

Checked By (Operations)

Company and Organisation Account Opening Form

To be used for companies, societies, clubs and other associations (including business groups) Note: A Notice of Authority must be completed if an Authority is not held and/or if there is a change to the method of operation											
New Account Number				CIF		Product No.	Branch No. Officer No. D		Dep	Deposit Amnt.	
Complete Organisation Details for a new customer or if an existing, organisation's details need to be updated.											
Organisation Details											
Existing Custome	er Accou	ınt Name		Email Address							
No Yes											
Mailing Name						Account Type Customer Type Citizenship					
						Market Segment Sig Code Live Sidd To A (mark) Code					
Mailing Address						Market Segment SIC Code User Field 15 (Vanuatu Only)					
						Office Location/Registered Address					
Country:											
Date Registered/						Preferred Cheque Book Name (for a Cheque Account only)					
Incorporated	Phone Number Fax Nu			umber		Preferred Che	eque Book Nan	ne (for a Cheque	ACCOL	int only)	
				T		Evon	ntod from wit	hholding tay or s	tamn	duty (2	
Source of Preferred Statement 1st Statement Cycle Date				Next Statement Date		Exempted from withholding tax or stamp duty? Tick "Yes" if Exemption Certificate is held.					
							No	Yes			
I/Weagree:											
To be bound by the terms and conditions which apply from time to time to this account opened by me/us with Bank South Pacific.											
The bank may debit to this or any other account(s) I/we may conduct withBank South Pacific or recover from me/us any bank fees, government charges, taxes or duties imposed on transations on/or which relate to my/our account(s).											
I/We acknowledge that I/we have received a copy of:											
· The terms and conditions that apply to this account.											
The fees and charges that apply to this account.											
I/We acknowledge that I/we have read and understood the Privacy Statement in the Customer Banking Agreement.											
I/We believe the details of this form to be true and correct.											
Signed for and on behalf of: (organisation name)											
Name and Official Designation (eg Director/Secretary)						Signature					
Name and Official Designation (eg Director/Secretary)						Signature					
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Bank Use Only											
Salary Number						Name		Signatur	e	Date	
Verified and Op	pened By	Sala	ny radinber					Signatur.	_		
Autho	orised By										