III BSP

Purpose of this Form

This application form should be completed by Businesses, Companies, Government Organisations, NGOs, Associations, Trusts or other. Applying for;

- Corporate Visa Account
- · Corporate Visa Card (new and/or additional) for nominated cardholders

Corporate Visa Account

- · Provides a consolidated view of all cards belonging/related to the business
- Used to fund cardholder accounts
- All signatories for the Corporate Visa Account must be similar to applicant's Business Cheque Account

Nominated Cardholders

Nominated cardholders must meet the following requirements to be eligible for this product

- · An employee of the Business, Company, Government Organisation, NGOs, Association, Trusts or Other
- Over 18 years of age
- · Meet the identification requirements as set by the BSP Financial Group Limited

General information in completing this form

✓ Place an "X" in the appropriate check box

SECTION A: ORGANISATION INFORMATION

- ✓ Print in BLOCK CAPITALS in a blue or black ball point pen
- ✓ If you require assistance in completing this Form, please contact your BSP Relationship Manager, Branch Manager or Call BSP Customer Contact Centre on 320 1212/7030 1212 (local) or +675 305 7900 (international)

SECTION A. UNUANISATION INFORMATION			
Organisation (entity) Name: Investment Promotion Authority Number:			plicable): rson(s):
Business Ownership Place an "X" to indicate Business/Company o	ownership		
1%-25% PNG 26%-50% PNG	51%-75% PNG	76%- 99% PNG	100% PNG 100 Foreign
Business Address Allotment			Post Office Name Town/City
Would the Business, Company, Government	No, proceed to SECTIO		her) require a Corporate Visa Account?
SECTION B: NOMINATION OF AUTHORISED	SIGNATORIES		
Note: Complete this section if the business authorised to manage the account and the ca	•	a Corporate Visa Acc	ount and provide details of nominated signatories
Signatory 1			
Title: Mr Ms Miss Mrs	Other (please specify)	:	
Surname: Position: Email:	Given Name(s): Telephone Number: Business address:		Date of Birth: Mobile:
Signatory 2			
Title: Mr Ms Miss Mrs	Other (please specify)	:	
Surname: Position: Email:	Given Name(s):		Date of Birth: Mobile:

Method of operation on the Corporate Visa Account:

Note: If there are more signatories to sign off, please copy or reprint this section and attach the page(s) to this form.

SECTION C: NOMINATED CARDHOLDER- NEW TO BSP CUSTOMER(S) ONLY

This section should be completed by nominated cardholders who are NOT existing BSP customers

NOMINATED CARDHOLDER DETAILS First Name Middle N Date of Birth Marital Status Employment Status (please check box) Fulltime	Name Citizenship Part time	Surname Date of employment
Signature	Date	
NOTE:If there are more cardholders to apply, please copy ofEach cardholder MUST provide two forms of identified		ith a written confirmation letter).
BANK USE ONLY		
Branch Managers/Tellers/CSO I confirm that I have performed the following Verified nominated cardholder details Staff number Signature Approved By (BM/Team Leader)		s onto CBST
		540
Lending support officer Customer short name Market Segment Daily spend Limits (refer to this table when completed)	CIF# Officer Code	Account#
ATM (Domestic or International)	EFTPoS (Domestic or International)	
КО	K1,000	
КО	K3,000	
КО	K10,000	
K1,000	K20,000	
K1,000	K50,000	
K5,000	K100,000	
K5,000 K500	K200,000 K5,000	
K300	K3,000	
SECTION D – CORPORATE VISA ACCOUNT SET-UP AN	D CARDHOLDER NOMINATION	
Please ensure correct setup type New Corporate Visa Account New Cardholde	r(s) to be added Existing Corporate Visa	Account Number:
Specify Business Name to be embossed (Max character	s 25)	
Please specify the following in the table:		
✓ Card Emboss Name - This is the name that will be en	nbossed on the card (Cardholder name)	

✓ Daily spend Limit - refer to table on page 3 and specify limit according to your preffered daily ATM and EFTPoS spending limits

Please note that when a sweep facility is established, a related line of credit has to be loaded to the cardholder(s) account(s). Normal Credit requirements apply

	CARDHOLDER INFORMATION			BANK USE ONLY
NAME OF EMPLOYEE	NAME OF EMPLOYEE (Given name first)Card emboss name of employee (Max 21 characters)	Daily	Limits	CIF of nominated cardholder
		ATM	EFTPoS	

Please copy or reprint this section if more cardholders to be nominated

SECTION E: APPLICANT DECLARATION

I/We:

- 1. Acknowledge that I/We have read and understand the Corporate Visa Card Terms & Conditions and by executing this application accept and agree to be bound by them.
- 2. Will be liable for the use of the Corporate Visa Card by my/our cardholders and I/We are responsible for ensuring that the nominated cardholders comply with the obligations imposed on me/us under the Bank's Corporate Visa Card Terms & Conditions.
- 3. Warrant that:
 - a. In the case that the Entity is a company or an incorporated body, a resolution was passed in accordance with the Entity's Constitution or Memorandum of Association for an application to be made for Corporate Visa Card;
 - b. Are duly authorised to make an application for Corporate Visa Card subject to the BSP Corporate Visa Card Terms and Conditions.
 - (Note: Please attach a copy of a power of attorney and minutes of the Entity's resolution to certify the above)
- 4. Acknowledge that the Bank is not responsible for any transactions made by the nominated cardholder(s) and that purchases will be governed by my/our organisations expense policy.
- 5. Agree the authorities on this form and nominated cardholders will continue in full force and effect until the Bank receives notice of amendment or cancellation in writing.
- 6. Agree that the contents of this application and the supporting documents provided together with this form are true and correct and that my/our signatures below indicate my/our understanding of and consent to all matter set out in this application form.

Signatory 1	Signatory 2	Signatory 3
Position	Position	Position
Full Name	Full Name	Full Name
Signature	Signature	Signature
Date	Date	Date

The common seal of:

(Client) has hereunto affixed by the undersigned proper officers of the said company, by whom and in whose presence the Seal of the Company shall be affixed.

Director/Secretary Position	Director/Secretary Position	Affix
Full Name	Eull Name	common
Signature Date	Signature	

BANK USE ONLY Branch/Relationship Team		
Company CIF# SIC Code If ACA applies, Risk Code		if applicable K
Is the form completed correctly?] No Have the signatories and al	cardholders been varied? 🗌 Yes 🗌 No
Initiating Branch Colle	ection Branch	
I certify that the details contained within this fo	rm have been checked and appropriate actions	taken for card creation
Verified By	Signature	Date
Approved By (Branch/ Relationship Manager)	Signature	Date
Lending Support		BANK USE ONLY

Corporate Visa Account Name ______ Corporate Visa Account Number ______ Visa Account Limit _____

CARDHOLDER INFORMATION NAME OF EMPLOYEE Daily Limits Cardholder account Number Assigned Card Number EFTPoS ATM 1 2 _____ 3 4 5 6 7 8 9 10 11 12 13 14 15

Actioned By	Checked By
Signature	Signature
Date	Date