

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
- ✓ 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: ORGANISATION INFORMATION

Organisation (entity) Name: _____ Trading Name (if applicable): _____
 Investment Promotion Authority Number: _____ Email of Contact Person(s): _____

Business Ownership

Place an "X" to indicate Business/Company ownership

1%-25% PNG 26%-50% PNG 51%-75% PNG 76%- 99% PNG 100% PNG 100 Foreign

Business Address

Allotment _____ Section _____
 Street _____ Town/City _____
 Province _____

Business Address

PO Box number _____ Post Office Name _____
 Street _____ Town/City _____
 Province _____

Would the Business, Company, Government Organisation, NGOs, Association, Trust (or other) require a Corporate Visa Account?

Yes, complete SECTION B No, proceed to SECTION C of the application

SECTION B: NOMINATION OF AUTHORISED SIGNATORIES

Note: Complete this section if the business has opted to establish a Corporate Visa Account and provide details of nominated signatories authorised to manage the account and the cards linked to it.

Signatory 1

Title: Mr Ms Miss Mrs Other (please specify): _____

Surname: _____ Given Name(s): _____ Date of Birth: _____
 Position: _____ Telephone Number: _____ Mobile: _____
 Email: _____ Business address: _____

Signatory 2

Title: Mr Ms Miss Mrs Other (please specify): _____

Surname: _____ Given Name(s): _____ Date of Birth: _____
 Position: _____ Telephone Number: _____ Mobile: _____
 Email: _____ Business address: _____

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 Name _____ Surname _____
 Date of Birth _____ Marital Status _____ Citizenship _____ Date of employment _____
 Employment Status (please check box) Fulltime Part time

Signature _____ Date _____

NOTE:

- If there are more cardholders to apply, please copy or reprint this page and attach to this form.
- Each cardholder MUST provide two forms of identification in colour (Driver's license/Passport with a written confirmation letter).

BANK USE ONLY**Branch Managers/Tellers/CSO**

I confirm that I have performed the following Created CIF for nominated cardholder (CIF# _____)
 Verified nominated cardholder details Scanned cardholder identifications onto CBST

Staff number _____ Signature _____ Date _____

Approved By (BM/Team Leader) _____ Signature _____ Date _____

Lending support officer

Customer short name CIF# Account#
 Market Segment Officer Code

Daily spend Limits (refer to this table when completing SECTION D of this form)

ATM (Domestic or International)	EFTPoS (Domestic or International)
K0	K1,000
K0	K3,000
K0	K10,000
K1,000	K20,000
K1,000	K50,000
K5,000	K100,000
K5,000	K200,000
K500	K5,000

SECTION D – CORPORATE VISA ACCOUNT SET-UP AND CARDHOLDER NOMINATION

Please ensure correct setup type

New Corporate Visa Account New Cardholder(s) to be added Existing Corporate Visa Account Number:

Specify Business Name to be embossed (Max characters 25)

Please specify the following in the table:

- ✓ Card Emboss Name - This is the name that will be embossed on the card (Cardholder name)
- ✓ Daily spend Limit - refer to table on page 3 and specify limit according to your preferred daily ATM and EFTPoS spending limits

BANK USE ONLY

Branch/Relationship Team _____

Company _____

CIF# _____ SIC Code _____ ACA amount on Corporate Visa Account if applicable K _____

If ACA applies, Risk Code _____ Interest Rate _____

Is the form completed correctly? Yes No

Have the signatories and all cardholders been varied? Yes No

Initiating Branch _____

Collection Branch _____

I certify that the details contained within this form have been checked and appropriate actions taken for card creation

Verified By _____ Signature _____ Date _____

Signature _____ Date _____

Approved By (Branch/ Relationship Manager)

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
		ATM	EFTPoS		
1					□□□□□□ □□□□
2					□□□□□□ □□□□
3					□□□□□□ □□□□
4					□□□□□□ □□□□
5					□□□□□□ □□□□
6					□□□□□□ □□□□
7					□□□□□□ □□□□
8					□□□□□□ □□□□
9					□□□□□□ □□□□
10					□□□□□□ □□□□
11					□□□□□□ □□□□
12					□□□□□□ □□□□
13					□□□□□□ □□□□
14					□□□□□□ □□□□
15					□□□□□□ □□□□

Actioned By _____

Checked By _____

Signature _____

Signature _____

Date _____

Date _____