



Government Body Account Opening Form

Bank use only: New Account No.

CIF

Employee ID

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☐ KYC requirements previously met

Government Body Details

Existing Customer? Yes ☐ No ☐

Full Name of the Government Body

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Full Registered Office Address (not a PO Box)

Country:

Mailing Name and Mailing Address

Mailing Name:
Country:

Contact Number

Fax Number

--	--

Email Address

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Type of Government Body

PNG

☐

Foreign

☐

If foreign, please specify country

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Government Category

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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

Controlling Persons

CIF

		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. If additional space is required, please attach an additional 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 Government Body)

Full Name and official designation**Signature**

Full Name and official designation**Signature**

Full Name and official designation**Signature**

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
- (b) Verified all necessary customer details
- (c) Sighted all original documents and/or certified copies of documents
- (d) Photocopied/scanned all documents provided for account opening purposes and confirmed that all images are clear & legible
- (e) Collected a completed FATCA SDF
- (f) Accurately completed 'Checklist for Personal Customers and Associated Parties'

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ 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**