



KUNDU ACCOUNT APPLICATION FORM

BANK USE ONLY

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:

PRODUCT TYPE

Please tick only one box

[] KUNDU STANDARD ACCOUNT [] KUNDU PACKAGE ACCOUNT

IDENTIFICATION

Please bring both original and photocopies of 2 IDs when submitting this application form. 1 form of ID must be photo ID.

Examples of photo IDs: student ID, employee ID, driver's licence, passport or similar.

Examples of non-photo IDs: birth certificate, certificate of baptism, marriage certificate, school certificate, letter of employment or similar.

Operation of your account may be restricted until you provide photocopies of sufficient IDs to the branch.

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 : *dd./mm./yy*.....

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 : *dd./mm./yy*.....

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

BANK USE ONLY

Bank Officer's Name:

Deposit Amount: K

Signature:

Account Number:

Date: *dd./mm./yy*.....

Please tear here

ORIGINAL REFERENCE SLIP

FIRST NAME: OTHER NAME: FAMILY NAME:

New account number.....

DATE: *dd./mm./yy*.....

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.)*

- | | |
|---|---|
| <input type="checkbox"/> Accountants registered with the CPA PNG
<input type="checkbox"/> Magistrate of the District Court
<input type="checkbox"/> Minister of Religion
<input type="checkbox"/> Bank Employee of Managerial Status
<input type="checkbox"/> Serving Member of Parliament
<input type="checkbox"/> Provincial Police Commissioner or Police Station Commanding Officer
<input type="checkbox"/> Lawyer with current practising certificate
<input type="checkbox"/> Rural Only: Reputable commodity buyer | <input type="checkbox"/> Existing Account Customer of good standing (e.g. employer)
<input type="checkbox"/> Serving Commissioned Officer of the PNG Defence Force
<input type="checkbox"/> Local Level Government Councilor
<input type="checkbox"/> Officer-in-charge of a Bank Agency
<input type="checkbox"/> Registered Medical Practitioner or Dentist
<input type="checkbox"/> Headmaster of a Primary or Secondary School
<input type="checkbox"/> District Health Manager or OIC of a Health Centre
<input type="checkbox"/> Manager at Customer's Employer |
|---|---|

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 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

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 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