

Note: This is an official and legal document. Information provided by you will be deemed current at the time of completion and correct.

Date **Bank Use Only** Branch Code CIF Account No

Part 1 - Account & Account Holder Information

Name on Account

Status	Account Type	Account Classification
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Minor	<input type="checkbox"/> Smart Account <input type="checkbox"/> Premium Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Term Deposit	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> US Persons <input type="checkbox"/> Other

Part 2 - For Term Deposit Accounts Only

Term Deposit Amount

Term of Investment Years Months **Bank Use Only** Interest Rate

Maturity Instructions Close at Maturity **OR** Rollover at Maturity → Principal Only Principal & Interest

Interest Payment Term Monthly Quarterly Half Yearly Yearly Maturity

Please credit principal/interest to the following account number:

Part 3 - Primary Account Holder - Personal Details

Secondary Account Holder - Personal Details

Existing Customer Account No

New Customer CIF No

Title Surname

Given Names

Mother/Father's Name

Are you known by any other name? Yes No

If Yes, by what name?

Sex M F Date of Birth

Nationality

Marital Status Single Married Divorced De Facto

Name of Spouse

Occupation of Spouse

Number of Dependent Children (If applicable)

Residential Status Resident Non Resident Dual Citizenship

Do you hold a work permit? Yes No

Do you hold a Residency Permit? Yes No

Residence Owned Rented Living with Family or Company resident Other

Residential Address Tick to indicate if mailing address

Postal Address Tick to indicate if mailing address

Home Ph Mobile Ph

Email

Employed Student

Self-Employed Unemployed

Number of years Employed/Self-Employed

Occupation

Employer/Business Details (Name, Address & Phone)

Tax Identification Number

Existing Customer Account No

New Customer CIF No

Title Surname

Given Names

Mother/Father's Name

Are you known by any other name? Yes No

If Yes, by what name?

Sex M F Date of Birth

Nationality

Marital Status Single Married Divorced De Facto

Name of Spouse

Occupation of Spouse

Number of Dependent Children (If applicable)

Residential Status Resident Non Resident Dual Citizenship

Do you hold a work permit? Yes No

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Residence Owned Rented Living with Family or Company resident Other

Residential Address Tick to indicate if mailing address

Postal Address Tick to indicate if mailing address

Home Ph Mobile Ph

Email

Employed Student

Self-Employed Unemployed

Number of years Employed/Self-Employed

Occupation

Employer/Business Details (Name, Address & Phone)

Tax Identification Number

Part 4 - Source of Funds and Bank Account Details

Where will the funds to be deposited to your account come from?

- Salary Gift Sale of Goods & Services Investment
 Rental Income Business Profits Other (Specify below)

Where will the funds be sourced?

- Locally Internationally

If you answered "Internationally" in the above question please list the countries in which these funds have been or will be generated?

Further notes on Source of Funds

- Source of Funds estimation (Per month)
- | | | |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> \$0 to \$5,000 | <input type="checkbox"/> \$10,001 to \$30,000 | <input type="checkbox"/> \$50,001 to \$100,000 |
| <input type="checkbox"/> \$5,001 to \$10,000 | <input type="checkbox"/> \$30,001 to \$50,000 | <input type="checkbox"/> \$100,001 and over |

Part 5 - Customer Transactional Requirements

Domestic

How frequently will you be depositing funds? (Apart from direct salary deposits)

- More than once a week Occasionally

International

Inward

Do you intend to receive international transfers?

- Yes No Maybe in the future

Outward

Do you intend to initiate international transfers?

- Yes No Maybe in the future

Part 6 - Local withholding tax exemption

- YES - Submit exemption tax NO

Part 7 - Mail, Scanned Email Authority & Indemnity

- YES NO

If 'YES' state secured email address used to communicate with the bank and complete Indemnity Form.

Part 8 - U.S Persons assessment (a tick will categorize as a potential 'U.S Persons' Account (If selected, provide evidence)

- | | | |
|-----------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|
| 1. <input type="checkbox"/> US Tax Number | 4. <input type="checkbox"/> Power of Attorney to a US | 7. <input type="checkbox"/> US Phone Number |
| 2. <input type="checkbox"/> US Citizenship | 5. <input type="checkbox"/> Standing Instruction to a US Account | 8. <input type="checkbox"/> US Zip Code |
| 3. <input type="checkbox"/> US Address for correspondence | 6. <input type="checkbox"/> US Place of birth | 9. <input type="checkbox"/> None of the above applicable |

Note: If any box has been ticked, the customer(s) will be required to complete, and promptly provide the Bank for its records, the U.S IRS Form W8 or W9, hereby formally confirming status of U.S Persons. Where a U.S Person; U.S Social Security tax number is to be provided.

Part 9 - Account Statement

How would you like to receive your statement?

- Mail Access using Direct Online Banking Waiver (Not Recommended but if you do insist, please submit written request)
 Print statement upon request

Part 10 - Signing Authority

Any one to Sign

All to Sign

Jointly

Sole Signatory

Others (Specify)

Their authority includes (but is not limited to) the following:

1. Drawing cheques on the account if permitted by the Bank.
2. Overdrawing the account to the extent authorised by the Bank.
3. Endorsing cheques, drafts, bills of exchange and other instruments payable to me or to my order or to the order of any one or more of us.
4. Authorising the Bank to make periodical payments from the account and debiting the account for any costs or charges relating to such payments.
5. Instructing the Bank to transfer the account between the Bank's branches and/or close the account.

We acknowledge that:

- If any one or more of us dies, then the Bank may treat the balance of the account as payable to the surviving account holder or holders in accordance to the laws of Solomon Islands. The Bank will be free from all responsibility in paying or delivering any money or property to the survivor(s);
- Our liability to the Bank is joint and several if our account becomes overdrawn;
- The Bank may credit our account with any instruments payable to any one or more of us.

Part 11 - Applicant Declaration

1. I/We acknowledge that I/we have been explained, and fully understand, the terms and conditions, interest rates, product features and associated fees and charges of this product before acquiring it.
2. I/We further acknowledge that I/we have been given a copy of the following (tick):
 - Personal Transaction & Savings Product terms and conditions
 - Direct Online Banking terms and conditions; and
 - Disclosure of Fees & Charges that apply to this account(s)
 - Visa Debit terms & conditions
 - Other (state the name of document)
3. I/We agree to be bound by all the terms and conditions which may apply from time to time on this account(s)
4. I/We are aware that my/our account transactional conduct is expected to be within; or in general agreement with my/our declared personal financial capacity. I/We further understand and agree that the Bank may from time to time enquire with me/us on certain aspects of my/our transactions or account conduct as part of its regulatory anti-money laundering on-going monitoring controls.
5. Special Declaration for US Persons: - The FATCA (Foreign Account Tax Compliance Act) regulation was enacted in the United States of America in March 2010 and effective from July 2013 on all US Citizens or Residents worldwide. Where I/we are assessed as being a US Persons; I/We authorise BRED Bank Solomon to disclose my/our Banking account information to the United States Internal Revenue Services (IRS) as and when required in compliance to the Act. I/We understand that any further information on FATCA may be obtained from a tax consultant as my right and obligation to know more about this subject.
6. I/We declare the personal details given in this application form are true and correct as at the date of opening this account. I/We further agree to update the Bank on any changes in my/our personal profile.
7. I/We agree that the Bank reserves the right to change the terms & conditions, interest rates, product features at any given time. It may do so in compliance to current regulatory disclosure requirements. Any change may be communicated either directly with me/us, Bank branches displays, Bank website or Facebook or via media advertisement.

Applicant's Name

Applicant's Name

Signature

Signature

Date

Date

BANK USE ONLY

Stage	Officer Name	Signature	Date
Preparing:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check & Authorisation:	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRE-DISCLOSURE STATEMENT BY NEW ACCOUNT OFFICER

I confirm that all aspects of this product requirement and features were explained to Mr/Mrs/Ms _____ in English/Pidjin and he/she/they fully understand and consequently made a choice to acquire the product(s).

Staff name: Sign: