

**Personal Account Opening Form/Associated Party Form****Bank Use Only**

<input type="checkbox"/> Personal Account	<input type="checkbox"/> Joint Account	<input type="checkbox"/> Associated Party	<input type="checkbox"/> Foreign Currency Account	
New Account No.	CIF	Employee ID		
Customer Type	Account Type	Citizenship	Market Segment	SIC Code
Manager	Currency	Product No.	Branch No.	Deposit Amount

Customer Details

Existing Customer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Resident Status? Resident <input type="checkbox"/> Non-resident <input type="checkbox"/>	Source of Funds (Select only one option below) <input type="checkbox"/> Commission <input type="checkbox"/> Bonus <input type="checkbox"/> Business income/ earnings <input type="checkbox"/> Business profits <input type="checkbox"/> Investment income/ earnings <input type="checkbox"/> Corporate investments earnings <input type="checkbox"/> Rental income <input type="checkbox"/> Loan <input type="checkbox"/> Ext investment/ capital Injection <input type="checkbox"/> Insurance payment <input type="checkbox"/> Compensation payment <input type="checkbox"/> Government grant <input type="checkbox"/> Sale of assets <input type="checkbox"/> Liquidation of assets <input type="checkbox"/> Mergers & acquisitions <input type="checkbox"/> Controlled money account <input type="checkbox"/> Gift/donation <input type="checkbox"/> Tax refund <input type="checkbox"/> Salary/ wages <input type="checkbox"/> Superannuation/pension <input type="checkbox"/> Government benefits <input type="checkbox"/> Redundancy <input type="checkbox"/> Inheritance <input type="checkbox"/> Windfall	Source of Wealth (Select only one option below) <input type="checkbox"/> Business income/ earnings <input type="checkbox"/> Business profits <input type="checkbox"/> Investment income/ earnings <input type="checkbox"/> Corporate investments earnings <input type="checkbox"/> Rental income <input type="checkbox"/> Insurance payment <input type="checkbox"/> Compensation payment <input type="checkbox"/> Owns real estate/ property <input type="checkbox"/> Sale of assets <input type="checkbox"/> Liquidation of assets <input type="checkbox"/> Mergers & acquisitions <input type="checkbox"/> Controlled money account <input type="checkbox"/> Gift/donation <input type="checkbox"/> Employment income/ earnings <input type="checkbox"/> Redundancy <input type="checkbox"/> Superannuation/ pension <input type="checkbox"/> Government benefits <input type="checkbox"/> Inheritance <input type="checkbox"/> Windfall <input type="checkbox"/> No wealth
Given Names <input type="text"/>			
Surname <input type="text"/>			
Any other names known by <input type="text"/>			
Nationality/place of birth <input type="text"/>			
Date of Birth (dd/mm/yyyy) <input type="text"/>	Gender <input type="text"/>	Marital Status <input type="text"/>	
Permanent Residential Address (not a PO Box) <input type="text"/> Country: <input type="text"/>			
Mailing Name and Mailing Address Mailing Name: <input type="text"/> Country: <input type="text"/>			
Contact Phone Number <input type="text"/>			
Email Address <input type="text"/>			
TIN (if applicable) <input type="text"/>			
National Identity No. <input type="text"/>			
Birth Certificate No. <input type="text"/>			
Passport No. <input type="text"/>			
Occupation <input type="text"/>			
Employer Name <input type="text"/>			
Employer Address <input type="text"/> Country: <input type="text"/>			
Work Phone No. <input type="text"/> Start Date (dd/mm/yyyy) <input type="text"/> Salary (annual) <input type="text"/>			
Is a Withholding Tax/Stamp Duty exemption certificate held? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Purpose of opening account <input type="text"/>			

Electronic Services

☐ HandyCard ☐ Visa Debit Card ☐ Mobile Banking ☐ Internet Banking

Handycard No.

(criteria applies)

Do you want to receive your statement electronically? Yes

☐

No

☐

Acknowledgements

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.

I 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.

Customer's Name

Customer's Photo

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's Signature

Marksmen
Customer's Left Thumb Print

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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 ☐ Yes
- (b) Verified all necessary customer details ☐ Yes
- (c) Sighted all original documents and/or certified copies of documents ☐ Yes
- (d) Photocopied/scanned all documents provided for account opening purposes and confirmed that all images are clear & legible ☐ Yes
- (e) Collected a completed FATCA SDF ☐ Yes
- (f) Accurately completed 'Checklist for Personal Customers and Associated Parties' ☐ 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