

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

<b>1 Customer Details (1)</b>		<b>2 Customer Details (2)</b>	
Existing Customer	New Customer	Resident	Non Resident
<b>CIF Number</b>		<b>CIF Number</b>	
<b>Given Names</b>		<b>Given Names</b>	
<b>Surname</b>		<b>Surname</b>	
<b>Father's Name</b>		<b>Father's Name</b>	
Mailing Name	Mr	Mrs	Miss
<b>Mailing Address</b>		<b>Mailing Address</b>	
<b>Country:</b>		<b>Country:</b>	
<b>Occupation</b>		<b>Occupation</b>	
<b>Employer Name</b>		<b>Employer Name</b>	
<b>Employer Address</b>		<b>Employer Address</b>	
<b>Work Phone No</b>	<b>Start Date</b>		
<b>Preferred Day Ph No</b>	<b>Email Address</b>		
<b>Account Type</b>	<b>Customer Type</b>	<b>Citizenship</b>	
<b>Market Segment</b>	<b>SIC Code</b>		
<b>Date of Birth</b>	<b>Gender</b>	<b>Marital Status</b>	<b>Mobile Phone No</b>
<b>Residential Address (where customer permanently lives)</b>			
Exempted from Withholding Tax/Stamp Duty? Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick "Yes" if exemption certificate is held)			
Exempted from Withholding Tax/Stamp Duty? Yes <input type="checkbox"/> No <input type="checkbox"/> (Tick "Yes" if exemption certificate is held)			

## 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)**

**Customer's Name (2)**

**Customer's Signature (1)**

**Customer's Signature (2)**

### Bank Use Only

Salary Number

Name

Signature

Date

Verified and Opened By

Authorized By

Checked By