



Company Account Opening Form

New Account No.

CIF

Employee ID

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☐ KYC requirements previously met

Company Details

Existing Customer? Yes ☐ No ☐

Full Name of the Company as Registered

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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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Is the company registered as private or public

Private company ☐Public company ☐If public, is it listed on the stock exchange? Yes ☐ No ☐

If yes, please specify the stock exchange(s)

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Incorporation/ Registration No. Business Licence No. (if any)

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Country & Date of Incorporation/ Registration (dd/mm/yyyy)

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Company's Tax Identification No.

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Purpose of Opening Account

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Full Name of each Director and Secretary (if applicable)

1	
2	
3	
4	
5	

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 Individual Shareholder CIF Ownership Share (%)

1			
2			
3			
4			
5			

Note: All directors, secretaries and shareholders who have a 20% or greater shareholding and authorised signatories must also complete an Associated Party Form.

Cheque Book and Statement Request

Preferred Cheque Book Name

50 leaves

☐

100 leaves

☐

200 leaves

☐

**Preferred
Statement Cycle**

**1st Statement
Date**

**Next Statement
Date**

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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 Company)

Full Name and official designation (e.g. director/secretary)

Signature

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Full Name and official designation (e.g. director/secretary)

Signature

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Full Name and official designation (e.g. director/secretary)

Signature

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Bank Use Only

Primary CIF

Customer Type

Account Type

Citizenship

Market Segment

SIC Code

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Manager

Currency

Product No.

Branch No.

Deposit Amount

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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 Companies' | <input type="checkbox"/> Yes |

Account Opening Officer's Name

Employee ID

Signature

Date

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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

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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

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