



## Term Deposit - Association/Co-operative Account Opening Form

Bank use only:

New Account No.

CIF

Employee ID

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☐ KYC requirements previously met

### Association/Co-operative Details

Existing Customer? Yes ☐ No ☐

Full Name of the Association/Co-operative

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Type of Association/Co-operative

Incorporated Association ☐ Unincorporated Association ☐ Registered Co-operative ☐

Full Registered Office Address (not a PO Box)

Country:
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Mailing Name and Mailing Address

Mailing Name:
Country:

Contact Number

Fax No.

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Email Address

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Registration No. (if applicable)

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Country of Establishment

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Date of Establishment (dd/mm/yyyy)

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Association/Co-operative's Tax Identification No.

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Purpose of Opening Term Deposit

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### Source of Funds

(Select only one option below)

- ☐ Commission
- ☐ Bonus
- ☐ Business income/earnings
- ☐ Business profits
- ☐ Investment income/earnings
- ☐ Corporate investments earnings
- ☐ Rental income
- ☐ Loan
- ☐ Ext investment/ capital Injection
- ☐ Insurance payment
- ☐ Compensation payment
- ☐ Government grant
- ☐ Sale of assets
- ☐ Liquidation of assets
- ☐ Mergers & acquisitions
- ☐ Controlled money account
- ☐ Gift/donation
- ☐ Tax refund
- ☐ Salary/ wages
- ☐ Superannuation/pension
- ☐ Government benefits
- ☐ Redundancy
- ☐ Inheritance
- ☐ Windfall

### Source of Wealth

(Select only one option below)

- ☐ Business income/earnings
- ☐ Business profits
- ☐ Investment income/earnings
- ☐ Corporate investments earnings
- ☐ Rental income
- ☐ Insurance payment
- ☐ Compensation payment
- ☐ Owns real estate/property
- ☐ Sale of assets
- ☐ Liquidation of assets
- ☐ Mergers & acquisitions
- ☐ Controlled money account
- ☐ Gift/donation
- ☐ Employment income/earnings
- ☐ Redundancy
- ☐ Superannuation/pension
- ☐ Government benefits
- ☐ Inheritance
- ☐ Windfall
- ☐ No wealth

### Full Name of Controlling Persons

(e.g. chairman/secretary/ treasurer)

CIF

1		
2		
3		
4		
5		

**Note:** All individuals with control (e.g. chairman, secretary or treasurer) and authorised signatories must also complete an Associated Party Form.

**Deposit Details****Lodgement Date** (dd/mm/yyyy)

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**Amount Invested****Interest Rate** (% p.a.)

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**Maturity Date** (dd/mm/yyyy)

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**Interest Disbursement Frequency:**
☐ At Maturity
☐ Quarterly
☐ 6-Monthly
**Interest Payment Instructions:**

Nominate Account No.

Transfer to transaction  
account Order No.

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**Principal Maturity Details****Interest Payment Instructions:**

<input type="checkbox"/> Automatic Renewal (Principal & Interest)	<input type="checkbox"/> Automatic Renewal (Principal only)	<input type="checkbox"/> Single Maturity (Payout on Maturity)
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☐ Transfer to transaction account

Nominate Account No.

Order No.

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Order No.

**Security Details****Provide Loan Account details if this deposit is used as security :**

Account Name

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Account No.

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**NOTE:** A term deposit is a fixed contract and you should carefully consider whether you will need funds prior to maturity. In the event your deposit is broken before maturity, you will be required to pay Break Fee and your interest will be adjusted. The bank may also levy an Early Termination Penalty related to residual term and the prevailing refinance rate.

If applicable, any charges to renewal instructions should be advised prior to maturity/within 5 days of maturity. In absence of disposal instructions, deposit will be automatically renewed, with interest added, for a similar term at the rate applicable at that time.

Any profit / loss incurred as a result of a fluctuation in exchange rate of the currency deposited will be for your care and account.

**Acknowledgements**

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 the Bank;
- \* 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);
- \* the Bank's acceptance of this application, thereby creating the contract of deposit, may only be made by entry of the Depositor(s)' names in the Bank's books; and
- \* documents presented for identification purposes may be verified by the Bank with an appropriate authority.

I/We request the Bank to contact me/us at or around the maturity of this Term Deposit in order to receive re-investment instructions, payment instructions or to discuss any other related matter, however, I/we acknowledge that the Bank is under no obligation to do so, unless required by any regulatory policy or legislation.

I/We acknowledge that I/we have received a copy of the relevant terms and conditions that apply to this account.

*Note: It is an offence under the Anti-Money Laundering laws to make a false or misleading statement*

I/We authorise Westpac to take a photograph of me/us for the purpose of preventing any third party act of fraud attempted on my/our account.

**Privacy Consent**

By signing below, you consent to us collecting and holding any sensitive information such as health information or information about your racial or ethnic origin which appears on copies of your identity documents. You will not be able to withdraw your consent to Westpac holding this information after it has been provided where Westpac is required to retain copies of identification documents to meet verification of identity requirements under legislation or prudential standards. If you do not provide your consent, we may not be able to proceed with your application or provision of a product or service.

**Signed for and on behalf: (Name of Association/Co-operative)**

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**Full Name and official designation (e.g. chairman/secretary/treasurer)****Signature**

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**Full Name and official designation (e.g. chairman/secretary/treasurer)****Signature**

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**Full Name and official designation (e.g. chairman/secretary/treasurer)****Signature**

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**Bank Use Only**

Primary CIF	Customer Type	Account Type	Citizenship	Market Segment	SIC Code
Manager	Currency	Product No.	Branch No.	Deposit Amount	

**Staff Declaration**

- |     |   |                          |     |
|-----|---|--------------------------|-----|
| (a) | Collected all the necessary documents to complete the identification process  | <input type="checkbox"/> | Yes |
| (b) | Verified all necessary customer details   | <input type="checkbox"/> | Yes |
| (c) | Sighted all original documents and/or certified copies of documents   | <input type="checkbox"/> | Yes |
| (d) | Photocopied/scanned all documents provided for account opening purposes and confirmed that all images are clear & legible | <input type="checkbox"/> | Yes |
| (e) | Collected a completed FATCA SDF   | <input type="checkbox"/> | Yes |
| (f) | Accurately completed 'Checklist for Personal Customers and Associated Parties'  | <input type="checkbox"/> | Yes |

Account Opening Officer's Name	Employee ID	Signature	Date

**Relationship Manager Declaration**

Primary CIF has been recorded correctly and in compliance with the Credit Exposure Aggregation Policy as contained in the PNG Business Credit Manual ☐ Yes

Relationship Manager's Name	Employee ID	Signature	Date

**Account Authorisation**

I authorise the opening of this account and confirm all KYC and FATCA requirements are met.

Supervisor/ Verification Officer's Name	Employee ID	Signature	Date