If **YES**, please provide account number:
TITLE: Please tick only one box [] MR [] MRS [] MS [] MISS [] OTHER

FIRST NAME: OTHER NAME: FAMILY NAME:
 DATE OF BIRTH:/...../..... GENDER: Please tick only one box [] MALE [] FEMALE
 COUNTRY OF CITIZENSHIP:
CONTACT DETAILS: Only complete if different from Parent or Guardian

SERVICE PROVIDER: Please tick only one box
 [] DIGICEL [] BEMOBILE [] TELIKOM PNG MOBILE/CITIFON/LANDLINE (or X'cess wireless phone)
Please note: Only a mobile number/wireless phone can be registered for Mobile Banking

Profession: Email:

IDENTIFICATION

CHILD
Please bring valid photo identification for your child or a confirmation letter from the School Principal if your child is a student and additional identification when submitting this application form.
 Examples of identifications: Valid Passport, Valid School ID card, Confirmation Letter from school principal.
 Examples of additional identification forms: Birth Certificate, School Certificate & Baptism Certificate

If unable to provide the above identification documents, please refer to the referee information section.

TYPE OF ID PROVIDED 1: REFERENCE: (if applicable)
 TYPE OF ID PROVIDED 2: REFERENCE: (if applicable)

PARENT / GUARDIAN
Please bring both original and photocopies of 2 IDs when submitting this application form. 1 form of ID must be photo ID.
 Examples of photo IDs: student ID, employee ID, driver's licence, passport or similar.
 Examples of non-photo IDs: birth certificate, certificate of baptism, marriage certificate, school certificate, letter of employment or similar.

TYPE OF ID PROVIDED 1: REFERENCE: (if applicable)
 TYPE OF ID PROVIDED 2: REFERENCE: (if applicable)

CHILD

A child can sign if he/she is able to do so.

Please sign here:

Ensure you sign well within the lines of this box:

Date: *dd./mm./yy...*

If applicant is under 18years of age (Per Bank's Regulations), Parent /Guardian to fill in details below.

PARENT / GUARDIAN DECLARATION:

I:

- certify that the information contained in this form is true and accurate
- acknowledge having been provided with the Terms & Conditions relating to the Kids Savings Account
- accept the Terms & Conditions of the Kids Savings Account and agree to be bound by them in addition to any other conditions which may apply

Please sign here:

Ensure you sign well within the lines of this box:

Date: *dd./mm./yy...*

By signing, you are bound by the Terms & conditions of the Kids Savings Account

If applicant is illiterate, please note a secret name..... If Parent /Guardian is illiterate, please note a secret name.....

BANK USE ONLY

Bank Officer's Name:

Deposit Amount: K

Signature:

Account Number:

Date: *dd./mm./yy...*

REFEREE INFORMATION

If unable to provide examples of the primary or additional ID documents listed under the identification section, then a referee acceptable to BSP can identify you.

The following persons are considered as acceptable referees (please write ref1 and/or ref2 beside the applicable referee as listed below.)

- | | |
|---|--|
| <input type="checkbox"/> Accountants registered with the CPA PNG
<input type="checkbox"/> Magistrate of the District Court
<input type="checkbox"/> Minister of Religion
<input type="checkbox"/> Bank Employee of Managerial Status
<input type="checkbox"/> Serving Member of Parliament
<input type="checkbox"/> Provincial Police Commissioner or Police Station Commanding Officer
<input type="checkbox"/> Lawyer with current practising certificate
<input type="checkbox"/> Rural Only: Reputable commodity buyer | <input type="checkbox"/> Existing Account Customer of good standing (e.g. employer)
<input type="checkbox"/> Serving Commissioned Officer of the PNG Defence Force
<input type="checkbox"/> Local Level Government Councillor
<input type="checkbox"/> Officer-in-charge of a Bank Agency
<input type="checkbox"/> Registered Medical Practitioner or Dentist
<input type="checkbox"/> Headmaster of a Primary or Secondary School
<input type="checkbox"/> District Health Manager or OIC of a Health Centre
<input type="checkbox"/> Manager at Customer's Employer |
|---|--|

REFEREE 1

SURNAME :
 GIVEN NAME :
 BSP ACCOUNT NUMBER (optional)

REFEREE 2

SURNAME :
 GIVEN NAME :
 BSP ACCOUNT NUMBER (optional)

MAILING ADDRESS :

POST OFFICE BOX NUMBER: POST OFFICE NAME:
 TOWN :
 PROVINCE :
 COUNTRY :
 OCCUPATION :
 DAY TIME PHONE :

MAILING ADDRESS :

POST OFFICE BOX NUMBER: POST OFFICE NAME:
 TOWN :
 PROVINCE :
 COUNTRY :
 OCCUPATION :
 DAY TIME PHONE :

REFEREE 1 DECLARATION:

I declare that I am an acceptable referee as described above.
 I have known the applicant for a period of not less than 2 years.

REFEREE 2 DECLARATION:

I declare that I am an acceptable referee as described above.
 I have known the applicant for a period of not less than 2 years.

SIGNED :

DATED : DD / MM / YY

SIGNED :

DATED : DD / MM / YY

The common seal/stamp of:



The common seal/stamp of:



OFFICE USE ONLY

TELLER/CSO: STAFF NUMBER: SIGNED : DATED : DD / MM / YY

AUTHORISING OFFICER: STAFF NUMBER: SIGNED : DATED : DD / MM / YY

Teller's acknowledgement :

1. Referee 1 confirmed
2. Referee 2 confirmed
3. Identity verified