

MOBILE BANKING APPLICATION / AMENDMENT FORM

structions: case read carefully through the application and fill in your necessary information. Applicant must be 18 years of age or older.
quest type (Tick preferred request type)
NEW AMEND PIN RESET DEREGISTER
obile Service type (Tick ONLY 1 preferred service provider) Digicel Bmobile Telikom Vodafone
INT IN BLOCK CAPITALS and complete all sections.
ease obtain a copy of BSP Electronic Banking Terms & Conditions at your branch or log on to: www.bsp.com.pg
Section A: Customer Details
Mr Ms Miss Mrs
me Surname:
count Number: Email Address:
one Number : [+675
iling Address:
me/ Residential Address:
rrent Profession:
Section B: Linked Mobile Number ck ONLY 1 preferred service provider) gree that all my linked account(s) will be accessed/not accessed by this mobile number. Add Mobile Number:
NK USE ONLY O Section Form is fully completed Verified Customer's signature and Image Customer Due Diligence performed on customer Verified that all account (s) have one (1) to sign authority Confirm that I have processed the request for the customer accordingly Confirm that customer has activated for Mobile Banking BSP Customer ID: I have verified and confirmed all actions done/declared by the CSO I have processed the request for the customer accordingly I have processed the request for the customer accordingly Confirm that customer has activated for Mobile Banking
anch Officer's signature: Authorising Officer's signature:
te: dd / mm / yy me: Name:
t & issue this section to customer
t & issue this section to customer e your BSP Customer ID to activate your Mobile Banking service (e.g. *131*123*BSP Customer ID# & press send)