BSP

Personal New Account Opening

To be used for Personal and Joint Accounts *Note: A Notice of Authority must be completed for Joint Accounts*

New Account Number	Product No	Branch No	Officer No	Deposit Amnt	PacifiCard No

Complete Customer Details for a new customer or if an existing cutomer's details needs to be updated.

1	**Customer Details (1)**	**2**	**Customer Details (2)**

Existing Customer	New Customer	Resident	Non Resident

CIF Number

Given Names

Surname

Father's Name

Mailing Name | Mr/Mrs/Ms

Mailing Address

Country:

Occupation

Employer Name

Employer Address

Work Phone No	Start Date	TIN No

Preferred Day Ph No	Email Address

Account Type	Customer Type	Citizenship

Market Segment	SIC Code	User Field 15

Date of Birth	Gender	Marital Status	Mobile Phone No
	M / F	S / M / D	

Residential Address(where customer permanently lives)

Home Phone No:

Exempted from Withholding Tax/Stamp Duty? (Tick "Yes" if exemption certificate is held) Yes ☐ No ☐

Source of Funds	Salary/annum

Existing Customer	New Customer	Resident	Non Resident

CIF Number

Given Names

Surname

Father's Name

Mailing Name | Mr/Mrs/Ms

Mailing Address

Country:

Occupation

Employer Name

Employer Address

Work Phone No	Start Date	TIN No

Preferred Day Ph No	Email Address

Account Type	Customer Type	Citizenship

Market Segment	SIC Code	User Field 15

Date of Birth	Gender	Marital Status	Mobile Phone No
	M / F	S / M / D	

Residential Address(where customer permanently lives)

Home Phone No:

Exempted from Withholding Tax/Stamp Duty? (Tick "Yes" if exemption certificate is held) Yes ☐ No ☐

Source of Funds	Salary/annum

Preferred Cheque Book Name (for a Personal Cheque Account only)

(090515)

Electronic Services

☐ PacifiCard

☐ Visa Debit Card *(criteria applies)*

☐ Internet Banking

▶ 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/We acknowledge that I/we have received a copy of the relevant Terms and Conditions that apply to this account.

I/We believe the details of this form to be true and correct.

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

Customer's Name **(1)**

Customer's Name **(2)**

Customer's Signature **(1)**

Customer's Signature **(2)**

Bank Use Only

	Salary Number	Name	Signature	Date
Verified and Opened By				
Authorised By				
Checked By(Operations)				

Banking Needs	Discussions about customer needs (Purpose of account)	Proposed Solution
Transactional Needs		
Borrowing Needs		
Investment Needs		
Insurance Needs		

(090515)