

To be used for Personal and Joint Accounts *Note: A Notice of Authority must be completed for Joint Accounts*

| New Account Number | Product No | Branch No | Officer No | Deposit Amnt | PacifiCard No |
|--------------------|------------|-----------|------------|--------------|---------------|
|                    |            |           |            |              |               |
|                    |            |           |            |              |               |

Complete Customer Details for a new customer or if an existing customer's details needs to be updated.

## 1 Customer Details (1)

|                   |              |          |              |
|-------------------|--------------|----------|--------------|
| Existing Customer | New Customer | Resident | Non Resident |
|-------------------|--------------|----------|--------------|

**CIF Number**

**Given Names**

**Surname**

**Father's Name**

**Mailing Name**

**Mailing Address**

Country:

**Occupation**

**Employer Name**

**Employer Address**

| Work Phone No        | Start Date           | TIN No               |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Preferred Day Ph No  | Email Address        |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

| Account Type         | Customer Type        | Citizenship          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Market Segment       | SIC Code             | User Field 15 (Vanuatu only) |
|----------------------|----------------------|------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>         |

| Date of Birth        | Gender | Marital Status | Mobile Phone No      |
|----------------------|--------|----------------|----------------------|
| <input type="text"/> | M / F  | S / M / D      | <input type="text"/> |

**Residential Address(where customer permanently lives)**

Home Phone No:

Exempted from Withholding Tax/Stamp Duty? Yes ☐ No ☐  
(Tick "Yes" if exemption certificate is held)

| Source of Funds      | Salary/annum         |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

**Preferred Cheque Book Name (for a Personal Cheque Account only)**

## 2 Customer Details (2)

|                   |              |          |              |
|-------------------|--------------|----------|--------------|
| Existing Customer | New Customer | Resident | Non Resident |
|-------------------|--------------|----------|--------------|

**CIF Number**

**Given Names**

**Surname**

**Father's Name**

**Mailing Name**

**Mailing Address**

Country:

**Occupation**

**Employer Name**

**Employer Address**

| Work Phone No        | Start Date           | TIN No               |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Preferred Day Ph No  | Email Address        |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

| Account Type         | Customer Type        | Citizenship          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Market Segment       | SIC Code             | User Field 15 (Vanuatu only) |
|----------------------|----------------------|------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>         |

| Date of Birth        | Gender | Marital Status | Mobile Phone No      |
|----------------------|--------|----------------|----------------------|
| <input type="text"/> | M / F  | S / M / D      | <input type="text"/> |

**Residential Address(where customer permanently lives)**

Home Phone No:

Exempted from Withholding Tax/Stamp Duty? Yes ☐ No ☐  
(Tick "Yes" if exemption certificate is held)

| Source of Funds      | Salary/annum         |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

## Electronic Services

|                                                                                                                                                                                                |                                           |                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> PacifiCard<br><br><input type="checkbox"/> Visa Debit Card <i>(criteria applies)</i><br><br><input type="checkbox"/> Telephone Banking<br><i>(Available in Tonga)</i> | <input type="checkbox"/> Internet Banking | ▶ Do you want to receive your statement electronically?    Yes <input type="checkbox"/> No <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

### Acknowledgements

I/We agree:

- that documents presented for identification purposes may be verified by the Bank with an appropriate authority;
- to be bound by the terms and conditions which apply from time to time to this account opened by me with the Bank;
- if card access has been requested, to be bound by the Conditions of Use governing the use of the card;
- the Bank may charge to this or any other account(s) I/we may conduct with the Bank or recover from me/us any bank fees, government charges, taxes or duties imposed on transactions on/or which relate to my/our account(s); and
- to check my/our account statements and notify the Bank of any errors or unusual transactions within 3 months of receiving each account statement.

I/We acknowledge that I/we have received a copy of the relevant Terms and Conditions that apply to this account.

I/We believe the details of this form to be true and correct.

I/We acknowledge that I/we have read and understood the Privacy Statement in the Customer Banking Agreement.

Customer's Name (1)

Customer's Name (2)

Customer's Signature (1)

Customer's Signature (2)

## Bank Use Only

|                        | Salary Number | Name | Signature | Date |
|------------------------|---------------|------|-----------|------|
| Verified and Opened By |               |      |           |      |
| Authorised By          |               |      |           |      |
| Checked By(Operations) |               |      |           |      |

| Banking Needs       | Discussions about customer needs<br>(Purpose of account) | Proposed Solution |
|---------------------|----------------------------------------------------------|-------------------|
| Transactional Needs |                                                          |                   |
| Borrowing Needs     |                                                          |                   |
| Investment Needs    |                                                          |                   |
| Insurance Needs     |                                                          |                   |



## Bank South Pacific - Acceptable Referee Form

This form is to be issued to customers wishing to utilise personal references to meet customer identification requirements.

This form should be completed by both the customer and the referee(s).

2 referees may complete the same form.

For a list of acceptable referees please see over page.

### Section A – Customer Details

Title (e.g. Mr, Mrs)

Given Name(s)

Surname

Address

Village

Place of Birth

Date of Birth dd mm yyyy

Gender

☐ M ☐ F

Phone Number

Occupation

Declaration

I declare that:

- All information in this form are true and correct.

Signature of Customer

Date

### Section B – Referee Details

Referee 1

Title (e.g. Mr, Mrs)

Given Name(s)

Surname

Address

Village

Place of Birth

Date of Birth dd mm yyyy

Gender

☐ M ☐ F

Phone Number

Occupation

Declaration

I declare that:

- I have known the applicant for more than 1 year
- All information stated by the applicant in this form are true and correct to the best of my knowledge
- The applicant signed this form in my presence

Signature of Referee

Date

Signature of Customer

Date



## Referee 2

Title (e.g. Mr, Mrs)

Given Name(s)

Surname

Address

Village

Place of Birth

Date of Birth dd mm yyyy

Gender

☐ M ☐ F

Phone Number

Occupation

## Declaration

I declare that:

- I have known the applicant for more than 1 year
- All information stated by the applicant in this form are true and correct to the best of my knowledge
- The applicant signed this form in my presence

Signature of Referee

Date

Signature of Customer

Date

## Accepted Referees

- Bank Manager
- Pharmacist
- Magistrate, barrister, solicitor, registered judge
- Ward councillor, local government councillor, provincial assembly member
- Accountant certified or registered with local or international professional accounting institute body
- Notary or Commissioner of oaths, Justice of Peace
- Registered medical practitioner or dentist
- Statutory declaration from a person who has known the customer for at least 5 years or more
- Village chief, headman, village councillor
- Church leader Minister, Priest and Pastor
- Principal of a primary or secondary school
- Town officer Tonga only

## Branch Use Only

Account Opening Officer's name

Supervisor's name

Signature

Date