

Personal New Account Opening

THE ACCOUNT P	lumber			Produc	ct No	Branch No.	Officer No	Deposit	∆mnt	PacifiCa	ard No	h
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Complete Cust					r or if ar	n existing cut			•			
1	Cus	stome	r Detail	s (1)			2	Cu	stome	r Details	s (2)	
Existing Customer		ew tomer	Reside	ent	Non Resider	nt	Existing Customer		New istomer	Reside	nt	Non Resident
CIF Number							CIF Number					
Given Names							Given Names	5				
Surname							Surname					
Father's Name							Father's Nam	ie				
Mailing Name	Mr/Mrs/	Ms					Mailing Name	Mr/Mr	s/Ms			
Mailing Address	3						Mailing Addr	ess				
Country:							Country:					
Occupation							Occupation					
Employer Name	9						Employer Na	me				
Employer Addr	ess						Employer Ad					
Employer Addr Work Phone No		Date	TIN No				Employer Ad	dress	Int Date	TIN No		
Work Phone No	Start						Work Phone	ldress No Sta				
Work Phone No	Start	Date Email A						ldress No Sta	rt Date Email A			
Work Phone No Preferred Day F	Start	Email A	ddress	itizensł	nip		Work Phone	ldress No Sta y Ph No	Email A	Address	itizen:	ship
Work Phone No Preferred Day F Account Type	o Start Ph No Custome	Email A r Type	ddress		nip		Work Phone Preferred Da	Idress No Sta y Ph No Custome	Email A	Address		ship
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Electronic Services					
PacifiCard	Internet Banking				
Visa Debit Card (criteria applies)	► 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		