



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

Please Turn Over

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.

Fill in the details below if applicable.

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.)

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

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.....

ATTACH RECENT
PHOTO HERE

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