

Use this form to provide us your details or if any of your records have changed recently, please update necessary information using this form.

## CUSTOMER INFORMATION

NEW CUSTOMER       EXISTING CUSTOMER

ACCOUNT NUMBER:

FULL NAME: MR /MRS /MS /MISS .....

DATE OF BIRTH: *DD* / *MM* / *YY* ..... GENDER: *Please tick only one box*    MALE       FEMALE

MARITAL STATUS: *Please tick only one box*    MARRIED       SINGLE       DIVORCED       WIDOWED       DEFACTO

CITIZENSHIP: ..... MOBILE NUMBER: *(+675)* .....

PERSONAL EMAIL ADDRESS: .....

**RESIDENTIAL ADDRESS:** HOUSE NUMBER: ..... ALLOTMENT: ..... SECTION: .....

STREET ADDRESS: .....

SUBURB/VILLAGE: .....

TOWN/PROVINCE: ..... COUNTRY: .....

DATE MOVED IN : *DD* / *MM* / *YY* .....

**MAILING ADDRESS:** POST OFFICE BOX NUMBER: ..... POST OFFICE NAME: .....

TOWN: ..... PROVINCE: .....

COUNTRY: ..... ATTENTION: .....

## EMPLOYMENT DETAILS

*Please tick only one box*

FULL TIME EMPLOYMENT       PART TIME EMPLOYMENT       RETIRED       UNEMPLOYED       SELF EMPLOYED

PROFESSION : ..... JOB TITLE: .....

EMPLOYER NAME: ..... DATE COMMENCED EMPLOYMENT: *DD* / *MM* / *YY* .....

YEARS AT CURRENT JOB: ..... WORK EMAIL: ..... WORK PHONE: .....

MAILING ADDRESS: .....

ANNUAL INCOME: .....

PASSPORT NUMBER: *(If applicable)* ..... NID NUMBER: *(If applicable)* ..... TAX ID: *(If applicable)* .....

## CUSTOMER DECLARATION:

*Terms and Conditions are available on our website and in our branches*

I certify that the information contained in this form is true and accurate and I accept the BSP's Terms & Conditions which apply to my account(s) and transactions which I conduct on my account(s)

ATTACH PASSPORT  
SIZED PHOTO HERE

SIGNED :  DATED : *DD* / *MM* / *YY* .....

## BANK USE ONLY

BSP CUSTOMER ID ..... KYC REFERENCE NUMBER .....

ACTIONING OFFICER: NAME: ..... STAFF NUMBER: ..... SIGNED : ..... DATED : *DD* / *MM* / *YY* .....

AUTHORISING OFFICER: NAME: ..... STAFF NUMBER: ..... SIGNED : ..... DATED : *DD* / *MM* / *YY* .....

All new customers are required to provide at least 40 points of the following identification documents to be eligible to open an account. Please bring your original identification documents with this application form.

<input type="checkbox"/>	National Identification Card	37 Points
<input type="checkbox"/>	Drivers Licence	37 Points
<input type="checkbox"/>	Employment ID	37 Points
<input type="checkbox"/>	Passport	37 Points
<input type="checkbox"/>	Superannuation ID	37 Points
<input type="checkbox"/>	Student ID	37 Points

<input type="checkbox"/>	Work Permit	37 Points
<input type="checkbox"/>	Birth Certificate	20 Points
<input type="checkbox"/>	Baptism Certificate	3 Points
<input type="checkbox"/>	Confirmation Letter of Employment	3 Points
<input type="checkbox"/>	Marriage Certificate	3 Points
<input type="checkbox"/>	School Certificate	3 Points

If you are unable to provide identification documents from the above options, obtain two (2) referees to positively identify you. Please refer to the list below for acceptable persons (Indicate with a (✓) beside the applicable person).

<input type="checkbox"/>	Referee with photo	20 Points
<input type="checkbox"/>	Referee without photo	3 Points

- Accountants registered with the CPA PNG
- Magistrate of the District Court
- Minister of Religion
- Bank Employee of Managerial Status
- Serving Member of Parliament
- Provincial Police Commissioner or Police Station Commanding Officer
- Lawyer with current practicing certificate
- Rural Only: Reputable commodity buyer

- Existing Account Customer of good standing
- Serving Commissioned Officer of the PNG Defence Force
- Local Level Government Councilor
- Officer-in-charge of a Bank Agency
- Registered Medical Practitioner or Dentist
- Headmaster of a Primary or Secondary School
- District Health Manager or OIC of a Health Centre
- Manager at Customer's Employer

**REFEREE 1**

Name:	
Surname:	
BSP Account Number (Optional):	
P.O Box:	Post Code:
Country:	
Occupation:	Day Time Phone:

**REFEREE 2**

Name:	
Surname:	
BSP Account Number (Optional):	
P.O Box:	Post Code:
Country:	
Occupation:	Day Time Phone:

**REFEREE 1 DECLARATION:**

I declare that I am an acceptable person as described above. I have known the applicant for a period of not less than 2 years.

SIGNATURE:

DATE:

DD / MM / YYYY

**REFEREE 2 DECLARATION:**

I declare that I am an acceptable person as described above. I have known the applicant for a period of not less than 2 years.

SIGNATURE:

DATE:

DD / MM / YYYY

The common seal/stamp\* of:

-----

Affix Referee #1  
Seal/Stamp

\*Not mandatory

The common seal/stamp\* of:

-----

Affix Referee #2  
Seal/Stamp

**ATTACH PASSPORT  
SIZED PHOTO HERE**