

# 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
<input type="text"/>	<input type="text"/>

Customer Type	Account Type	Product No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Market Segment	SIC Code	Currency
<input type="text"/>	<input type="text"/>	<input type="text"/>

Citizenship	Branch No.	Manager
<input type="text"/>	<input type="text"/>	<input type="text"/>

Deposit Amount	<input type="text"/>
----------------	----------------------

## Section 1: Customer Details

Title	Given Name (s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Any other name(s) known by	Date of Birth	Place of Birth	Marital Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Residential Address (not a PO Box)

Postal Address

Personal Contact Number	Email Address	Purpose of Opening an Account
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 2: Customer Employment Details

**Employment type:** Please select the employment type that best reflects your current situation:

<input type="checkbox"/> Full Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Part Time	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed	<input type="text"/>

Occupation	Employer Name	Employer Contact Number(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee Start Date	<input type="text"/>
---------------------	----------------------

Employer Address

**Section 3: Customer Financial Details**

Source of Funds (select only one option below)	Source of Wealth (select only one option below)
<input type="checkbox"/> Business Income/Earnings	<input type="checkbox"/> Business Income/Earnings
<input type="checkbox"/> Gift/Donation/Pocket Money	<input type="checkbox"/> Gift/Donation
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Owns Real Estate/Property
<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> Superannuation/Pension
<input type="checkbox"/> Superannuation/Pension	<input type="checkbox"/> No Wealth
<input type="checkbox"/> Other (please specify below)	<input type="checkbox"/> Other (please specify below)
<input type="text"/>	<input type="text"/>

**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

Cheque Deposits  Other  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 I/we have read and understood the Privacy Statement in the Customer Banking Agreement.

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.

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

Date