

- **Before you complete this form, please read the Acknowledgements and Consents on Pages 4 and 5**
- All applicants must be at least 18 years of age and permanent Cook Islands residents.
- Fees and charges apply. Terms and Conditions available on request. These may be varied, or new terms and conditions introduced in the future.
- Credit card application/credit limit increase applications (as applicable) are subject to the Bank's normal lending criteria.

 New application with a limit of: \$ 
**OR**
 Increase my facility limit to: \$ 
 Existing card no. 
**Type of business** (please tick)

 Company  Sole Trader  
 Partnership  Unincorporated Association

For all business types, please complete Sections A, B, C, D, E &amp; F

\*Please note: the maximum limit is \$50,000 and limits are assigned based on credit risk assessment. Limits greater than \$50,000 are only given in exceptional cases, subject to credit risk assessment.

- If this application is approved, will you require supplementary cards for unrelated individuals (e.g employees)  YES  NO  
 If 'YES', how many supplementary cardholders will there be?

Please fill in a supplementary cardholder form for each additional person

## Section A - Company/Business Details

### Company/Business Applicant Details

 Company/Business name ('the Principal')  Registration no. 

 Trading name (if different to above name)  No. of partners/directors 

 Main transaction BSB & account number   **AND / OR** Customer number 

 Company/ Business name to appear on all cards  Maximum of 25 characters

 Primary business activity description  Company / Business Phone no. ( )  Company / Business fax no\* ( ) 

 Registered date  Email address\* 

 Registered address  Primary contact person 

 Mailing name (e.g The Secretary)  Contact person's relationship to Company / Business (e.g Director) 

 Mailing address (if different from registered address)  Contact no of contact person ( ) 

\* **Please note:** The Bank accepts instructions through fax and/or email unless you communicate otherwise.

**BANK USE ONLY** ANZSIC Code  CIF number 

### Company / Business Financial Details

- If your Business has operated for more than 2 financial years, please attach your Profit & Loss Statements, Balance Sheets and Personal Taxation Return of directors / proprietors for the last 2 years.
- If your Business has operated for less than 2 financial years, please attach your Business Plan, 12 month cash flow forecast and latest Personal Taxation Return

 Business premises status (e.g rent, lease, mortgage)  No. of employees  Date of latest supporting financials ..... / ..... / .....  Month of financial year end 

 Accountant's details  
**Name:**  **Phone:** ( ) 

 Solicitor's details  
**Name:**  **Phone:** ( )

## Section B - Personal and Financial Details

This section must be completed by the following people for the appropriate business type:

- Company - at least 2 Directors OR 1 Director and the Company Secretary
- Partnership - at least 2 Partners
- Unincorporated Association - at least 2 Committee Members
- Sole Trader - the Sole Trader
- Business Proprietor - the Proprietor

### Person 1 Details

Full name		Primary personal	BSB number and account number	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Home phone number	Work phone number	Residential address		
( )	( )	<input type="text"/>		
Relationship to Company / Business				
<input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other				
If other, please provide details				
Occupation	Time in current occupation			
<input type="text"/>	years months			
If time in occupation is less than 3 years, provide previous occupation				
<input type="text"/>				
Formal qualifications held				
<input type="checkbox"/> Tertiary <input type="checkbox"/> Trade <input type="checkbox"/> Other				
If other, please provide details				
Residential premises status		Residential address		
<input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Mortgage <input type="checkbox"/> Own <input type="checkbox"/> Other		<input type="text"/>		
If other, please provide details		Residential address		
<input type="text"/>		<input type="text"/>		
Time at current address	Date of birth	Gender		
years months	..... / ..... / .....	<input type="text"/>		
If time at address is less than 2 years, provide previous address				
<input type="text"/>				
Driver's licence number Marital status				
<input type="text"/>		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other		
Is a card required by you on the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Would you like to have access to cash advances?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of branch of card collection				
<input type="text"/>				

➤ If YES, what is the nominated card limit?  
➤ If NO, go to 'Personal Financial Information' section on page 3  
➤ If YES, or not completed, access to cash advances will be available on the card up to and including all of the available limit.

<b>BANK USE ONLY</b>		Is Person 1 an existing customer of BSP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ANZSIC Code	BSB for card collection	Customer 100 pt ID number	Personal customer key	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Person 2 Details

Full name		Primary personal	BSB number and account number	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Home phone number	Work phone number	Residential address		
( )	( )	<input type="text"/>		
Relationship to Company / Business				
<input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other				
If other, please provide details				
Occupation	Time in current occupation			
<input type="text"/>	years months			
If time in occupation is less than 3 years, provide previous occupation				
<input type="text"/>				
Formal qualifications held				
<input type="checkbox"/> Tertiary <input type="checkbox"/> Trade <input type="checkbox"/> Other				
If other, please provide details				
Residential premises status		Residential address		
<input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Mortgage <input type="checkbox"/> Own <input type="checkbox"/> Other		<input type="text"/>		
If other, please provide details		Residential address		
<input type="text"/>		<input type="text"/>		
Time at current address	Date of birth	Gender		
years months	..... / ..... / .....	<input type="text"/>		
If time at address is less than 2 years, provide previous address				
<input type="text"/>				
Driver's licence number Marital status				
<input type="text"/>		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other		
Is a card required by you on the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Would you like to have access to cash advances?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of branch of card collection				
<input type="text"/>				

➤ If YES, what is the nominated card limit?  
➤ If NO, go to 'Personal Financial Information' section on page 3  
➤ If YES, or not completed, access to cash advances will be available on the card up to and including all of the available limit.

<b>BANK USE ONLY</b>		Is Person 2 an existing customer of BSP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ANZSIC Code	BSB for card collection	Customer 100 pt ID number	Personal customer key	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Personal Financial Information

The following section needs to be completed by Person 1 and/or 2 as the Visa Business Credit Card is to be held under joint and several liability.

### Person 1 Details

**Note:** When providing details:

- Do not include Company / Business assets or liabilities
- All jointly held assets and liabilities to be listed at 50%, with all fields to be completed as a net total value

Assets	Liabilities
Property value(s) \$	Mortgage(s) balance(s) \$
Cash/Investments \$	Personal loan(s) / Overdrafts \$
Motor vehicle(s) \$	Credit / Store card(s) \$
Shares / debentures \$	Tax liabilities \$
Other assets \$	Other liabilities \$
Total assets \$	Total liabilities \$
<b>NET ASSETS</b> (i.e total assets less total liabilities)	\$

Are any of the above assets / liabilities held jointly?  Yes  No

### Person 2 Details

**Note:** When providing details:

- Do not include Company / Business assets or liabilities
- All jointly held assets and liabilities to be listed at 50%, with all fields to be completed as a net total value

Assets	Liabilities
Property value(s) \$	Mortgage(s) balance(s) \$
Cash/Investments \$	Personal loan(s) / Overdrafts \$
Motor vehicle(s) \$	Credit / Store card(s) \$
Shares / debentures \$	Tax liabilities \$
Other assets \$	Other liabilities \$
Total assets \$	Total liabilities \$
<b>NET ASSETS</b> (i.e total assets less total liabilities)	\$

Are any of the above assets / liabilities held jointly?  Yes  No

## Section C - Acknowledgements and Consents

Please provide account details for payment of monthly facility balance:

### Visa Business Credit Card (Mandatory Full Payment)

BSB no.

Account no.

The Principal acknowledges that payments on the Visa Business Credit Card facility will be debited from the designated bank account (as above), through the Auto-Payment Service System 5 days after statement cut-off each month.

The Principal understands that:

- The Bank may in its absolute discretion determine the order of priority or payment by it of any moneys pursuant to this request or any authority, or mandate.
- The Bank may in its absolute discretion at any time by notice in writing to the Principal terminate this request as to future debits.
- The Bank may, by prior arrangement and advice to the Principal, vary the amount or frequency of future debits.

The Principal, and where the Principal is a company, each of the directors, on their own behalf agree as follows:

### PROTECTION OF YOUR PRIVACY

We respect your privacy. If you do not wish to receive any further marketing communication from any member of BSP about products and services, please call us, write to us, or call into any of our branches.

### PERSONAL INFORMATION

I agree that the Bank, its subsidiaries and any other member of the Bank South Pacific (the 'Parties') may exchange with each other any information about me including:

- any information provided by me in this document;
- any other personal information I provide to any of them or which they otherwise lawfully obtain about me; and
- transaction details or transaction history arising out of my arrangements with the Bank.

If Parties engage anyone (a 'Service Provider') to do something on their behalf (for example a mailing house or a data processor) then I agree the Parties and the Service Provider may exchange with each other any information referred to above. The Bank might give any information referred to above to others where it is required or allowed by law or where I have otherwise consented (this includes the consents I have provided below).

I agree that any information referred to above can be used by the Parties and any Service Provider to assess my Visa Business Credit Card. Facility application and for account administration, planning, product development and research purposes.

If I fail to provide any information requested in this form, or do not agree to any of the possible exchanges or uses detailed above, my application may not be accepted by the Bank.

### Acknowledgement and consent that credit information may be given to a credit reporting agency.

I hereby authorise the Bank to give a credit reporting agency certain personal information about me.

The information which may be given to an agency includes:

- my identification;
- the fact that I have applied for credit and the amount;
- the fact that the Bank is a credit provider to me;

- details of payments which become overdue more than 60 days and for which collection action has commenced;
- advice that payments are no longer overdue;
- details of cheques drawn by me which the Bank has dishonoured more than once;
- that in the opinion of the Bank I have committed a serious credit infringement;
- that the credit provided to me by the Bank has been paid or discharged.

Authority for the Bank to obtain certain credit information

To enable the Bank to assess my application for commercial or personal credit, I authorise the Bank to obtain:

- from a credit reporting agency a credit report containing personal information about me in relation to personal credit provided to me;
- from a credit reporting agency a credit report containing personal credit information about me in relation to commercial credit provided to me;
- a report containing information about my commercial activities or commercial credit worthiness from a business which provides information about the commercial credit worthiness of a person in relation to personal or commercial credit provided to me;
- a report from a credit reporting agency and other information in relation to my commercial credit activities.

Authorise to exchange information with other credit providers

I authorise the Bank to give and obtain from credit providers named in this credit application or credit providers that may be named in a credit report issued by a credit reporting agency information about my credit arrangements. I understand this information can include any information about my credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other.

I understand the information may be used for the following purposes:

- to assess an application by me for credit;
- to assist me to avoid defaulting on my credit obligations;
- to notify other credit providers of a default by me;
- to assess my credit worthiness;
- for the internal management purposes of the Bank, being purposes directly related to the provision or management of loans by the Bank.

### **Authority to Disclose certain information to joint applicants**

I understand that if the Bank declines my credit application due to adverse information on my personal credit file, then each applicant for the credit may be notified that the application has been declined wholly or partly on information derived from a personal credit report relating to me.

### **Banker's Opinion**

I authorise the Bank to give and receive a banker's opinion for purposes connected with my business, trade or profession.

### **Authority to communicate via facsimile and/or email**

I authorise the Bank to accept instructions and directions in connection with my Visa Business Credit Card facility that are made by facsimile and/or email.

If you do not wish to communicate via facsimile and/or email please advise your Account Manager.

### **DECLARATION**

I declare and understand that:

- the Visa Business Credit Card will be subject to the Cardholder Conditions of Use and the Facility Terms and Conditions. If this application is approved, these documents will be forwarded to the business contact as named on this form;
- I have read and understood the particulars given in this application and declare them to be true and complete;
- the representations have been made to the Bank to enable it to determine whether or not to grant a facility to me or to induce the Bank to offer me a facility;
- I authorise the Bank to make any other enquiries it considers relevant to this application;
- this application does not constitute an offer or acceptance of credit;
- the representations made by me in this applications will not constitute part of any contract for a facility that may come into existence between the Bank and me;
- I have read and accept the acknowledgments and consents relating to the protection of my privacy contained in this application;
- I consent to the Bank giving to any guarantors or indemnitors all information including copies of documents the Bank sees fit concerning me, my loan and any security;
- I authorise the Bank and any of its related bodies corporate and the officers of such corporations to freely exchange credit or other information concerning my business affairs and the financial condition of my business;
- the Bank shall be entitled to pass on any such information to my accountant or solicitor from time to time and any person authorised to act on behalf of my accountant or solicitor; and
- this authority is not intended to restrict the Bank's ability to give or pass on banker's opinions.

**Members of the Bank South Pacific would like to be able to contact you, or send you information regarding other products and services. The Cardholder conditions of use explain what actions to take if you do not wish to receive this information**

### **Definitions**

Where used in this form, the following terms have the meanings set out below:

**Principal** - means the business that is applying for the Visa Business Credit Card facility. All references in this form to the company, the firm, the sole trader, the unincorporated association or the applicant are references to the Principal

**Related individuals** - means those of the proprietors of the business that is applying for the Visa Business Credit Card who are actively involved in the day-to-day management, including financial management, of the business and who are (in the case of a company applicant) shareholders in the company. All references in this form to the (company) directors, the business partners, the business proprietors or the sole traders are references to the related individuals.

**Unrelated individuals** - means those persons (not being related individuals) who are issued with a card under the Visa Business Credit Card Facility. All references in this form to the additional cardholders or the employees are references to the unrelated individuals.

## Section D - Financial Transaction Reporting Act

- Are any of the cardholders know by other name(s)?

If **'Yes'** Cardholder name

Please give other names

Cardholder signature

**Note:** it is an offence under the Financial Transaction Reporting Act, to make false or misleading statement.

## Section E - Purpose Declaration

I/We declare that the credit to be provided to me/us by the credit provider is to be applied wholly or predominantly for business or investment purposes (or for both purposes).

### IMPORTANT

You should not sign this declaration unless this loan is wholly or predominantly for business or investment purposes.  
By signing this declaration you may lose your protection under the Consumer Credit Act or equivalent.

## Company (including Incorporated Associations)

For and on behalf of:

(Company/Business name)

(1) Person 1 (signature)

Date

 

Signatory's name (print)

(2) Person 2 (signature)

Date

 

Signatory's name (print)

By the related individuals\*:

(1) Person 1 (signature)

Date

 

Signatory's name (print)

(2) Person 2 (signature)

Date

 

Signatory's name (print)

\*Refer to page 5 for a definition of this term

## Sole Trader

Signed by the Sole Trader:

(1) Person 1 (signature)

Date

 

Signatory's name (print)

## Partnerships

Signed by Partnership:

(1) Person 1 (signature)

Date

 

Signatory's name (print)

(2) Person 2 (signature)

Date

 

Signatory's name (print)

## Unincorporated Associations

Signed in his/her/its own right and as trustee

Name of Unincorporated Association

(1) Person 1 (signature)

Date

 

Signatory's name (print)

## Section F - Signing Application Form

### Liability Service

The Principal and the related individuals will be jointly and severally liable to the Bank for all amounts outstanding under the Visa Business Credit Card facility from time to time, notwithstanding the fact that outstanding balances under the facility may be periodically debited to a bank account conducted by the Principal. This means that each one of the related individuals or the Principal can be required to pay the whole outstanding amount, even though they may have other arrangement among themselves, or not all of them benefit equally under the facility.

### Company (including Incorporated Associations)

For and on behalf of:

(Company/Business name)

**x**

(1) Person 1 (signature)

Date

**x**

..... / ..... / .....

Signatory's name (print)

(2) Person 2 (signature)

Date

**x**

..... / ..... / .....

Signatory's name (print)

By the related individuals\*:

(1) Person 1 (signature)

Date

**x**

..... / ..... / .....

Signatory's name (print)

(2) Person 2 (signature)

Date

**x**

..... / ..... / .....

Signatory's name (print)

If more individuals are required to sign this application form, please complete the Annexure ("Section A"), attached at the end of this application form.

If the Annexure is used, please tick this box

\*Refer to page 5 for a definition of this term

### Sole Trader

Signed by the trade:

(1) Person 1 (signature)

Date

**x**

..... / ..... / .....

Signatory's name (print)

### Unincorporated Associations

Signed in his/her/its own right and as trustee

Name of Unincorporated Association

(1) Person 1 (signature)

Date

**x**

..... / ..... / .....

Signatory's name (print)

### Partnerships

Signed by Partnership:

(1) Person 1 (signature)

Date

**x**

..... / ..... / .....

Signatory's name (print)

(2) Person 2 (signature)

Date

**x**

..... / ..... / .....

Signatory's name (print)

**ANNEXURE**

**Section A - To be signed by a Company with more than 2 Related individuals**

**Warning Liability**

The Principal and the related individuals will be jointly and severally liable to the Bank for all amounts outstanding under the Visa Business Credit Card facility from time to time, notwithstanding the fact that outstanding balances under the facility may be periodically debited to a bank account conducted by the Principal. This means that each one of the related individuals or the Principal can be required to pay the whole outstanding amount, even though they may have other arrangement among themselves, or not all of them benefit equally under the facility.

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

Is the signatory a BSP customer?  Yes  No

Signature  Date 

Signatory's name (print)

## Bank Use Only - Manager's Checklist

If this form has been filled out with the assistance of a customer manager, please complete the following:

Customer Manager

Salary number

Phone number

Branch / BSB

Signature

Date

### Manager's Checklist

This checklist must be completed in full to comply with audit requirements and to avoid delays in processing.

Business customer CIF No.

- Is the customer relationship managed?.....  Yes  No
- Is this part of a marketing Campaign?.....  Yes  No

If 'YES', please provide Campaign description

- Is the card to be secured?.....  Yes  No

If 'YES', what is the nature of the security? e.g. Real Estate, Cash, Business Asset

- Are Financial statements required and if so, have they been supplied?.....  Yes  No
- Have all applicants been identified for FTRA purposes?**.....  Yes  No
- Are there additional cardholders? If yes, please attach WMC17.....  Yes  No
- Has the Company/Business/any related parties and all Directors/Partners been established on CIF?.....  Yes  No
- Have you provided personal customer keys for all applicants?.....  Yes  No
- Have you attached demographic/account printouts for applicant & cardholders?.....  Yes  No
- Have you completed all Bank Use Only sections (on pages 1 and 2)?.....  Yes  No
- Have all applicants signed the application form including Privacy Declaration?.....  Yes  No
- Have you attached the signed Credit Approval (for secured cards)?.....  Yes  No
- Has the liability access been loaded to the Business Trading Account?.....  Yes  No
- Have you verified all related parties' signatures?.....  Yes  No

**Declaration:** I, the Manager, have checked the application and ensured that all relevant areas have been completed correctly. I, the Manager, have checked that the signatory(s) from section F of this form is in keeping with the authorised signatory(s) of the nominated transaction charge (settlement) account.

Total facility limit

Print name

Manager number

Date

Signature

Bank Stamp

### Authorising Credit Officer's Details

Print name

Manager number

Date

Signature