



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.

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 Partnership)

Full Name and official designation (e.g. partner)

Signature

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Full Name and official designation (e.g. partner)

Signature

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Full Name and official designation (e.g. partner)

Signature

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Full Name and official designation (e.g. partner)

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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>