Business Deposit Account Application Form

CreditBank PNG

CUSTOMER TYPE

☐ New Customer ☐ Existing Customer

ACCOUNT TYPE

☐ Business Transaction Account ☐ Cash Management Account ☐ 11AM Money Market

Channels available to this Account

☐ Business Online Banking ☐ Business Visa Debit Card

ENTITY TYPE

☐ Company ☐ Sole Trader ☐ Partnership

☐ Association ☐ Trust ☐ Others _____
(Please State)

BUSINESS DETAILS

Business Name _____

Registered Company Number _____

Date of Registration _____

Date of Registration Expiry _____

Tax Identification Number _____

Withholding Tax Exemption ☐ Yes ☐ No

Country of Incorporation _____

Date of Incorporation _____

Residential Status _____

Business Email _____

Business Phone _____

Business Physical Address _____

Building Name _____

Lot: _____ Section: _____

Street Name: _____

Town: _____

Nature of Business _____

SOURCE OF FUNDS

Primary Source of Income ☐ Business Proceeds ☐ Others _____
(if any please specify)

Annual Turnover

☐ Below K250,000 ☐ K250,001 - K2m ☐ K2m - K3m

☐ K3m - K5m ☐ K5m - K10m ☐ Over K10m

Domestic Monthly Transaction Volumes

☐ K0.00 - K5,000 ☐ K5,001 - K10,000 ☐ K10,001 - K20,000

☐ K20,001 - K100,000 ☐ K100,001 - K999,999 ☐ Over K1m

International Monthly Transaction Volumes

☐ K0.00 - K5,000 ☐ K5,001 - K10,000 ☐ K10,001 - K20,000

☐ K20,001 - K100,000 ☐ K100,001 - K999,999 ☐ Over K1m

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BUSINESS AUTHORISED SIGNATURES

Provide details of Authorised Signatories

Details	Authorised Signature 1	Authorised Signature 2
Full Name		
Primary ID Type		
Date of Birth		
Nationality		
Residential Address		
Street Name	Lot: Section:	Lot: Section:
Town		
Position		
Email		
Mobile Number		
Signature		

Details	Authorised Signature 3	Authorised Signature 4
Full Name		
Primary ID Type		
Date of Birth		
Nationality		
Residential Address		
Street Name	Lot: Section:	Lot: Section:
Town		
Position		
Email		
Mobile Number		
Signature		

Company Mandate and Signatories

☐ Sole Signatory ☐ Either to Sign ☐ All to Sign

☐ Other (Specify) _____

BUSINESS ONLINE AUTHORITHY LEVEL

Include details of the individuals who will have access to performing transaction on the Business Online portal.

Details	User 1	User 2
User Name		
Position		
Email		
Mobile Number		
Access Level		
Signature		

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BUSINESS ONLINE AUTHORITHY LEVEL

Include details of the individuals who will have access to performing transaction on the Business Online portal.

Details	User 3	User 4
User Name		
Position		
Email		
Mobile Number		
Access Level		
Signature		

Others (Please State)

SHAREHOLDERS INFORMATION

List the shareholders with 20% or more ownership and indicate as individual or Entity.

Name	(Specify if) Individual or Entity	% Share

Should there be more than the required numbers in this section, please print additional page to complete and submit together as part of the application.

POLITICALLY EXPOSED PERSON ☐ Yes ☐ No **FATCA Complaint** ☐ Yes ☐ No

CUSTOMER DECLARATION

I/We hereby represent warrant and agree that: the information and documentations provided in connection with this application are true, accurate, complete, and not misleading in any material respect. I/We understand and agree that the deliberate provision of any false or misleading information will result in account closure.

I/We have read, understood and accept the Terms and Conditions of my/our Business Transaction Account (Account).

I/We represent and warrant that I/We have been duly appointed and authorized by the Company (Account Holder) to execute this application on behalf of the company. I/We acknowledge that CreditBank may decline or cancel any transaction initiated by me/us if my/our conduct deems suspicious or in violation of CreditBank's banking policy which may result in loss or damage to the Account Holder or CreditBank.

Signature 1: _____ Signature 2: _____

Name: _____ Name: _____

Title: _____ Title: _____

Date: _____ Date: _____

Branch Use Only **CIF:**

VERIFIED

Officer Name:	Officer Signature:	Date:	Bank Stamp Seal

CHECKED:

Officer Name:	Officer Signature:	Date:	Bank Stamp Seal

AUTHORISED

Officer Name:	Officer Signature:	Date:	Bank Stamp Seal