



CURRENT ACCOUNT OPENING FORM - SOCIETIES, CLUBS AND ASSOCIATIONS

CIF No.

Account No.

Date

Current Account General Savings Term Deposit

Capital Savings

The Manager,
PAN OCEANIC BANK LTD.
Solomon Islands

..... BRANCH

(1) Insert name of Society, Club or Association

(1)

Address of }
Office }

Telephone No.

My(2).....request you to open a current account

in the name of the above mentioned (3).....

in pursuance of this request I hand you herewith :

(2) Insert "Committee" or as the case may be

- i. Copy of the rules certified by the Chairman / President & Secretary
- ii. Certified copy of a resolution of the (2).....(Overleaf)
- iii. Specimen signatures of the persons authorised to sign (Overleaf)
- iv. Certified copy of the minutes of the meeting at which the office-bearers were elected, giving the names of the proposers and seconders.

Yours Faithfully

(3) Insert "Society" "Club" or "Association" or as the case may be

.....Secretary

We hereby certify that the following resolution of the (1).....
of the (2).....
was passed at a meeting of the (1).....
held on.....and has been duly recorded in the minute book.

"RESOLVED' that a current account for the (2).....
be opened with Pan Ocenic Bank (3) Branch
and that the Bank be and is hereby empowered to honour cheques, orders for payment, bills of exchange and
promissory notes drawn, signed, accepted or made on behalf of the said (2).....

by (4)
and to act on any instructions given by the persons so authorised with regard to any accounts whether in credit or
overdrawn or any transactions of the said (2)

It was also resolved that all changes that may take place from time to time in those authorised to sign be promptly advised to
the Bank in writing under the hand of the Chairman / President and Secretary for the time being.

..... Chairman/President of the meeting Secretary Date
(1) Insert 'committee' or as the case may be. (2) Insert name of the Society, club or Association. (3) Name of Branch
(4) Insert "any two members of the committee for the time being and countersigned by the Secretary" or otherwise as may
be required.

PERSONS AUTHORISED TO SIGN

FULL NAME	ID No.	SIGNATURE
1.		
2.		
3.		
4.		
5.		

Please state the official capacity below the name

We hereby agree to comply with, and to be bound by the Bank's rules governing the conduct of current accounts and
acknowledge receipt of the booklet containing the rules.

Statement of account should be sent Daily Weekly Monthly

All correspondence relating to the account should be sent to :

Name Chairman/President of the meeting

Address
..... Secretary

BANK USE ONLY

Quarterly Survey / Classification

Customer type Nature of Business Customer A/c type

.....
Authorised Officer Data Input by Data Checked by Audited by