



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:

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 Account

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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.

Cheque Book Request

Preferred Cheque Book Name

50 leaves ☐ 100 leaves ☐ 200 leaves ☐

Preferred Statement Cycle	1st Statement Date	Next Statement Date

Acknowledgements

I/We agree:

To be bound by terms and conditions which apply from time to time to this account opened by me/us with Westpac Banking Corporation.

The bank may debit to this or any accounts(s) I /we may conduct with Westpac 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).

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: (Name of Association/Co-operative)

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

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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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

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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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

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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