

KIDS SAVINGS ACCOUNT APPLICATION FORM

| OFFICE USE ONLY | | |
|-----------------|--|--|
| CIF NUMBER: | | |

| CHILD'S DETAILS | |
|---|---|
| | OTHER NAME: |
| ADDRESS: | |
| P.O BOX: STREET: CITY/DISTRICT: PHONE NUMBER: | PROVINCE: |
| PARENT OR GUARDIAN'S DETAIL | |
| ARE YOU AN EXISTING CUSTOMER? TITLE: Please tick only one box | [] YES [] NO If YES , please provide account number: |
| CIRST NAME: | |
| Please note: Only a mobile number/wireless phone | KOM PNG MOBILE/CITIFON/LANDLINE (or X'cess wireless phone) can be registered for Mobile Banking Email: |
| IDENTIFICATION | |
| identification when submitting this application for | rhool ID card, Confirmation Letter from school principal. rtificate, School Certificate & Baptism Certificate |
| TYPE OF ID PROVIDED 1: | |
| TYPE OF ID PROVIDED 2: | |
| Examples of photo IDs: student ID, employee ID, dri | Os when submitting this application form. 1 form of ID must be photo ID. ver's licence, passport or similar. ate of baptism, marriage certificate, school certificate, letter of employment or similar. |
| TYPE OF ID PROVIDED 1: | REFERENCE:(if applicable) |

| CHILD A child can sign if he/she is able to do so. | |
|--|---|
| Please sign here: Ensure you sign well within the lines of this box: | Date:dd./.mm./vy |
| If applicant is under 18 years of age (Per Bank's Regulations), Par | rent /Guardian to fill in details below. |
| PARENT / GUARDIAN DECLARATION: I: | |
| • accept the Terms & Conditions of the Kids Savings Account and | d agree to be bound by them in addition to any other conditions which may apply |
| Please sign here: Ensure you sign well within the lines of this box: | Date:dd./.mm./yy |
| By signing, you are bound | d by the Terms & conditions of the Kids Savings Account |
| If applicant is illiterate, please note a secret name | If Parent /Guardian is illiterate, please note a secret name |
| BANK USE ONLY | |
| Bank Officer's Name: | Deposit Amount: K |
| Signature: | Date:dd/ mm./, xy |

REFEREE INFORMATION

| OFFICE USE ONLY TELLER/CSO: STAFF NUMBER: SIGNED: DATED: | Teller's acknowledgement : 1. Referee 1 confirmed |
|---|--|
| Affix Referee #1 Seal/Stamp | Affix Referee #2 Seal/Stamp ATTACH RECENT PHOTO HERE |
| The common seal/stamp of: | The common seal/stamp of: |
| SIGNED: DATED:/MM/YY | SIGNED: DATED:/ |
| I have known the applicant for a period of not less than 2 years. | I have known the applicant for a period of not less than 2 years. |
| REFEREE 1 DECLARATION: I declare that I am an acceptable referee as described above. | REFEREE 2 DECLARATION: I declare that I am an acceptable referee as described above. |
| OCCUPATION : | OCCUPATION : |
| PROVINCE : | PROVINCE : |
| MAILING ADDRESS : POST OFFICE BOX NUMBER: POST OFFICE NAME: TOWN : | MAILING ADDRESS : POST OFFICE BOX NUMBER: POST OFFICE NAME: TOWN : |
| BSP ACCOUNT NUMBER (optional) | BSP ACCOUNT NUMBER (optional) |
| SURNAME : | SURNAME : |
| REFEREE 1 | REFEREE 2 |
| [] Lawyer with current practising certificate[] Rural Only: Reputable commodity buyer | [] District Health Manager or OIC of a Health Centre [] Manager at Customer's Employer |
| [] Serving Member of Parliament[] Provincial Police Commissioner or Police Station Commanding Officer | [] Registered Medical Practitioner or Dentist[] Headmaster of a Primary or Secondary School |
| [] Bank Employee of Managerial Status | [] Officer-in-charge of a Bank Agency |
| [] Magistrate of the District Court [] Minister of Religion | Serving Commissioned Officer of the PNG Defence Force Local Level Government Councilor |
| [] Accountants registered with the CPA PNG | [] Existing Account Customer of good standing (e.g. employer) |
| The following persons are considered as acceptable referees (please write ref1 and/or r | |

2. Referee 2 confirmed

3. Identity verified

AUTHORISING OFFICER: STAFF NUMBER: SIGNED: DATED: D