



ACCOUNT OPENING APPLICATION FORM - INDIVIDUAL

CIF No.

For Bank Use Only

Date

Account No.

The Manager,
Pan Oceanic Bank Ltd.
Solomon Islands

I the undersigned request you to open the following account /accounts in my name with your Bank.
(Please complete all details in CAPITAL LETTERS and mark (✓) where applicable)

TYPE OF ACCOUNTS

Current Account General Savings Account Capital Savings Fixed Deposit

NRFC/RFC/Other (Specify)..... Currency

EXISTING ACCOUNT HOLDERS

An existing account holder should complete the information pertaining to 'Personal Details' only if there is a change in the information submitted to the Bank previously. However the Name & NIC/PP number should be indicated.

PERSONAL DETAILS

1. Name in Full (Rev./Dr./Mr./Mrs./Miss/Ms.)

2. Nationality

3. Country of Residence

4. Resident / Non Resident

5. Any other Citizenship/PR

6. ID No. } (Please attach copies) } (Date of Issue)

7. Passport No. } (Date of Issue)

8. Date of Birth

(Submission of Passport Number will only apply to Non Nationals opening permitted accounts.)

9. Permanent Address (Confirmation of Address required if different from ID)

10. Communication Address (If different from the permanent address)

11. Telephone Numbers. Residence Office Mobile

Fax E-Mail

12. Occupation if "Business" state the nature of Business

13. Marital Status Single Married Divorced Widowed

14. Name of Employer

15. Address of Employer

REQUIREMENT FOR ACCOUNT STATEMENT

Please forward Account Statement as indicated.

Post E-mail Monthly Quarterly

(For Savings A/C statement will be sent quarterly only)

INITIAL OF APPLICANT/S	OFFICER'S INITIAL
<input type="text"/>	<input type="text"/>

CHANNEL SERVICES

Internet Banking
 Please provide Internet Banking Facilities Preferred User Login (Min 8 Characters)

Debit Card
 Please Issue International Visa Debit Card with ATM & Shopping (POS) Please Provide SMS alert facility to the mobile number stated above
 Mother's Maiden Name (Security Requirement for Debit Card)

Mobile Banking
 Please provide Mobile Banking Facilities to the mobile number stated above

Issue of Password for Internet/Mobile Banking
 Please send my password to the address stated above Permanent address Communication address

KYC DETAILS

(To be completed by the staff member handling the opening of an account on interviewing the applicant.) Purpose of opening the account & usage.

Business transactions Family inward remittance Loan payment
 Employment/Professional income Savings/Investments Others(specify).....

Source of funds: Expected source and nature of credits into the account
 Donations/Charities (Local /Foreign) Salary/Profit income Family remittance
 Sales and business turn over Sale of property/Assets Others(specify)

Expected deposits to be routed through the account p.m. (SBD) Less than 15,000 Above 15000 to 50000 Over 50,000

Source of wealth /Income generation
 Business ownership Inheritance Investment Profession / Employment Others (Please specify)

Document obtained for verification

TO BE COMPLETED FOR

TERM DEPOSITS ONLY

Deposit Amount	Deposit Period 1M/3M/6M/12M/24M/60M
Interest (if payable monthly) <input type="checkbox"/> Please credit account no:	

Maturity Instructions
 Unless you instruct as otherwise, it is the Bank's normal practice to continue with these instructions at the rate of interest prevailing on the date of maturity

Renew principal plus interest on due date for month(s) / year(s) at the rate of interest prevailing at the time.
 Renew principal at prevailing interest rate on due date for month(s) / year(s) and pay interest in cash or
 to account no: or by cashier's order favoring

Pay principal and interest to account no: or by cashier's order favouring

Others (please specify)

NOMINATION

Would you like to appoint a nominee. Yes No
 If yes, please complete a notice of nomination form.

OPERATING INSTRUCTIONS

The Account / Accounts should be opened in my name.

I hereby confirm having received a booklet containing the General Terms and Conditions applicable for Customer Accounts, Dealings and Transactions of Pan Oceanic Bank applied for by this application form (which together with the Terms and Conditions of this application shall constitute our contract with the Bank) and having read and understood /explained and understood, signed this document in agreement thereof and in acceptance of all such Terms and Conditions.

I hereby authorize you to act on instructions given by me relating to this account/accounts and I hold myself liable of any indebtedness to the Bank created by such actions.

Signature of Applicant

FOR BANK USE ONLY

Account Opening Form & required documents verified and found to be in order.

.....
 Signature

Sig.Ref.No.
Authorized Officer

.....
 Signature

EMP No.

Date

.....
 Signature

EMP No.