III BSP

ACCOUNT APPLICATION FORM

SECTION 1: ACCOUNT TYPE	
PRIMARY ACCOUNT HOLDER ACCOUNT TYPE: INDIVIDUAL JOINT NEW CUSTOMER EXISTING CUSTOMER Bank records held will	JOINT ACCOUNT HOLDER RELATIONSHIP TO PRIMARY ACCOUNT HOLDER : Bank records held will be updated with NEW CUSTOMER EXISTING CUSTOMER Bank records held will be updated with any new information you provide
	Ibe updated with ou provide NEW CUSTOMER EXISTING CUSTOMER Bank records held will be updated with any new information you provide If existing customer, provide; ACCOUNT NUMBER: If existing customer, provide; ACCOUNT NUMBER: If existing customer, provide; ACCOUNT NUMBER:
SECTION 2: PRODUCT TYPE	
TRANSACTION ACCOUNT SAVINGS ACCOL	JNT CHANNEL ACCESS
KUNDU STANDARD PLUS SAVER AC KUNDU PACKAGE (Must have a Trans SUMATIN (Only for students aged 13 to 25 years)	COUNT MOBILE BANKING (COMPLETE SECTION 4A) iaction account prior) INTERNET BANKING must provide mobile number and email (COMPLETE SECTION 4B) VISA DEBIT CARD (COMPLETE SECTION 4C)
SECTION 3: CUSTOMER INFORMATION (Only comple	te sections if applicable to you.)
PRIMARY ACCOUNT HOLDER FULL NAME (FIRST, MIDDLE & LAST) & TITLE (MR/MRS/MS/MISS)	JOINT ACCOUNT HOLDER FULL NAME (FIRST, MIDDLE & LAST) & TITLE (MR/MRS/MISS)
	DD / MM / YYYY NID OR PASSPORT NUMBER: EXPIRY DATE: DD / MM / YYYY
GENDER: MALE FEMALE DATE OF BIRTH: DD / I	MM / YYYY GENDER: MALE FEMALE DATE OF BIRTH: DD / MM / YYYY
	PLACE OF BIRTH:
NATIONALITY: [(For US citizen, your information will be disclosed by BSP under FATC	A.) NATIONALITY: (For US citizen, your information will be disclosed by BSP under FATCA.)
RESIDENT STATUS: C RESIDENT NON RESIDENT PERMANENT	US RESIDENT RESIDENT STATUS: RESIDENT NON RESIDENT PERMANENT US RESIDENT
MARITAL STATUS: SINGLE MARRIED DIVORCED	MARITAL STATUS: SINGLE MARRIED DIVORCED
CONTACT DETAILS (VALID PHONE NUMBERS)	CONTACT DETAILS (VALID PHONE NUMBERS)
OFFICE: MOBILE:	OFFICE: MOBILE:
EMAIL:	EMAIL:
RESIDENTIAL ADDRESS	RESIDENTIAL ADDRESS
SECTION: LOT: STREET NAME:	SECTION: LOT: STREET NAME:
SUBURB/TOWN/VILLAGE:	SUBURB/TOWN/VILLAGE:
DISTRICT/PROVINCE:	DISTRICT/PROVINCE:
MAILING ADDRESS	MAILING ADDRESS
COUNTRY: Post Code:	COUNTRY: Post Code:
EMPLOYMENT DETAILS EMPLOYMENT STATUS O PART TIME O FULL TIME O UNEMPLOYED NAME OF EMPLOYER/NAME OF BUSINESS (SOLE TRADER):	EMPLOYMENT DETAILS EMPLOYMENT STATUS O PART TIME O FULL TIME O UNEMPLOYED NAME OF EMPLOYER/NAME OF BUSINESS (SOLE TRADER):
TAX IDENTIFICATION NUMBER (PERSONAL & BUSINESS, IF APPLICABLE):	TAX IDENTIFICATION NUMBER (PERSONAL & BUSINESS, IF APPLICABLE):
OCCUPATION: TERM AT	ROLE: CCUPATION: TERM AT ROLE:
□ Salary □ Other	INCOME & DEPOSIT DETAILS SOURCE OF INITIAL DEPOSIT Allowance Informal Sector Sel Dividends Salary Other
Purpose of Account Source of Income Annual Income (K) Frequen Fortrightly.	cy of Income (Monthly/Other(State) Purpose of Account Source of Income Annual Frequency of Income Income (K) Fortnightly/Monthly/Other(State)
Savings Salary Investment Royalty/Dividends	Savings Salary Investment Royalty/Dividends
Informal Income Investment	
Business Income D Informal Income	Informal Income Investment
Other(state) Dusiness Income Other(state) Other(state)	Imformati income Investment Business Income Informati Income Other(state) Business Income Other(state) Other(state)

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SECTION 4: CHANNEL	. ITPE								
A. MOBILE BANKING									
NEW (Applying for Mobile Ba	anking for the firs	t time.)		_					
I agree that all my linked accour	its will be acce	ssed by this number:	ADD MOBILE NU	MBER					
B. INTERNET BANKING									
NEW									
I agree that all my linked accour	nts will be acce	ssed by Internet Banking.							
C. VISA DEBIT CARD (Conditions	Apply)								
REASON FOR CARD REQUEST									
Please select one or more reaso	on for applying	for a VISA card: Trave	I Online	Purchase	e 🗌 Other, plea	ase state:			
CARDHOLDER NAME (21 chara	icters including	I space)							
PRIMARY ACCOUNT HOLDER :									
JOINT ACCOUNT HOLDER									
APPROVED DEC	CLINED	MANAGER NAME				SIGNATURE		Da	te
	v.								
NEW VISA CARD COLLECTED B	¥;				DINT ACCOUNT HO				
Customer Signature & dat	9			CL	istomer Signatur	e & date			
Signature verified and items issu	ied to custome	er:		Sig	nature verified and	items issued	to customer:		
Customer Signature & da	te	PIN Custodian Signal	ture & date	CL	istomer Signatur	e & date		PIN Custodian Sign	ature & date
	1CNIT		7						
DISCLOSURE STATE	/IEN I								
CUSTOMER DECLARA I/We have read and understood th that I have read and understood th Mobile and Internet Banking servic are subject to the terms and condi Conditions. d) I acknowledge that Signature of Primary Account Hold	e declaration ne BSP Electro e and card. b) tions governin the method of	nic Banking and BSP Online Acknowledge that the servic g those accounts. c) I acknow operation of account is eithe	Banking Terms e provided by the wledge that my f	& Conditi e Bank an irst use o I confirm	ions and by execut d my obligations u f the Mobile or Inter submitting all the r	ing this docu nder this agr rnet Banking	iment, accept eement, in res service and ca	and agree to be bound pect of the accounts no ard will indicate my acc	by them in my use of t minated in this agreeme
If applicant is below 18 years of a	ao Parant / G]	Signature of Pa	rent/Guardian	
FULL NAME	ye, i alent / u) NSHIP TO CUS ⁻	TOMER		Γ	5		
BANK USE ONLY									
PRIMARY ACCOUNT HOLDER				J	OINT ACCOUNT HO	DLDER			
SHORT NAME					SHORT NAME				
BSP CUSTOMER ID KYC REFERENCE NO.					BSP CUSTOMER KYC REFERENCI				
						L 110.			
SUMATIN ACCOUNT NO.			DATE:						DATE:
KUNDU ACCOUNT NO.			DATE:						DATE:
PLUS SAVER ACCOUNT NO. AML RISK RATING			DATE:						DATE:
NEXT REVIEW DATE									
IDENTIFICATION STATUS	FULL	PARTIAL			FULL	Г	PARTIAL		
Staff Declaration As the officer receiving the applica The customer has completed a Customer identification docum I have conducted and attached Foreign Nationals; High Risk and Politically E>	all necessary d ents have been evidence of p	etails and signed the form; n checked and satisfy BSP rec re-onboarding checks for:	juirement;		I have process	ed the accounced the signat	int and/or serv ure, image ar	ccount application; ice request for the cust id onboarding documen d by procedure.	
Name of Officer & Staff ID#:				Signati	ure			DATE	
Name of Checking Officer & S	taff ID#			Signati	ure			DATE	



All new customers are required to provide at least 40 points of the following identification documents to be eligible to open an account. Please bring your original identification documents with this application form.

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[]	National Identification Card	37 Points
[]	Drivers Licence	37 Points
[]	Employment ID	37 Points
[]	Passport	37 Points
[]	Superannuation ID	37 Points
[]	Student ID	37 Points

Work Permit	37 Points
Birth Certificate	20 Points
Baptisim Certificate	3 Points
Confirmation Letter of Employment	3 Points
Marriage Certificate	3 Points
School Certificate	3 Points

If you are unable to provide identification documents from the above options, obtain two (2) referees to positively identify you. Please refer to the list below for acceptable persons (Indicate with a (\checkmark) beside the applicable person).

[]	Referee with photo	20 Points	
[]	Referee without photo	3 Points	

- Accountants registered wih the CPA PNG []
- Magistrate of the District Court T -1
- Minister of Religion ſ 1
-] Bank Employee of Managerial Status ſ
- Serving Member of Parliament ſ 1
-] Provincial Police Commissioner or Police Station Commanding Officer [
- Lawyer with current practicing certificate] [
- [] Rural Only: Reputable commodity buyer

REFEREE 1

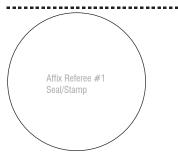
Name:		
Surname:		
BSP Account Number (Optional):		
P.O Box:	Post Code:	
Country:		
Occupation:	Day Time Phone:	

REFEREE 1 DECLARATION:

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



The common seal/stamp* of:



*Not mandatory

- Existing Account Customer of good standing []
- Serving Commisioned Officer of the PNG Defence Force 1 -1
- Local Level Government Councilor 1
- Officer-in-charge of a Bank Agency []
 - Registered Medical Practitioner or Dentist 1
- Headmaster of a Primary or Secondary School []
- District Health Manager or OIC of a Health Centre []
- [] Manager at Customer's Employer

REFEREE 2

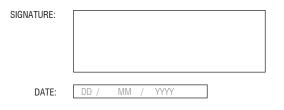
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E

Name:		
Surname:		
BSP Account Number (Optional):		
P.O Box:	Post Code:	
Country:		
Occupation:	Day Time Phone:	

REFEREE 2 DECLARATION:

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



The common seal/stamp* of:

