

Term Deposit - Personal Account Opening Form

Bank use only			
New Account No.	CIF	Employee ID	
		KY	C requirements previously met
	Custon	ner Details	
			.
	lent Status?	Source of Funds	Source of Wealth
Yes No Reside	ent Non-resident	(Select only one option below)	(Select only one option below)
Surname Any other names		☐ Commission☐ Bonus☐ Business income/ earnings☐ Business profits	 □ Business income/ earnings □ Business profits □ Investment income/ earnings
known by		☐ Investment income/	Corporate investments
Permanent Residential Address Country: Mailing Name and Mailing Address Mailing Name: Country: Contact Phone Number Email Address Nationality/place of birth	(not a PO Box)	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	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/
National Identity No.	,	☐ Tax refund☐ Salary/ wages	pension Government benefits
_		☐ Superannuation/pension	☐ Inheritance
Birth Certificate No.		Government benefits	☐ Windfall
Passport No.		☐ Redundancy ☐ Inheritance	☐ No wealth
Occupation		☐ Windfall	
Employer Name		Is a Withholding Tax/Stamp Duty exemption certificate held?	Yes No N/A
Employer Address		Durnose of anoning account	
		Purpose of opening account	
Country:			
Work Phone No. Start Date (dd	i/mm/yyyy) Salary (annual)		

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Deposit Details		Principal Maturity Details			
Lodgement Date (dd/mm/yyyy)	Deposit Term (months/days)	Interest Payment Instructions: Automatic Automatic Single Maturity			
Amount Invested K Maturity Date (dd/mm/yyyy) For	Interest Rate (% p.a.) eign Currency Code (if applicable)	Renewal Renewal (Payout on (Principal & (Principal Maturity) Interest) only)			
		Transfer to transaction account Nominate Account No. Order No.			
Interest Disbursement Frequency At Maturity Quart Interest Payment Instruction	erly 6-Monthly Yearly	Nominate Account No. Order No.			
Transfer to transaction accour Nominate Account No.					
	Security	y Details			
Account Name	ils if this deposit is used as security	y :			
your deposit is broken before levy an Early Termination Per	maturity, you will be required to pay B nalty related to residual term and the p	·			
		prior to maturity/within 5 days of maturity. In absence of disposal ded, for a similar term at the rate applicable at that time.			
Any profit / loss incurred as a Acknowledgements	result of a fluctuation in exchange rate	e of the currency deposited will be for your care and account.			
I/Weagree:					
* the Bank may charge to this or taxes or duties imposed on transa	any other account(s) I/we may conduct wit actions on/or which relate to my/our account	this account opened by me/us with the Bank; th the Bank or recover from me/us any bank fees, government charges, nt(s); deposit, may only be made by entry of the Depositor(s)' names in the			
Bank's books; and * documents presented for identif	ication purposes may be verified by the Ba	ank with an appropriate authority.			
		m Deposit in order to receive re-investment instructions, payment dge that the Bank is under no obligation to do so,unless required by any			
I/We acknowledge that I/we have	e received a copy of the relevant terms and	conditions that apply to this account			
Note: It is an offence under the A	nti-Money Laundering laws to make a false	e or misleading statement			
I/We authorise Westpac to take a	a photograph of me/us for the purpose of pr	eventing any third party act of fraud attempted on my/our account.			
ethnic origin which appears on coafter it has been provided where	opies of your identity documents. You will n Westpac is required to retain copies of ide	ormation such as health information or information about your racial or not be able to withdraw your consent to Westpac holding this information ntification documents to meet verification of identity requirements under nay not be able to proceed with your application or provision of a product			
Custon	ner's Name				
Custom	er Signature				

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Marksmen

Where the customer is unable to sign or has signed with their initials, a mark, or in print, they are also required to provide their left thumb print and photo ID.

Customer'	er's Left Thumb Print Customer's Photo				
Bank Use Only					
ary CIF	Customer Type	Account Type	Citizenship	Market Segment	SIC Cod

Bank Use Only							
Primary CIF Customer Type		Account Type Citizenship		Market Segr	ment S	SIC Code	
Manager Currency		Produ	uct No.	Branch No.	Branch No. Deposit Amou		
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							
Account Opening Officer's Name		Employee	ID S	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 I	Name	Employee	ID S	Signature	Date		
Account Authorisation I authorise the opening of this account and confirm all KYC and FATCA requirements are met.							
Supervisor/ Verification C	Officer's Name	Employee	ID S	ignature	Date		

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