

This form **MUST** be completed by the person whose profile has been created as a Delegated User(s) to either initiate and/or approve payments using BSP Online Business Banking.

## SECTION A: BUSINESS INFORMATION

Name of Business: .....  
Business Account Number: ..... User Name for Delegated User: .....  
Online Business Banking Customer Number: .....

## SECTION B: NOMINATED USER INFORMATION

Title: *Please tick only one box*    Mr    Mrs    Ms    Miss    Other .....  
First Name: ..... Second Name: ..... Surname: .....  
Date of Birth: ..... Gender:    Male    Female  
Marital Status:    Married    Single    Divorced    Widowed    Defacto   Main Language: .....  
Country of Residence: ..... Country of Citizenship: .....  
 Type 'Yes' If BSP customer. *Please provide personal account details:* .....  
*(Please proceed to complete Section F)*  
 Type 'No' If Non-BSP customer. *(Please complete Section C to F).*

## SECTION C: BUSINESS AND RESIDENTIAL INFORMATION

**BUSINESS ADDRESS:** Allotment: ..... Section: .....  
Street Address: ..... Suburb/Village: .....  
Town/Province: .....  
Would you like to receive mail correspondence to this mailing address?    YES    NO  
Mobile Phone: ..... Secondary No: ..... Other Mobile No: .....  
Email Address: .....

**ACCOMMODATION:** *Please tick only one box*

Town Residential Property    Commercial Property    Village Accommodation  
 Settlement Accommodation    Shared Family Accommodation  
Do you own your own home?    Yes    No

**RESIDENTIAL ADDRESS:** House Number: ..... Allotment: ..... Section: .....  
Street Address: ..... Suburb/Village: .....  
Town/Province: ..... Country: .....  
Date moved in : .....

## SECTION D: EMPLOYMENT INFORMATION

*Please tick only one box*

Full Time Employment    Part Time Employment    Retired    Unemployed    Self Employed

Profession (eg: Politician, Lawyer, Accountant, etc): .....

*If you are employed, please provide the following information*

Current Employer: .....  
Address: .....  
Phone: ..... Fax: .....  
Email: .....  
Date Commenced Employment: ..... Position Title: .....  
Source of Income (eg: Salary/Wages, Nasfund, Nambawan Super, Pension, etc): .....

# ONLINE BUSINESS BANKING DELGATED USERS VERIFICATION FORM

## SECTION E: IDENTIFICATION INFORMATION

Delegate users must provide 2 forms of identification in colour:

- Option 1:** Passport Country: \_\_\_\_\_
- Option 2:** Birth Certificate and matching form of photo identity e.g. *Driver's License/employment ID.*
- Option 3:** Marriage Certificate and matching form of photo identity e.g. *Driver's License/employment ID.*
- Option 4:** Letter of Employment and matching form of photo identity e.g. *Driver's License/employment ID.*
- Option 5:** If one of the above is not available, obtain 2 referees to positively identify you.

*Fill in the details below if applicable.*

Passport Number: .....  
Driver's License Number: .....  
Superannuation Number: .....

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

- |                                                                           |                                                             |
|---------------------------------------------------------------------------|-------------------------------------------------------------|
| ..... Accountants registered with the CPA PNG                             | ..... Serving Commissioned Officer of the PNG Defence Force |
| ..... Magistrate of the District Court                                    | ..... Local Level Government Councilor                      |
| ..... Minister of Religion                                                | ..... Officer-in-charge of a Bank Agency                    |
| ..... Bank Employee of Managerial Status                                  | ..... Registered Medical Practitioner or Dentist            |
| ..... Serving Member of Parliament                                        | ..... Headmaster of a Primary or Secondary School           |
| ..... Provincial Police Commissioner or Police Station Commanding Officer | ..... District Health Manager or OIC of a Health Centre     |
| ..... Lawyer with current practicing certificate                          | ..... Manager at Customer's Employer                        |

### REFEREE 1

Surname: .....  
Given Name: .....  
BSP Account Number (*Optional*): .....

Mailing Address: .....  
Post Office Box Number: ..... Post Office Name: .....  
Town: .....  
Province: .....  
Country: .....  
Occupation: .....  
Day Time Phone: .....

### 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: .....

### 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.

Signed:

Dated: .....

### 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: .....

## SECTION F: CUSTOMER DECLARATION

*TERMS & CONDITIONS* are available upon request

I certify that the information contained in this form is true and accurate and I accept the BSP's Terms & Conditions which apply to Online Business Banking transactions.

Signed:

Dated: .....

**ATTACH RECENT  
PHOTO HERE**

# ONLINE BUSINESS BANKING DELIGATED USERS VERIFICATION FORM

## OFFICE USE ONLY

### Branch/Relationship Managers

Customer CIF# \_\_\_\_\_

I confirm that we have performed the following:

- Is the form completed correctly?  Yes  No
- Have you conducted OCDD on nominated Delegated User?  
*(Use CIF Subsystem for AML Due Diligence for nominated Master Users and upload on Bizeweb)*  Yes  No
- Non-BSP customer has completed CIF form  Yes  No
- Verified nominated Delegated Users details  Yes  No
- Scanned Delegated User identification to respective RM Team  Yes  No

Verifying officer's name: ..... Signature: ..... Date: .....

Branch/Relationship Manager's name: ..... Signature: ..... Date: .....

### TRANSACTION & CHANNEL SUPPORT

- Delegated User profile displaying on IB Manager
- Token linked to Delegated User
- Token dispatch

Input officer's signature: ..... Date: .....

Checking officer's signature: ..... Date: .....