



Sole Trader Account Opening Form

Bank use only

New Account No.

CIF

Employee ID

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☐ KYC requirements previously met

Customer Details

Existing Customer?

Yes ☐ No ☐

Resident Status?

Resident ☐ Non-resident ☐

Given Names

Surname

Any other names known by

Date of Birth (dd/mm/yyyy)

Gender

Marital Status

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Permanent Residential Address (not a PO Box)

Country:

Mailing Name and Mailing Address

Mailing Name:
Country:

Contact Phone Number

Email Address

Nationality/place of birth

National ID No.

Birth Certificate No.

Passport No.

Occupation

Employer Name

Employer Address

Country:

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
- ☐ No wealth

Is a Withholding Tax/Stamp Duty exemption certificate held?

Yes ☐ No ☐ N/A ☐

Work Phone No.

Start Date (dd/mm/yyyy)

Salary (annual)

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Sole Trader Account Opening Form

Sole Trader Details

Full Business/ Trading Name

Country of Registration

Office Location/ Registered Address (Not a PO Box)

Country:

Date of Registration (dd/mm/yyyy)

Business Tax Identification No.

Mailing Address of the Business

Country:

Is a Withholding Tax/Stamp Duty exemption certificate held?

Yes ☐No ☐N/A ☐

Contact Phone Number

Purpose of Opening Account

Registration Number/ Business Name Registration

(if applicable)

Electronic Services

☐

HandyCard

☐Visa Debit Card
(criteria applies)☐

Mobile Banking

☐

Internet Banking

Handycard No.

Do you want to receive your statement electronically?

Yes ☐No ☐

Statement Request

Preferred Statement Cycle	1st Statement Date	Next Statement Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Signature

Bank Use Only

Primary CIF	Customer Type	Account Type	Citizenship	Market Segment	SIC Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager	Currency	Product No.	Branch No.	Deposit Amount	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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 Sole Traders' | <input type="checkbox"/> Yes |

Account Opening Officer's Name

Employee ID

Signature

Date

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