



ACCOUNT OPENING APPLICATION FORM - JOINT

Date DDMMYYYY

CIF No.

The Manager, Pan Oceanic Bank Ltd Solomon Islands

Account No. For Bank Use Only

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, 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 & ID number should be indicated.

PERSONAL DETAILS

1. Name in Full, 2. Nationality, 3. Country of Residence, 4. Resident, 5. Any other Citizenship/PR, 6. ID No., 7. Passport No., 8. Date of Birth, 9. Permanent Address, 10. Communication Address, 11. Telephone Numbers, 12. Occupation, 13. Marital Status, 14. Name of Employer, 15. Address of Employer

CHANNEL SERVICES

Internet Banking, Debit Card, Mobile Banking, Issue of Password for Internet/Mobile Banking

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)

Table with 2 columns: INITIAL OF APPLICANT/S, OFFICER'S INITIAL

**KYC DETAILS - MAIN APPLICANT (A)**

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

Purpose of opening the account & usage.

<input type="checkbox"/> Business transactions	<input type="checkbox"/> Family inward remittance	<input type="checkbox"/> Loan payment
<input type="checkbox"/> Employment/Professional income	<input type="checkbox"/> Savings/Investments	<input type="checkbox"/> Others(specify).....

Source of funds: Expected source and nature of credits into the account

<input type="checkbox"/> Donations/Charities (Local /Foreign)	<input type="checkbox"/> Salary/Profit income	<input type="checkbox"/> Family remittance
<input type="checkbox"/> Sales and business turn over	<input type="checkbox"/> Sale of property/Assets	<input type="checkbox"/> Others(specify) .....

Expected deposits to be routed through the account p.m. (SBD)

<input type="checkbox"/> Less than 15,000	<input type="checkbox"/> Above 15000 to 50000	<input type="checkbox"/> Over 50,000
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Source of wealth /Income generation

<input type="checkbox"/> Business ownership	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investment	<input type="checkbox"/> Profession / Employment	<input type="checkbox"/> Others (Please specify)
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Documents obtained for verification

**APPLICANT (B)**

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

8. Date of Birth

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

10. Telephone Numbers. Residence  Office  Mobile

Fax  E-Mail

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

12. Marital Status Single  Married  Divorced  Widowed

13. Name of Employer

14. Address of Employer

**KYC DETAILS - APPLICANT (B)**

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

Purpose of opening the account & usage.

<input type="checkbox"/> Business transactions	<input type="checkbox"/> Family inward remittance	<input type="checkbox"/> Loan payment
<input type="checkbox"/> Employment/Professional income	<input type="checkbox"/> Savings/Investments	<input type="checkbox"/> Others(specify).....

Source of funds: Expected source and nature of credits into the account

<input type="checkbox"/> Donations/Charities (Local /Foreign)	<input type="checkbox"/> Salary/Profit income	<input type="checkbox"/> Family remittance
<input type="checkbox"/> Sales and business turn over	<input type="checkbox"/> Sale of property/Assets	<input type="checkbox"/> Others(specify) .....

Expected deposits to be routed through the account p.m. (14 SBD)

<input type="checkbox"/> Less than 15,000	<input type="checkbox"/> Above 15000 to 50000	<input type="checkbox"/> Over 50,000
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Source of wealth /Income generation

<input type="checkbox"/> Business ownership	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investment	<input type="checkbox"/> Profession / Employment	<input type="checkbox"/> Others (Please specify).....
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Document obtained for address verification

INITIAL OF APPLICANT/S	OFFICER'S INITIAL

APPLICANT (C)

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  (Please state the country)

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

7. Passport No.  }  DDMMYYYY } 8. Date of Birth  DDMMYYYY

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

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

10. Telephone Numbers. Residence  Office  Mobile   
 Fax  E-Mail

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

12. Marital Status Single  Married  Divorced  Widowed

13. Name of Employer

14. Address of Employer

KYC DETAILS - APPLICANT (C)

(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 address verification

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 <input type="checkbox"/> Renew principal plus interest on due date for ..... month(s) / year(s) at the rate of interest prevailing at the time. <input type="checkbox"/> Renew principal at prevailing interest rate on due date for ..... month(s) / year(s) and pay interest <input type="checkbox"/> in cash or <input type="checkbox"/> to account no: ..... or by cashier's order favoring ..... <input type="checkbox"/> Pay principal and interest <input type="checkbox"/> to account no: ..... or <input type="checkbox"/> by cashier's order favouring ..... <input type="checkbox"/> Others (please specify) .....	

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

**OPERATING INSTRUCTIONS**

The Account/Accounts should be opened in the joint names of .....  
 .....and the Operating instructions should be as follows.

Any one of us       All of us       Other/s (Specify).....

- In the event of the demise of any one of us, the balance at the credit of the account will be payable to the survivor/survivors without reference to the representatives of the deceased.
- We 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.
- We hereby authorize you to act on instructions given by us relating to this Account and we hold ourselves jointly and severally liable for any indebtedness to the Bank created by such actions.

(A)

Signature of Main Applicant

(B)

Signature of Joint Applicant

(C)

Signature of Joint Applicant

**NOMINATION**

Would you like to appoint a nominee.      Yes       No

If yes, please complete a notice of nomination form.

**FOR BANK USE ONLY**

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

.....  
Signature

Sig.Ref.No.   
**Authorized Officer**

Date

.....  
Signature

EMP No.

.....  
Signature

EMP No.

**USE OF E-MAIL ADDRESS**

"The Bank will use your e-mail address to provide you with better customer services and marketing material on products, customer surveys, etc. If at any time you wish us to cease sending you direct mailings, please send us an e-mail or contact our representative, to the e-mail address or on call center telephone number indicated in the bank website. The Bank will then, at no cost to you, act on your request within 15 days and ensure that you are not included in our future direct marketing promotions."

INITIAL OF APPLICANT/S	OFFICER'S INITIAL