

**Personal New Account Opening Form – Low ID***Complete for personal customers only*

This application form is used for the following type of customers only:

- Individuals who are PNG Residents and/or PNG Citizen
- Individuals who do not hold any other accounts with Westpac
- Individuals belonging to a low income group and are not able to produce documents to satisfy the full identification (ID) requirements.

For such Low ID individuals, Westpac may open an account for these individuals provided:

- The Low ID individual has a Referee who completes the Referee form;
- The Low ID individual provides an ID size photo certified by the Referee;
- The balance of the account does not exceed K10,000

Note: An individual may only be considered a valid Referee for our purposes if they fully satisfy the following:

Full identification requirements of Westpac and are considered fully KYC; and has an existing account with Westpac on good terms with no transaction concerns for a period of at least 1 year.

If at any point in time, the individual customer's Low ID account(s) exceeds K10,000, no further transactions will be permitted until the full KYC procedure is completed.

**Bank Use Only**

Account Number

CIF Number

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Customer Type

Account Type

Product No.

--	--	--

Market Segment

SIC Code

Currency

--	--	--

Citizenship

Branch No.

Manager

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Deposit Amount

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**Section 1: Customer Details**

Title

--

Given Name (s)

--

Surname

--

Any other name(s) known by

--

Date of Birth

--

Place of Birth

--

Marital Status

--

Permanent Residential Address (not a PO Box)

--

Postal Address

--

Personal Contact Number

--

Email Address

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Purpose of Opening an Account

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**Section 2: Customer Employment Details****Employment type:** Please select the employment type that best reflects your current situation:☐ Full Time ☐ Casual ☐ Retired ☐ Other (please specify below)☐ Part Time ☐ Student ☐ Unemployed

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Occupation

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Employer Name

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Employer Contact Number(s)

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Employee Start Date

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Employer Address

### Section 3: Customer Financial Details

#### Source of Funds (select only one option below)

- ☐ Business Income/Earnings
- ☐ Gift/Donation/Pocket Money
- ☐ Rental Income
- ☐ Salary/Wages
- ☐ Superannuation/Pension
- ☐ Other (please specify below)

#### Source of Wealth (select only one option below)

- ☐ Business Income/Earnings
- ☐ Gift/Donation
- ☐ Owns Real Estate/Property
- ☐ Superannuation/Pension
- ☐ No Wealth
- ☐ Other (please specify below)

### Section 3.1 Customer Expected Transaction/Account Activity

**EXPECTED TRANSACTION AMOUNT** (per month in PGK) 0-500 501-1000 1001-5000 5001- 10,000

**TRANSACTION TYPES** (Please select one or more)

Cash Deposits Cash Withdrawals Domestic Transfers ATM withdrawals/EFTPOS Transactions

If Other (please specify) \_\_\_\_\_

**AVERAGE NUMBER OF TRANSACTIONS** (per month) 0-20 21-50 51-100 101 and above

### Section 4: Electronic Services

☐ Handycard ☐ Mobile Banking  Handycard number

### Section 5: Acknowledgement

I/We agree:

- that documents presented for identification purposes may be verified by the Bank with an appropriate authority;
- to be bound by the terms and conditions which apply from time to time to this account opened by me with the Bank;
- if card access has been requested, to be bound by the Conditions of Use governing the use of the card;
- the Bank may charge to this or any other account(s) I/we may conduct with the Bank 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); and
- to check my/our account statements and notify the Bank of any errors or unusual transactions within 3 months of receiving each account statement.
- I understand that The Bank is not liable for any incorrect *pay other* transactions I make through Mobile Banking Transfer.
- I acknowledge that the mobile number I have provided is true and is registered with the Mobile Operator mentioned.
- The Bank is not liable for any losses incurred in the duration of the mobile being stolen, before reporting it to the Bank.

I acknowledge that I/we have received a copy of the relevant Terms and Conditions that apply to this account and the Customer Banking Agreement.

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

I acknowledge that my referee has read and explained to me everything in this account opening form and the related terms and conditions and Customer Banking Agreement.

**Privacy Consent**

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.

Individual (name in full)

Individual's Signature

Date

Marksmen Customer's Left Thumb Print

Customer's Photo

ID size photograph is mandatory for Low ID customer and must be certified by referee (in the absence of an acceptable ID document-refer list of acceptable ID documents)

**Section 6: Referee Details**

Title

Given name(s)

Surname

Any other names known by

CIF

**Declaration**

I declare that:

- All information stated by the applicant in this form are true and correct to the best of my knowledge.
- The attached ID photo (this includes the photo on an ID document) is a genuine photograph of the customer which I have verified and certified.
- The applicant signed this form in my presence.
- I have known the applicant for more than 1 year

Referee's Signature

Date

Customer's Signature

Date

**Section 7: Staff Declaration**

- ☐ Collected all necessary documents to complete the identification
- ☐ Process Verified all necessary customer details
- ☐ Sighted all original documents and/or certified copies of documents
- ☐ Photocopied/scanned all documents provided for account opening purposes and confirmed that all images are clear and
- ☐ Legible Accurately completed 'Checklist for Personal Customers and Associated Parties'

Employee Name &amp; Salary Number

Signature

Date

**Section 8: Account Authorisation**

I authorize the opening of this account and confirm all KYC and FATCA requirements are met.

Supervisor's Name & Salary Number

Supervisor's Signature

X

Date