



SUMATIN 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:

IDENTIFICATION

Please bring a valid school identification card or a confirmation letter from the School Principal or Registrar and additional identification form when submitting this application form.

Examples of additional identification forms: Birth Certificate, School Certificate, Baptism Certificate, Passport or similar.


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:/...../.....

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:/...../.....

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: <i>dd./mm./yy</i>

Please tear here

ORIGINAL REFERENCE SLIP

FIRST NAME: OTHER NAME: FAMILY NAME:

New account number: DATE: *dd./mm./yy*

Please bring an initial deposit of at least K5.

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.)*

- | | |
|---|---|
| <ul style="list-style-type: none"> <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 | <ul style="list-style-type: none"> <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 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 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*

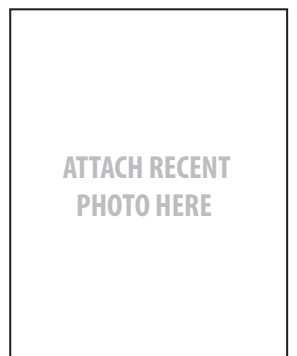
The common seal/stamp of:

.....



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