

SECTION 1: ACCOUNT TYPE

PRIMARY ACCOUNT HOLDER

ACCOUNT TYPE: INDIVIDUAL JOINT

NEW CUSTOMER EXISTING CUSTOMER *Bank records held will be updated with any new information you provide*

If existing customer, provide; ACCOUNT NUMBER:

JOINT ACCOUNT HOLDER

RELATIONSHIP TO PRIMARY ACCOUNT HOLDER:

NEW CUSTOMER EXISTING CUSTOMER *Bank records held will be updated with any new information you provide*

If existing customer, provide; ACCOUNT NUMBER:

SECTION 2: PRODUCT TYPE

TRANSACTION ACCOUNT

KUNDU STANDARD

KUNDU PACKAGE

SUMATIN *(Only for students aged 15 to 25 years)*

SAVINGS ACCOUNT

PLUS SAVER *(Must have a Transaction account prior)*

CHANNEL ACCESS

MOBILE BANKING (COMPLETE SECTION 4A)

PERSONAL INTERNET BANKING *must provide mobile number and email* (COMPLETE SECTION 4B)

VISA DEBIT CARD (COMPLETE SECTION 4C)

SECTION 3: CUSTOMER INFORMATION *(Only complete sections if applicable to you.)*

PRIMARY ACCOUNT HOLDER

FULL NAME (FIRST, MIDDLE & LAST) & TITLE (MR/MRS/MS/MISS)

NID OR PASSPORT NUMBER: EXPIRY DATE: DD / MM / YYYY

GENDER: MALE FEMALE DATE OF BIRTH: DD / MM / YYYY

PLACE OF BIRTH:

NATIONALITY:
(For US citizen, your information will be disclosed by BSP under FATCA.)

MARITAL STATUS:
 SINGLE MARRIED DIVORCED WIDOWED DEFACTO

CONTACT DETAILS (VALID PHONE NUMBERS)

OFFICE: MOBILE:

EMAIL:

RESIDENTIAL ADDRESS

SECTION: LOT: STREET NAME:

SUBURB/TOWN/VILLAGE:

DISTRICT/PROVINCE:

MAILING ADDRESS

PO BOX

COUNTRY: Post Code:

EMPLOYMENT DETAILS

EMPLOYMENT STATUS
 PART TIME FULL TIME SELF-EMPLOYED RETIRED UNEMPLOYED

NAME OF EMPLOYER/NAME OF BUSINESS (SOLE TRADER):

TAX IDENTIFICATION NUMBER (PERSONAL & BUSINESS, IF APPLICABLE):

OCCUPATION:

FREQUENCY OF INCOME

| Purpose of Account | Source of Income | Annual Income | Frequency of Income <i>Fortnightly/Monthly/Other(State)</i> |
|--|--|---------------|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Salary | K | |
| <input type="checkbox"/> Dividend | <input type="checkbox"/> Dividend | K | |
| <input type="checkbox"/> Informal Income | <input type="checkbox"/> Informal Income | K | |
| <input type="checkbox"/> Student Allowance | <input type="checkbox"/> Student Allowance | K | |
| Other (state) | Other (state) | | |
| TOTAL ANNUAL INCOME | | K | |

JOINT ACCOUNT HOLDER

FULL NAME (FIRST, MIDDLE & LAST) & TITLE (MR/MRS/MS/MISS)

NID OR PASSPORT NUMBER: EXPIRY DATE: DD / MM / YYYY

GENDER: MALE FEMALE DATE OF BIRTH: DD / MM / YYYY

PLACE OF BIRTH:

NATIONALITY:
(For US citizen, your information will be disclosed by BSP under FATCA.)

MARITAL STATUS:
 SINGLE MARRIED DIVORCED WIDOWED DEFACTO

CONTACT DETAILS (VALID PHONE NUMBERS)

OFFICE: MOBILE:

EMAIL:

RESIDENTIAL ADDRESS

SECTION: LOT: STREET NAME:

SUBURB/TOWN/VILLAGE:

DISTRICT/PROVINCE:

MAILING ADDRESS

PO BOX

COUNTRY: Post Code:

EMPLOYMENT DETAILS

EMPLOYMENT STATUS
 PART TIME FULL TIME SELF-EMPLOYED RETIRED UNEMPLOYED

NAME OF EMPLOYER/NAME OF BUSINESS (SOLE TRADER):

TAX IDENTIFICATION NUMBER (PERSONAL & BUSINESS, IF APPLICABLE):

OCCUPATION:

FREQUENCY OF INCOME

| Purpose of Account | Source of Income | Annual Income | Frequency of Income <i>Fortnightly/Monthly/Other(State)</i> |
|--|--|---------------|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Salary | K | |
| <input type="checkbox"/> Dividend | <input type="checkbox"/> Dividend | K | |
| <input type="checkbox"/> Informal Income | <input type="checkbox"/> Informal Income | K | |
| <input type="checkbox"/> Student Allowance | <input type="checkbox"/> Student Allowance | K | |
| Other (state) | Other (state) | | |
| TOTAL ANNUAL INCOME | | K | |

SECTION 4: CHANNEL TYPE

A. MOBILE BANKING

NEW Applying for Mobile Banking for the first time

I agree that all my linked accounts will be accessed by this number: ADD MOBILE NUMBER

B. PERSONAL INTERNET BANKING

NEW E-TOKEN

I agree that all my linked accounts will be accessed by Internet Banking.

C. VISA DEBIT CARD (Conditions Apply)

REASON FOR CARD REQUEST

Please select one or more reason for applying for a VISA card: Travel Online Purchase Other, please state: _____

CARDHOLDER NAME (21 characters including space)

PRIMARY ACCOUNT HOLDER :

JOINT ACCOUNT HOLDER

APPROVED DECLINED MANAGER NAME _____ SIGNATURE _____ Date DD / MM / YYYY

NEW VISA CARD COLLECTED BY:

| PRIMARY ACCOUNT HOLDER | JOINT ACCOUNT HOLDER |
|--|--------------------------------|
| Customer Signature & date | Customer Signature & date |
| Signature verified and items issued to customer: | |
| Customer Signature & date | PIN Custodian Signature & date |
| Customer Signature & date | PIN Custodian Signature & date |

DECLARATION AND DISCLOSURE STATEMENT

BSP Financial Group Limited advises that we may disclose your personal information in future to: (1) other organisations to help us to assess financial risk or to recover debt;(2) credit reference agencies; (3) other members of the BSP Group including BSP advisers, consultants or service providers, any of the banks subsidiaries, branches, head office or representatives; (4) any authority, regulator or government agency in any jurisdiction as the Bank may in its absolute discretion consider appropriate, necessary or advisable;(5) other organisations to assist us in compliance obligations in respect of sanctions, anti-moneys laundering, counter-terrorism financing and the proceeds of crime; and(6) the United States Internal Revenue Service to assist us in compliance with our obligations under our arrangement regarding the Foreign Account Tax Compliance Act ("FATCA).

Tax Compliance Act Consent. I consent to BSP disclosing my information under FATCA.

I/We have read and understood the declaration and disclosure section set out in this form and I/ We consent to BSP processing and disclosing my personal data by signing on this form.

- I acknowledge that I have read and understood the BSP Electronic Banking and BSP Online Banking Terms & Conditions and by executing this document, accept and agree to be bound by them in my use of the Mobile and Internet Banking service and card.
- I acknowledge that the service provided by the Bank and my obligations under this agreement, in respect of the accounts nominated in this agreement are subject to the terms and conditions governing those accounts.
- I acknowledge that my first use of the Mobile or Internet Banking service and card will indicate my acceptance of those Terms & Conditions.
- I acknowledge that the method of operation of account is either to operate.
- I confirm submitting all the requirements set out by BSP.

Signature of Primary Account Holder

Signature of Joint Account Holder (if joint account)

If applicant is below 18 years of age, Parent / Guardian consent required below;

FULL NAME

RELATIONSHIP TO CUSTOMER

Signature of Parent/Guardian

BANK USE ONLY

PRIMARY ACCOUNT HOLDER

JOINT ACCOUNT HOLDER

| | | | |
|-----------------|--|-----------------|--|
| BSP CUSTOMER ID | | BSP CUSTOMER ID | |
| AML RISK RATING | | AML RISK RATING | |

| | |
|------------------------|--|
| SUMATIN ACCOUNT NO. | |
| KUNDU ACCOUNT NO. | |
| PLUS SAVER ACCOUNT NO. | |

Staff Declaration

As the officer receiving the application I confirm that I have reviewed the form:

- The customer has completed all necessary details and signed the form;
- Customer identification documents have been checked and satisfy BSP requirement;
- I have conducted and attached evidence of pre-onboarding checks for :
 - Foreign Nationals;
 - High Risk and Politically Exposed customers;

- I have checked the eligibility for student account application;
- I have processed the account and/or service request for the customer accordingly;
- I have scanned the signature, image and onboarding documents as prescribed by policy/procedure.
- I have given Welcome Letter as prescribed by procedure.

| | | |
|--------------------------------------|-----------|------|
| Name of Officer & Staff ID#: | Signature | DATE |
| | | |
| Name of Checking Officer & Staff ID# | Signature | DATE |
| | | |

All new customers are required to provide at least 40 points of the following identification documents to be eligible to open an account. Please bring your original identification documents with this application form.

| | | |
|--------------------------|------------------------------|-----------|
| <input type="checkbox"/> | National Identification Card | 37 Points |
| <input type="checkbox"/> | Drivers Licence | 37 Points |
| <input type="checkbox"/> | Employment ID | 37 Points |
| <input type="checkbox"/> | Passport | 37 Points |
| <input type="checkbox"/> | Superannuation ID | 37 Points |
| <input type="checkbox"/> | Student ID | 37 Points |

| | | |
|--------------------------|-----------------------------------|-----------|
| <input type="checkbox"/> | Work Permit | 37 Points |
| <input type="checkbox"/> | Birth Certificate | 20 Points |
| <input type="checkbox"/> | Baptism Certificate | 3 Points |
| <input type="checkbox"/> | Confirmation Letter of Employment | 3 Points |
| <input type="checkbox"/> | Marriage Certificate | 3 Points |
| <input type="checkbox"/> | School Certificate | 3 Points |

If you are unable to provide identification documents from the above options, obtain two (2) referees to positively identify you. Please refer to the list below for acceptable persons (Indicate with a (✓) beside the applicable person).

- Accountants registered with the CPA PNG
- Magistrate of the District Court
- Minister of Religion
- Bank Employee of Managerial Status
- Serving Member of Parliament
- Provincial Police Commissioner or Police Station Commanding Officer
- Lawyer with current practicing certificate
- Rural Only: Reputable commodity buyer

- Existing Account Customer of good standing
- Serving Commissioned Officer of the PNG Defence Force
- Local Level Government Councilor
- Officer-in-charge of a Bank Agency
- Registered Medical Practitioner or Dentist
- Headmaster of a Primary or Secondary School
- District Health Manager or OIC of a Health Centre
- Manager at Customer's Employer

REFEREE 1 (20 Points)

| | |
|--------------------------------|-----------------|
| Name: | |
| Surname: | |
| BSP Account Number (Optional): | |
| P.O Box: | Post Code: |
| Country: | |
| Occupation: | Day Time Phone: |

REFEREE 2 (20 Points)

| | |
|--------------------------------|-----------------|
| Name: | |
| Surname: | |
| BSP Account Number (Optional): | |
| P.O Box: | Post Code: |
| Country: | |
| Occupation: | Day Time Phone: |

REFEREE 1 DECLARATION:

I declare that I am an acceptable person as described above. I have known the applicant for a period of not less than 2 years.

SIGNATURE:

DATE:

DD / MM / YYYY

REFEREE 2 DECLARATION:

I declare that I am an acceptable person as described above. I have known the applicant for a period of not less than 2 years.

SIGNATURE:

DATE:

DD / MM / YYYY

The common seal/stamp* of:

Affix Referee #1
Seal/Stamp

The common seal/stamp* of:

Affix Referee #2
Seal/Stamp

ATTACHED RECENT
PHOTO HERE

*Not mandatory