



# SUMATIN ACCOUNT APPLICATION FORM

<b>BANK USE ONLY</b>
CIF NUMBER: .....

## CUSTOMER INFORMATION

ARE YOU AN EXISTING BSP CUSTOMER? [ ] YES [ ] NO

TITLE: *Please tick only one box* [ ] MR [ ] MRS [ ] MS [ ] MISS [ ] OTHER:.....

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: .....

**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

**Please bring a valid school identification card or a confirmation letter from the School Principal or Registrar and additional identification form when submitting this application form.**

Examples of additional identification forms: Birth Certificate, School Certificate, Baptism Certificate, Passport or similar.


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

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

**CUSTOMER DECLARATION:**

*TERMS & CONDITIONS are available at the Branches upon request*

I certify that the information contained in this form is true and accurate and I accept BSP's Terms & Conditions which apply to my account(s) and transactions which I conduct on my account(s)


SIGNED: 

DATED: ...../...../.....

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

FULL NAME: ..... RELATIONSHIP TO CUSTOMER: ..... SIGNED: ..... DATED: ...../...../.....

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

<b>BANK USE ONLY</b>	
Bank Officer's Name: .....	Deposit Amount: K .....
Signature: 	Account Number: .....
	Date: <i>dd./mm./yy</i> .....

*Please tear here*

## ORIGINAL REFERENCE SLIP

FIRST NAME: ..... OTHER NAME: ..... FAMILY NAME: .....

New account number: ..... DATE: *dd./mm./yy* .....

Please bring an initial deposit of at least K5.

# 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.)*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Accountants registered with the CPA PNG</li> <li><input type="checkbox"/> Magistrate of the District Court</li> <li><input type="checkbox"/> Minister of Religion</li> <li><input type="checkbox"/> Bank Employee of Managerial Status</li> <li><input type="checkbox"/> Serving Member of Parliament</li> <li><input type="checkbox"/> Provincial Police Commissioner or Police Station Commanding Officer</li> <li><input type="checkbox"/> Lawyer with current practising certificate</li> <li><input type="checkbox"/> Rural Only: Reputable commodity buyer</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Existing Account Customer of good standing (e.g. employer)</li> <li><input type="checkbox"/> Serving Commissioned Officer of the PNG Defence Force</li> <li><input type="checkbox"/> Local Level Government Councilor</li> <li><input type="checkbox"/> Officer-in-charge of a Bank Agency</li> <li><input type="checkbox"/> Registered Medical Practitioner or Dentist</li> <li><input type="checkbox"/> Headmaster of a Primary or Secondary School</li> <li><input type="checkbox"/> District Health Manager or OIC of a Health Centre</li> <li><input type="checkbox"/> Manager at Customer's Employer</li> </ul> |
|---|---|

**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 : ..... *DD* / ..... *MM* / ..... *YY* .....

**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* .....

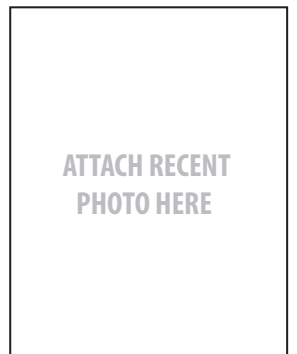
The common seal/stamp of:

.....



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 .....