

# Partnership Account Opening Form

## Bank Use Only

|                 |  |                |  |             |  |  |  |
|-----------------|--|----------------|--|-------------|--|--|--|
| New Account No. |  | CIF            |  | Employee ID |  | <input type="checkbox"/> KYC requirements previously met |  |
| Customer Type   |  | Account Type   |  | Citizenship |  | Market Segment   |  |
| SIC Code        |  | Manager        |  | Currency    |  | Product No.  |  |
| Branch No.      |  | Deposit Amount |  |             |  |  |  |

## Partnership Details

Existing Customer? Yes ☐ No ☐

### Full Name of the Partnership

### Type of Partnership

Regulated ☐ Unregulated ☐

Phone No.

Fax No.

Email Address

### Full Registered Office Address (not a PO Box)

Country:

### Mailing Name and Mailing Address

Mailing Name:

Country:

### Registration No./ Business Name Registration (if applicable)

### Country of Establishment

### Date of Establishment (dd/mm/yyyy)

| Full Name of each Partner | CIF | Ownership Share (%) |
|---------------------------|-----|---------------------|
| 1                         |     |                     |
| 2                         |     |                     |
| 3                         |     |                     |
| 4                         |     |                     |

### 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

### Business Licence No. (if any)

### Partnership's Tax Identification No.

### Purpose of Opening Account

Please ensure that all partners are recorded. An Associated Party Form must be completed for each person listed above and all authorised signatories.

| 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 believe the details of this form to be true and correct.

**Privacy Statement**

All personal information and credit-related information (where applicable) we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at <https://www.westpac.com.pg/privacy-policy/> or by calling us on (675) 3220888 or visit us in branch. Our Privacy Statement also provides information about how you can access and correct your personal information and make a complaint. You do not have to provide us with any personal information or credit information (where applicable), but if you don't, we may not be able to process your application.

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 Partnership)**

|  |                  |
|--|------------------|
|  |                  |
| <b>Full Name and official designation (e.g. partner)</b> | <b>Signature</b> |
|  |                  |
| <b>Full Name and official designation (e.g. partner)</b> | <b>Signature</b> |
|  |                  |
| <b>Full Name and official designation (e.g. partner)</b> | <b>Signature</b> |
|  |                  |
| <b>Full Name and official designation (e.g. partner)</b> | <b>Signature</b> |
|  |                  |

**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 Partnerships'   | <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**