

To be used for companies, societies, clubs and other associations (including business groups)

Note: A Notice of Authority must be completed if an Authority is not held and/or if there is a change to the method of operation

New Account Number	CIF	Product No.	Branch No.	Officer No.	Deposit Amnt.

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

Organisation Details

Existing Customer No <input type="checkbox"/> Yes <input type="checkbox"/>		Account Name <input type="text"/>		Email Address <input type="text"/>	
Mailing Name <input type="text"/>		Account Type		Customer Type	
				Citizenship <input type="text"/>	
Mailing Address <input type="text"/>		Market Segment		SIC Code	
				User Field 15 (Vanuatu Only) <input type="text"/>	
Country: <input type="text"/>		Office Location/Registered Address <input type="text"/>			
Date Registered/Incorporated		Phone Number		Fax Number	
Source of Funds	Preferred Statement Cycle	1st Statement Date	Next Statement Date		
Preferred Cheque Book Name(for a Cheque Account only) <input type="text"/>					
Exempted from withholding tax or stamp duty? Tick "Yes" if Exemption Certificate is held. No <input type="checkbox"/> Yes <input type="checkbox"/>					

I/We agree:

To be bound by the terms and conditions which apply from time to time to this account opened by me/us with Bank South Pacific.

The bank may debit to this or any other account(s) I/we may conduct with Bank South Pacific or recover from me/us any bank government charges, taxes or duties imposed on transactions on/or which relate to my/our account(s).

I/We acknowledge that I/we have received a copy of:

- The terms and conditions that apply to this account.
- The fees and charges that apply to this account.

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

I/We believe the details of this form to be true and correct.

Signed for and on behalf of:(organisation name)

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Name and Official Designation(eg Director/Secretary)	Signature
<input type="text"/>	<input type="text"/>

Name and Official Designation(eg Director/Secretary)	Signature
<input type="text"/>	<input type="text"/>

Name and Official Designation(eg Director/Secretary)	Signature
<input type="text"/>	<input type="text"/>

Bank Use Only

	Salary Number	Name	Signature	Date
Verified and Opened By				
Authorised By				
Checked By (Operations)				