

ACCOUNT OPENING APPLICATION FORM - COMPANY COMPANIES INCORPORATED UNDER THE LAWS OF SOLOMON ISLANDS

Date D D M M Y Y Y Y	CIF No.			
The Manager, Pan Oceanic Bank Solomon Islands	Account No.	or 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				
General Savings General Current Account Capital Savings Fixed Deposit		Currency		
DETAILS OF THE COMPANY				
1. Name of the Company				
2. Registered Address				
3. Company Registration No		4. Date of Registration DDMMYYYYY		
5. Type of Company Public Private Community				
6. Nature of Business				
7. Communication Address (if different to Registered Address)				
8. Telephone No Office Fax No				
Mobile E-Mail				
Mandatory				
9. Principal Place of Business (If same varies from registered Business Address)				
10 . Tax File No				
CHANNEL SERVICES				
Internet Banking Please provide Internet Banking Facilities				
Mobile Banking Please provide Mobile Banking Facilities to the mobile number stated above				
REQUIREMENT FOR ACCOUNT STATEMENT				
Please forward Account Statement as indicated.				
E-mail Monthly Quarterly Quarterly				
SUPPORTING DOCUMENTS				

In pursuance of this request, the following documents are submitted herewith.

- Certified copy of certificate of Incorporation.
- Certified copy of the resolution passed by the Board of Directors regulating the opening of Account, authorized signatories and other matters incidental thereto (as per spaceman) given below.
- List of Directors duly certified by the Registrar of companies along with certified copies of Identity card (or Passports)
 of the directors.
- Certified copy of Articles of Association
- Certified copies of Identity cards (or Passports) of all authorized signatories to the A/C.
- KYC form POB 08 duly signed by all directors of the company and all authorized signatories. (if any non directors)
- Certified copy of any license issued by a regulatory authorizing to carry out the business of the company (if applicable)
- KYC form POB 16 on the company

OPERATION INSTRUCTIONS

We authorize the Bank to act on the instructions of the persons empowered by the below/attached Board Resolution and hereby certify that the information provided above and in the attached annexure are true and correct.

If for any reason the Bank is informed of a dispute amongst the Directors / Governors of the Company, any incorporated body or corporation in relation to the operation of any account opened at any branch of the Bank, the Bank has a right to limit or fully cease the operations of the account under dispute until such time the dispute is resolved to the satisfaction of the Bank.

We hereby confirm having received 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

	ILS OF DIRECTORS/AUTHORISED SIGNATORIES				
	FULL NAME	DESIGNATION ID/PP NO.			
DIREC	CTOR	DIRECTOR/COMPANY SECRETARY			
To be	e signed on the Company Rubber Stamp)				
lf a s	eparate resolution suitably incorporating the below mentioned con	BOARD RESOLUTION Iditions is not attached)			
We he	ereby certify that the following resolution of the Board of Directors o passed at a meeting of the Board held on the (2) and has	f (1)			
	ESOLVED:	be opened with Pan Oceanic Bank at its			
	oranch, and the account opening application to be signed by two dire				
9		ount or accounts whether in credit or overdrawn or becoming overdrawn in consequence of an missory notes made on behalf of the Company, provided that they are signedd accepted or made			
	(A Certified document incorporating the specimen signatures of the company rubber stamp, is attached)	authorized signatories, signed by two directors or a director and the company secretary on t			
	That this resolution be communicated to the Bank and remain in force until an amending resolution shall be passed by the board of directors, and a copy thereof, certified by the Chairman of the meeting or/and the Company Secretary, shall be forwarded to the Bank.				
4. 7	. That the Bank be informed of any changes which may occur from time to time in the directors and other authorized officers of the Company				
DIREC To be	CTOR e signed on the Company Rubber Stamp)	COMPANY SECRETARY			
	sert name of the Company (2) Insert date of the meeting (3) Insert th quired by the Articles of Association.	e combination of signatures and their descriptions eg. "Any two directors" or other wise as ma			
		BANK USE ONLY			
		MIS Codes			
		Subsection Code Sector Code			
		Occupation Code Industry Type			
	SIGNATURE & Ref. No.				
	Date AUTHORISED OFFICER	Account Type BASEL Code			
	DATA CHECKED BY	AUDITED BY AUTHORISED TO OPEN CURRENT ACCOUNT			
		RE & REF NO.			

BRANCH MANAGER/ DESIGNATED A CLASS OFFICER