



BANK OF PAPUA NEW GUINEA
NEW ACCOUNT IDENTIFICATION FORM

Registry Use Only:
 Entered into RMS by: _____
 Approved by: _____

CUSTOMER IDENTIFICATION

CUSTOMER ID: *For Registry unit use only*

FULL NAME:

POSTAL ADDRESS

ADDRESS:

 CITY/TOWN:
 PROVINCE:
 COUNTRY:

OFFICE/RESIDENTIAL ADDRESS

ADDRESS:

 SECTION: LOT: STREET:
 SUBURB/HOME TOWN: PROVINCE:

CONTACT PERSON:
 PHONE NUMBER: FAX:
 EMAIL ADDRESS:

PAYMENT METHOD *(Please tick appropriate box below)*

CHEQUE: TRANSFER:

BANKING DETAILS

BANK
 BRANCH
 BRANCH NUMBER:
 ACCOUNT NUMBER: A/C TYPE:
 ACCOUNT NAME:

NOTICES SENT VIA *(Please tick appropriate box)*

LETTER: FAX: EMAIL:

AUTHORISED: _____ RECEIVING OFFICER: _____
Applicant(s) **Registry Unit Officer**

Date: _____ Date: _____

PLEASE NOTIFY BANK OF PNG OF ANY CHANGES TO YOUR ADDRESS