



Term Deposit - Association/Co-operative Account Opening Form

Bank use only:

New Account No.

CIF

Employee ID

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KYC requirements previously met

Association/Co-operative Details

Existing Customer? Yes No

Full Name of the Association/Co-operative

Type of Association/Co-operative

Incorporated Association Unincorporated Association Registered Co-operative

Full Registered Office Address (not a PO Box)

Country:

Mailing Name and Mailing Address

Mailing Name:

Country:

Contact Number

Fax No.

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Email Address

Registration No. (if applicable)

Country of Establishment

Date of Establishment (dd/mm/yyyy)

Association/Co-operative's Tax Identification No.

Purpose of Opening Term Deposit

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

Full Name of Controlling Persons

(e.g. chairman/secretary/ treasurer)

CIF

1		
2		
3		
4		
5		

Note: All individuals with control (e.g. chairman, secretary or treasurer) and authorised signatories must also complete an Associated Party Form.

Deposit Details**Lodgement Date** (dd/mm/yyyy)**Amount Invested****Interest Rate** (% p.a.)**Maturity Date** (dd/mm/yyyy)**Interest Disbursement Frequency:** At Maturity Quarterly 6-Monthly **Interest Payment Instructions:** Pay by Bank Cheque Transfer to transaction account

Nominate Account No.

Order No.

Principal Maturity Details**Interest Payment Instructions:** Automatic Renewal (Principal & Interest) Automatic Renewal (Principal only) Single Maturity (Payout on Maturity) Pay by Bank Cheque Mail Bank Cheque Hold bank cheque for collection Transfer to transaction account

Nominate Account No.

Order No.

Security Details**Provide Loan Account details if this deposit is used as security :**

Account Name

Account No.

NOTE: A term deposit is a fixed contract and you should carefully consider whether you will need funds prior to maturity. In the event your deposit is broken before maturity, you will be required to pay Break Fee and your interest will be adjusted. The bank may also levy an Early Termination Penalty related to residual term and the prevailing refinance rate.

If applicable, any charges to renewal instructions should be advised prior to maturity/within 5 days of maturity. In absence of disposal instructions, deposit will be automatically renewed, with interest added, for a similar term at the rate applicable at that time.

Any profit / loss incurred as a result of a fluctuation in exchange rate of the currency deposited will be for your care and account.

Acknowledgements

I/We agree:

- * to be bound by the terms and conditions which apply from time to time to this account opened by me/us with the Bank;
- * 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);
- * the Bank's acceptance of this application, thereby creating the contract of deposit, may only be made by entry of the Depositor(s)' names in the Bank's books; and
- * documents presented for identification purposes may be verified by the Bank with an appropriate authority.

I/We request the Bank to contact me/us at or around the maturity of this Term Deposit in order to receive re-investment instructions, payment instructions or to discuss any other related matter, however, I/we acknowledge that the Bank is under no obligation to do so, unless required by any regulatory policy or legislation.

I/We acknowledge that I/we have read and understood the Privacy Statement in the Customer Banking Agreement.

I/We acknowledge that I/we have received a copy of the relevant terms and conditions that apply to this account.

Note: It is an offence under the Anti-Money Laundering laws to make a false or misleading statement

I/We authorise Westpac to take a photograph of me/us for the purpose of preventing any third party act of fraud attempted on my/our account.

Signed for and on behalf: (Name of Association/Co-operative)**Full Name and official designation (e.g. chairman/secretary/treasurer)****Signature****Full Name and official designation (e.g. chairman/secretary/treasurer)****Signature****Full Name and official designation (e.g. chairman/secretary/treasurer)****Signature**

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 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