



# CUSTOMER INFORMATION FORM

OFFICE USE ONLY

CIF NUMBER .....

**EVERY NEW CUSTOMER MUST COMPLETE THIS FORM TO OPEN AN ACCOUNT WITH BSP.  
WHERE AN ADDITIONAL ACCOUNT HOLDER IS A NEW CUSTOMER TO BSP, THIS FORM IS REQUIRED TO BE COMPLETED.**

## CUSTOMER INFORMATION

**TITLE:** *Please tick only one box*  MR  MRS  MS  MISS OTHER.....

FIRST NAME: ..... SECOND NAME: ..... SURNAME: .....

DATE OF BIRTH: *DD / MM / YY* ..... GENDER: *Please tick only one box*  MALE  FEMALE

MARITAL STATUS: *Please tick only one box*  MARRIED  SINGLE  DIVORCED  WIDOWED  DEFACTO

NUMBER OF DEPENDENTS ..... MAIN LANGUAGE: .....

COUNTRY OF RESIDENCE: ..... COUNTRY OF CITIZENSHIP: .....

**RESIDENTIAL ADDRESS:** HOUSE NUMBER: ..... ALLOTMENT: ..... SECTION: .....

STREET ADDRESS: .....

SUBURB/VILLAGE: .....

TOWN/PROVINCE: ..... COUNTRY: .....

DATE MOVED IN: *DD / MM / YY* .....

**MAILING ADDRESS:** POST OFFICE BOX NUMBER: ..... POST OFFICE NAME: .....

TOWN: ..... PROVINCE: .....

COUNTRY: ..... ATTENTION: .....

Would you like to receive mail correspondence to this mailing address? *Please tick only one box*  YES  NO

**ACCOMMODATION:** *Please tick only one box*

TOWN RESIDENTIAL PROPERTY  COMMERCIAL PROPERTY  VILLAGE ACCOMMODATION

SETTLEMENT ACCOMMODATION  SHARED FAMILY ACCOMMODATION

DO YOU OWN YOUR OWN HOME?  YES  NO

MOBILE PHONE: ..... SECONDARY NUMBER: ..... OTHER MOBILE NUMBER .....

EMAIL ADDRESS: .....

## EMPLOYMENT INFORMATION

*Please tick only one box*

FULL TIME EMPLOYMENT  PART TIME EMPLOYMENT  RETIRED  UNEMPLOYED  SELF EMPLOYED

PROFESSION: .....

*If you are employed, please provide the following information*

CURRENT EMPLOYER: .....

ADDRESS: .....

PHONE: ..... FAX: .....

EMAIL: .....

DATE COMMENCED EMPLOYMENT: *DD / MM / YY* .....

POSITION TITLE: .....

FORTNIGHTLY INCOME PGK .....

NOT AN EMPLOYEE OF BSP  DIRECTOR OF BSP  BSP GENERAL MANAGER  EMPLOYEE OF BSP  SHAREHOLDER



# CUSTOMER INFORMATION FORM

*One of the following identification options will be required before an account can be opened*

- [ ] **OPTION 1:** PASSPORT Country: .....
- [ ] **OPTION 2:** BIRTH CERTIFICATE AND MATCHING FORM OF PHOTO IDENTITY e.g. DRIVER'S LICENCE/EMPLOYMENT ID.
- [ ] **OPTION 3:** CERTIFICATE OF BAPTISM AND MATCHING FORM OF PHOTO IDENTITY e.g. DRIVER'S LICENCE/EMPLOYMENT ID.
- [ ] **OPTION 4:** MARRIAGE CERTIFICATE AND MATCHING FORM OF PHOTO IDENTITY e.g. DRIVER'S LICENCE/EMPLOYMENT ID.
- [ ] **OPTION 5:** SCHOOL CERTIFICATE AND MATCHING FORM OF PHOTO IDENTITY e.g. DRIVER'S LICENCE/EMPLOYMENT ID.
- [ ] **OPTION 6:** LETTER OF EMPLOYMENT AND MATCHING FORM OF PHOTO IDENTITY e.g. DRIVER'S LICENCE/EMPLOYMENT ID.
- [ ] **OPTION 7:** IF ONE OF THE ABOVE IS NOT AVAILABLE, OBTAIN 2 REFEREES TO POSITIVELY IDENTIFY YOU.

<i>Fill in the details below if applicable.</i>	
PASSPORT NUMBER	.....
DRIVER'S LICENCE NUMBER	.....
SUPERANNUATION NUMBER	.....

The following persons are considered as acceptable referees (please write ref1 and/or ref2 beside the applicable referee as listed below.)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>[ ] Accountants registered with the CPA PNG</li> <li>[ ] Magistrate of the District Court</li> <li>[ ] Minister of Religion</li> <li>[ ] Bank Employee of Managerial Status</li> <li>[ ] Serving Member of Parliament</li> <li>[ ] Provincial Police Commissioner or Police Station Commanding Officer</li> <li>[ ] Lawyer with current practising certificate</li> <li>[ ] Rural Only: Reputable commodity buyer</li> </ul> | <ul style="list-style-type: none"> <li>[ ] Existing Account Customer of good standing (e.g. employer)</li> <li>[ ] Serving Commissioned Officer of the PNG Defence Force</li> <li>[ ] Local Level Government Councilor</li> <li>[ ] Officer-in-charge of a Bank Agency</li> <li>[ ] Registered Medical Practitioner or Dentist</li> <li>[ ] Headmaster of a Primary or Secondary School</li> <li>[ ] District Health Manager or OIC of a Health Centre</li> <li>[ ] Manager at Customer's Employer</li> </ul> |
|---|---|

**REFEREE 1**

SURNAME : .....

GIVEN NAME : .....

BSP ACCOUNT NUMBER (optional) .....

**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 : .....

**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 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* .....

**CUSTOMER DECLARATION:**

*TERMS & CONDITIONS are available in the Branches upon request*

I certify that the information contained in this form is true and accurate and I accept the BSP's Terms & Conditions which apply to my account(s) and transactions which I conduct on my account(s)

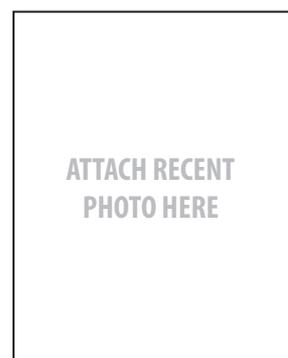
SIGNED :

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.....*



**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 .....