



ACCOUNT OPENING APPLICATION FORM - SOLE PROPRIETOR

CIF No.

For Bank Use Only

Account No.

Date

The Manager,
Pan Oceanic Bank

Soloman 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

General Current Account General Savings Capital Savings Fixed Deposits

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.

DETAILS OF THE FIRM

1. Name of the Firm (as appearing in the Business Registration)

2. Business Registration No

3. Registered Business Address

4. Date of Registration

5. Contact Details
Business Office Fax No
Residence Mobile
E-Mail

6. Principal Place of Business (If same varies from registered Business Address)

7. Tax File No

8. Nature of Business

9. Name of Sole Proprietor (Rev./Dr./Mr./Mrs./Miss/Ms.)

10. Resident Non Resident

CHANNEL SERVICES

Internet Banking

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

Debit Card

Please Issue International 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 Email Address Permanent address Communication address

REQUIREMENT FOR ACCOUNT STATEMENT

Please forward Account Statement as indicated.

E-mail / Post Monthly Quarterly

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.

<input type="checkbox"/> Business Transactions <input type="checkbox"/> Others	<input type="checkbox"/> Investment Purpose <input type="checkbox"/> Others(specify).....
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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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11. Personal Address of the Proprietor

Document obtained for KYC Verification

1.

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2.

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3.

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DEPOSIT ACCOUNT INFORMATION

Deposit Amount Interest (if payable monthly) <input type="checkbox"/> Please credit account no:	Deposit Period Fixed for months/year(s)
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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)

OPERATING INSTRUCTIONS

- The Account / Accounts should be in the Name of the Firm.
- 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

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. <table border="1" style="display: inline-table; width: 40px; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Authorized Officer								
Date <table border="1" style="display: inline-table; width: 100px; height: 15px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	M	M	Y	Y	Y	Y
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..... Signature	<table border="1" style="display: inline-table; width: 40px; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> EMP No.					

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INITIAL OF APPLICANT/S	OFFICER'S INITIAL