

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 Amount Account Type

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

1 Customer Details (1)

Existing Customer New Customer Resident Non Resident

CIF Number

Given Names

Surname

Father's Name

Mailing Name Mr Mrs Miss Ms

Mailing Address

Country:

Occupation

Employer Name

Employer Address

Work Phone No Start Date

Preferred Day Ph No Email Address

Account Type Customer Type Citizenship

Market Segment SIC Code

Date of Birth Gender Marital Status Mobile Phone No

Residential Address(where customer permanently lives)

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

2 Customer Details (2)

Existing Customer New Customer Resident Non Resident

CIF Number

Given Names

Surname

Father's Name

Mailing Name Mr Mrs Miss Ms

Mailing Address

Country:

Occupation

Employer Name

Employer Address

Work Phone No Start Date

Preferred Day Ph No Email Address

Account Type Customer Type Citizenship

Market Segment SIC Code

Date of Birth Gender Marital Status Mobile Phone No

Residential Address(where customer permanently lives)

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

Authorisation

Joint authorisation (BOTH authorised here must act and sign together - No Card Issued, ONLY Internet Banking)

ANY authorisation (EITHER ONE authorised here to act and sign.)

Electronic Services

PacifiCard

Visa Debit Card

Internet Banking

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 sighted copy of the relevant **Terms and Conditions** that apply to this account published.

I/We believe the details of this form to be true and correct and BSP reserves the right to exit customers that are non-compliant.

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

I/We acknowledge that when an account is held in **Joint names** and one account holder dies, we may treat the credit balance in the account as owing to the surviving account holder. If account overdraws, each joint account holder may be liable for payment of all or any part of the amount overdrawn.

Customer's Name (1)

Cus tomer's Name (2)

Cus tomer's Signature (1)

Cus tomer's Signature (2)

Bank Use Only

Salary Number

Name

Signature

Date

Verified and Opened By

Authorized By

Checked By