



BANK OF PAPUA NEW GUINEA

**LICENCE APPLICATION FORM
PAYMENT SERVICE PROVIDER OR PAYMENT SYSTEM OPERATOR**

You are hereby informed that by virtue of **Section 4 (i)** of the **National Payment System (NPS) Act, 2013,**

“.....for a person or entity to obtain a license from the Central Bank before they can: a) act as a payment service provider b) establish or operate a payment system c) issue payment instruments or partially operate in PNG.”

You are therefore urged to ensure that your application submission is clearly evaluated against the requirements of the NPS Act, 2013 and the **Directive on Oversight 01/2018** in order to avoid rejection of materially incomplete applications.

APPLICANT DETAILS

List name of applicant(s), date and country of incorporation, contact person details, address, phone and fax numbers, email address and business addresses.

1	Applicant Name	<input type="text"/>
2	Date of Incorporation (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
3	Country of Incorporation	<input type="text"/>
4	Contact Person Name:	<input type="text"/>
	a) Title/Position	<input type="text"/>
	b) Telephone (Office/Mobile) Number	<input type="text"/>
	c) Facsimile Number	<input type="text"/>
	d) Email Address	<input type="text"/>
5	Business Postal Address	<input type="text"/>
	a) Building Name	<input type="text"/>
	b) Post Office Box Number	<input type="text"/>
	c) State/City/Post code	<input type="text"/>
	d) Street Address	<input type="text"/>
	e) Country	<input type="text"/>
6	Business Office Address:	<input type="text"/>
	<i>(If same as (5) Postal Address, leave it blank)</i>	
	a) Building Name	<input type="text"/>
	b) Street Address	<input type="text"/>
	c) State/City/Post code	<input type="text"/>
	d) Country	<input type="text"/>

7 CAPITAL STRUCTURE

Identify the type, number and par value of each class of shares below:

a)	Authorised share capital ¹	<input type="text"/>
b)	Issued share capital ²	<input type="text"/>
c)	Paid-up share capital ³ / Assigned share capital	<input type="text"/>

¹ **Authorised share capital** refers to the total capital that a company is authorized to accept from investors by issuing shares. In simple terms, a company cannot raise capital more than its authorized capital. It represents the capital with which a company is registered that's why it is also known as 'registered capital'.

² It represents that part of **total authorized share** capital which has been issued by a company for subscription by investors. Usually, companies do not issue all of their shares for control purpose. Thus, the part which is issued represents the **issued share capital**.

³ It represents that part of called up share capital which has been paid by investors. **Paid up capital = Called up capital – Call in arrears.**

8 SOURCE OF FUNDS

Identify the source of funds used by each shareholder to purchase the share of stock in the applicant:

- a) State amount (PGK) if assets were disposed/to be disposed to raise funds.
- b) Provide information on the sale, include copies of pertinent documents.
- c) State loan amount (PGK) if funds were borrowed to purchase stocks.
- d) Provide information on the lender(s).
- e) Provide information on collateral pledged.
- f) Provide information on term of the loan.
- g) State how the loan is being or will be repaid and provide complete details (dividends, salary or funds or income from applicant etc.).

9 SHAREHOLDING STRUCTURE

Identify the **major** shareholders of the applicant and provide information on number and type of shares to be held, number of shares to be held in % of total number of shares outstanding, par value, purchase price per share and total purchase price:

Shareholder Details

- a) Names of shareholders
- b) Types of shares
- c) Number of shares
- d) Number of shares in % of total shares outstanding
- e) Par value
- f) Purchase price per share
- g) Total purchase price

- h) If any of the major shareholders mentioned in 9 (a) is a natural person holding a substantial interest (15% or more), provide the following additional information for each such person. Also complete the **Fit & Proper Form** for each natural person who is to be a holder of a substantial interest.

Name	Nationality	Country of Residence Business/Profession

- i) If any of the major shareholders mentioned in 9(a) are entities (firms), provide the following additional information regarding each. Also supply a completed **Business Form** and **Banker's Form** for each entity who is to be a holder of major (15% or more) interest.

Name	Place of Registration/Incorporation	Business

- j) State the names of natural persons, who are beneficial owners of shares in the entities mentioned in 9 (h).

Artificial Persons	Beneficial Owners	Share Value

10 DIRECTORS

List all proposed directors of the applicant. Non-Executive Directors should be indicated by noting NE next to the Director's name. Supply a completed **Fit and Proper Form** and **Banker's Form** for each proposed director.

Director's Name	Nationality	Business/ Occupation

11 Specify the companies in which the applicant(s) or proponent(s) holds shares.

Company Name(s)	Number of Shares	Percentage (%) of Total Shares

12 If the applicant or its parent company is a **licensed financial institution/payment service provider**, provide the name, address, and contact detail of its **Supervisory Authority**.

a) Supervisory Authority	
b) Address	
c) Telephone number	
d) Fax number	
e) E-mail address	
f) Contact person	
g) Title/Position	

13 OTHER INFORMATION RELEVANT TO THE APPLICANT

State the location of the principal and other places where the applicant proposes to conduct business.

14 Provide reasons for selecting Papua New Guinea as the place to conduct business *(PS: applicable only for foreign citizens/investors)*.

15 Applicant’s Supervisory Authority

*Relevant only if the applicant or its parent company is a **licensed financial institution or payment service provider/operator**. Provide the name, address, and contact details of the **Supervisory Authority**.*

a) Supervisory Authority	
b) Address	
c) Telephone number	
d) Fax number	
e) E-mail address	
f) Contact person	
g) Title/Position	

16 Applicant’s Proposed Auditor

List name, address and the contact details of Auditor or audit firm

a) Name of Audit Firm/Auditor	
b) Address	
c) Telephone number	
d) Fax number	

e) E-mail address	
f) Contact person	
g) Title/Position	

17 Provide any other information which may be of assistance in considering the application.

DECLARATION

We declare that the information supplied in the application is complete and correct to the best of our knowledge at the time of this declaration. We also understand that the provision of false information will nullify this application, or cause the Bank to revoke any licence which may have been granted on the basis of it.

Name of Director	
Signature	

Date (dd/mmm/yyyy) Day / Month / Year

	/		/	
--	---	--	---	--

Name of Director	
Signature	

Date (dd/mmm/yyyy) Day / Month / Year

	/		/	
--	---	--	---	--

Name of Director	
Signature	

Date (dd/mmm/yyyy) Day / Month / Year

	/		/	
--	---	--	---	--



BANK OF PAPUA NEW GUINEA

FIT AND PROPER FORM

Please read the questions carefully before completing this Form. Should you require more space the answers should be written or typed on a separate sheet of paper with the heading “**Continuation of Answer to Question....**” (for individuals holding substantial interests, directors and managing directors).

Where documents required are in languages other than English, a certified English translation needs to be appended. **The information provided will be used to assess your fitness and propriety.** However, the areas covered in this Form are not exhaustive of the matters that the Central Bank will consider in the evaluation process.

The Bank reserves the right to seek references from organisations and individuals named in this Form. It is important, therefore, to ensure that full names and addresses are provided.

PLEASE NOTE THAT INCOMPLETE RESPONSES WHICH DO NOT DISCLOSE ALL INFORMATION MAY AFFECT THE BANK’S ASSESSMENT AND RESULT IN DELAYS IN ITS ASSESSING OF THE APPLICATION.

Completed form should be returned to:

The Governor
Bank of Papua New Guinea
P.O. Box 121
PORT MORESBY
National Capital District 121

- i Name of the Applicant for which this Form is being completed
- ii Name of the Applicant for which this Form is being completed
- | | |
|---|--------------------------|
| a) Licence of Payment Services Provider | <input type="checkbox"/> |
| b) Operator of a Payment, Clearing or Settlement System | <input type="checkbox"/> |

1. You are completing this Form as:
- Note: c) refers to a natural personal
- | | |
|-----------------------------------|--------------------------|
| a) Director | <input type="checkbox"/> |
| b) Managing Director | <input type="checkbox"/> |
| c) Holder of substantial interest | <input type="checkbox"/> |

2. Surname
- Given Name(s)
- Other names you have been known
(including name at birth, previous married names, maiden name, or aliases)

3. Gender Male Female

4. Identification number
(provide passport No. or National ID No.)

5. Place of Birth

6. Date of Birth (dd/mm/yyyy) / /

7. Nationality

8. Acquisition of Nationality
- | | |
|----------------------|--------------------------|
| a) by birth | <input type="checkbox"/> |
| b) by naturalisation | <input type="checkbox"/> |
| c) by marriage | <input type="checkbox"/> |
| d) other reason | <input type="checkbox"/> |

9. Previous Nationality

10. Country of permanent residence

11. CONTACT DETAILS

- a) Correspondence address

- b) Telephone & Fax numbers
- | | |
|-----------|----------------------|
| Office | <input type="text"/> |
| Mobile | <input type="text"/> |
| Facsimile | <input type="text"/> |

- c) E-mail address(es)

12. List of all previous addresses for the last five years (beginning with current address) along with relevant dates.
- | Dates | Addresses |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

ACADEMIC BACKGROUND

13. Provide details of any higher academic qualifications and the year and institution(s) in which the qualifications were obtained (e.g.: BA, BEc, LLB, MA, MSc, MEc).

Degree	Subject	Name & Address of Institution	Year Obtained

14. List of professional qualifications and the years in which they were obtained.

Membership Number	Professional Qualification	Year Obtained

15. Details of all (current and non-current) membership of any professional bodies, their address (es) and the year of admission (for example: Institute of Directors, Institute of Management etc.).

Membership Number	Professional Body's Name and Address	Associate (A) Fellow (F) Member (M)	Year Obtained

16. List all occupations and employment during the last five years, beginning with your present one.

Dates of Employment	Employer ⁴	Nature of Business	Position

⁴ Provide address and telephone numbers as well.

17. This question is for the **Chairman and Non-Executive Directors** only.

a) How much time do you anticipate giving to the work of the licence holder?

b) What particular contribution will you bring to the work of the licence holder?

18. Details of any body corporate of which you are a director, manager or company secretary and the countries in which they are registered.

19. Details of any litigation against you and details of any current proceedings issued by you.

20. Details of any judgement against you.

For questions 21 to 24, please tick the relevant box for each. If any of your answers are "yes", provide all the relevant details on a separate sheet of paper by clearly stating the question number to which the details relate.

21. Have you, or any body corporate, partnership or unincorporated institution to which you are, or have been associated with as a director/manager or company secretary ever:

a) applied to any regulatory authority in any jurisdiction for a licence or other authority to carry on payment service activities, operate a payment, clearing or settlement systems, banking, investment business or other financial services activity?

(If yes list all applications showing whether they have been successful or not)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

b) been the subject of an investigation by a governmental, professional or other regulatory body?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

c) had its licence revoke?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

22. Have you ever:

- a) at any time been convicted of any crime or offence by any court in any country, including civil or military?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- b) been charged with any offence that is currently awaiting legal action(s)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- c) been subject to a disciplinary enquiry?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- d) been censured, disciplined or criticised by any professional body to which you belong or have belonged?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- e) been suspended from any office, or asked to resign?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- f) been dismissed from any office or employment or barred from entry to any profession or occupation?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- g) been disqualified from acting as a director of a company or from acting in the management or conducts of the affairs of any company, partnership or unincorporated association?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- h) been adjudicated bankrupt by a court in any jurisdiction?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- i) at any time been declared bankrupt and/or have any money judgments been made against you which have not been satisfied in full?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- j) in connection with the formation, management or ownership of a substantial interest in any body corporate, partnership or unincorporated institution been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct by you towards such a body or company or towards any member thereof?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

23. Has any body corporate, partnership or unincorporated institution with which you were associated as a director/manager, partner or company secretary been compulsorily wound up or made a compromise or arrangement with its creditors or ceased trading in circumstances where its creditors did not receive or have not yet received full settlement of their claims, either while you were associated with it or within one year after you ceased to be associated with it?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

24. With regard to any previous experience at an institution located anywhere in the world, have you ever:

- a) been responsible in whole or in part for the institution experiencing loss?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- b) refused to make available for examination, books accounts, or records, or wilfully furnished false information?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- c) obstructed or endeavoured to obstruct the proper performance by an auditor or an inspection by the supervisory authority?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- d) with intent to deceive, made false or misleading statements or entries, omitted statements or entries that should have been made, or altered, concealed, or

Yes	No
-----	----

destroyed any statements or entries in any book, record, account, document, report, or statement of the institution?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

25. Identify all natural persons and body corporate who will be “connected persons” of the applicant, if licensed/authorised, as a result of your position with the applicant.

In relation to a payment service provider or operator of a payment, clearing or settlement systems, “connected persons” refers to all of the following:

- i) Holders of substantial interest or that person’s close relations in the institution;
- ii) Directors and close relations;
- iii) Subsidiaries; and
- iv) A company or undertaking in which (i) and (ii) hold substantial interest.

26. In carrying out your duties will you be acting on the directions or instructions of any other person(s)? If so, give full particulars.

27. Provide at least two character references.

28. Provide an affidavit duly signed by the individual stating convictions for crimes, past or present involvement in a managerial function in a body corporate or other undertaking subject to insolvency proceedings or personal bankruptcy filing, if any.

29. Complete the authorisation in Part A of the Banker’s Form providing the name of one commercial bank with whom you hereby authorise the Central Bank to contact with a view to seeking information about how satisfactorily you have conducted your financial affairs over the previous 10 years. If you have changed banks/branches within the last 10 years, then complete Part A authorisation for each bank/branch.

30. Attach a duly certified copy of biodata page of your passport or driving licence and a recent photograph, at least 6 months old. A suitable certifier should certify the identification by stating that it is a true copy of the original document and by signing at the back of the photo certifying that it is the true likeness of the individual. The certifier should include his/her signature, name in block letters, contact details, profession, name and address of business or official stamp, and date on which the document is being certified.

Categories of acceptable certifiers include:

- ✓ A public lawyer
- ✓ A commissioner of oath
- ✓ Judge

DECLARATION

I fully understand that false statement, other material irregularities or failure to disclose correct information may render the application likely to be refused. If such abnormalities are discovered after the issuance of the licence, the Bank may revoke or vary the terms and conditions of the licence.

I certify that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a director of an institution/holder of substantial interest under the National Payment Systems Act, 2013, I will notify the Bank of any material changes affecting the completeness of this Form within a reasonable period of time.

I understand and accept that the Bank may wish to make enquiries - both now and on a continuing basis - to satisfy itself as to my initial and continuing fitness and properness. Accordingly, I authorise the Bank to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Form, or in other documents submitted as part of this application, for the purposes of performing its due diligence and background checks.

I further authorise the bankers named in this Form, together with any other person, body or institution (including the Police) which the Bank may approach, to provide such information as it believes may be relevant to its assessment.

I understand that the results of these checks may be disclosed to the institution/person that is the subject of the application.

Signature

Date (dd/mmm/yyyy)

Day	/	Month	/	Year
-----	---	-------	---	------



**BANK OF PAPUA NEW GUINEA
BUSINESS FORM**

Please read the questions carefully before completing this form. Should you require more space the answers should be written or typed on a separate sheet of paper with the heading “**Continuation of Answer to Question....**” Where documents required are in languages other than English, a certified English translation needs to be appended.

The information provided will be used to assess your fitness and properness. However, the areas covered in this Form are not exhaustive of the matters that the Bank will consider in the evaluation process. The Bank reserves the right to seek references from organisations and individuals named in this Form. It is important, therefore, to ensure that full names and addresses are provided.

PLEASE NOTE THAT INCOMPLETE FORMS WHICH DO NOT DISCLOSE ALL INFORMATION MAY AFFECT THE BANK’S ASSESSMENT AND RESULT IN DELAYS IN ITS CONSIDERATION OF THE APPLICATION.

Completed form should be returned to:

The Governor
Bank of Papua New Guinea
P.O. Box 121
PORT MORESBY
National Capital District 121

i Name of the Applicant for which this Form is being completed

ii State the application for which this Form is being submitted:

- c) Licence of Payment Services Provider
- d) Operators of a Payment, Clearing or a Settlement System

<input type="checkbox"/>
<input type="checkbox"/>

1. Name and type of entity that is the subject of this Business Form

2. Type of business (Principal business activities)

3. Date of Incorporation (dd/mmm/yyyy) / /
 Country of Incorporation

4. Provide a certified copy of the:
 a) Certificate of Incorporation
 b) Memorandum of Association and By Laws

5. Contact Person Details

a) Name

b) Telephone Numbers

Office

Mobile

Facsimile

c) E-mail address

d) Address for Correspondence

6. Complete the following table for each branch or other place of business.

Names	Location	Date of Formation

7. Identify each shareholder holding a substantial interest (15% or more) in the entity.

Name (present & former)	Nationality	Address	Number of shares held	
			Nominal figure	As a % of outstanding shares

8. Identify each director/managing director of the entity.

Name (present & former)	Nationality	Registered Address	Date of Appointment	Other entities where the person serves as a director

9. Submit a **Fit and Proper Form** for each natural person with a substantial interest (15% or more) and each director of the entity.

10. Submit a diagram that shows:

- The owners and ownership structure of the entity;
- All other members of the group;
- The corporate, financial, and other linkages that exist between the members of the group;
- The position of the institution in relation to the other members of the group (as if licensed/authorised or as if the proposed substantial interest is acquired); and
- All substantial interests held in, and by, each member of the group and the nature of business of each entity.

11. List all entities in which:

- a) the entity holds a substantial interest (15% or more)

Name	Address	Type of entity and nature of business	Number of shares	
			Nominal figure	% of shares outstanding

b) each member of its group holds a substantial interest (15% or more).

Name	Address	Type of entity and nature of business	Number of shares	
			Nominal figure	% of shares outstanding

12. Complete and submit **Part A** of the **Banker's Form** for at least one bank with which the entity has conducted business during the most recent five years. If the body corporate is a bank, at least one reference must be from a bank other than the body corporate.
13. Submit a chart showing the organisational structure, including departmental functions, of the entity.
14. Submit certified true copies of the entity's audited balance sheet and profit and loss account for each of the three years preceding the date of the application.
15. Submit the entity's annual reports for each of the most recent three years, if applicable.
16. Submit at least two references verifying good financial standing (can be from an auditor or legal officer).
17. Identify all natural persons and entities who will be "connected persons" of the institution if licensed/authorised.

For the following questions, please tick the relevant box for each. If any of your answers are "yes", provide all the relevant details on a separate sheet of paper by clearly stating the question number to which the details relate.

18. Has the entity or any member of its group:
 - a) applied to any regulatory authority in any jurisdiction for a licence or other authority to carry on payment services activities, operate a payment, clearing or settlement system, banking, investment business or other financial services activity?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------
 - b) been the subject of an investigation by a governmental, professional or other regulatory body?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------
 - c) had its licence/authorisation revoked?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------

19. Has the entity, or any member of its group ever:

- a) Been convicted of any crime or offense by any court in any country, including civil or military?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------
- b) Been charged with any offense that is currently awaiting legal action?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------
- c) Been censured, disciplined, criticised, or barred from entry by any professional body?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------
- d) Been adjudicated bankrupt by a court in any jurisdiction?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------
- e) At any time been declared bankrupt and/or had any money judgments made against it which have not been satisfied in full?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------
- f) In connection with the formation, management, or ownership of a substantial interest in any body corporate, partnership, or unincorporated institution, has anyone connected therewith ever been adjudged by a court civilly liable for any fraud, misfeasance or other misconduct towards such a body or company or toward any members thereof?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------

20. Has the artificial person, or any member of its group, or any artificial person under a management contract with the applicant, been compulsorily wound up, made a compromise or arrangement with creditors, or ceased trading in circumstances where creditors did not receive (or have not yet received) full settlement of their claims, either while associated with it or within one year after ceasing to be associated with it?

21. With regard to any previous experience at an institution located anywhere in the world, has the artificial person, or any member of its group, been responsible for the institution:

- a) In whole or in part, experiencing a loss?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------
- b) Refusing to make available for examination books, accounts, or records, or wilfully furnished false information?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------
- c) Obstructing or endeavouring to obstruct the proper performance by an auditor or an inspection by the supervisory authority?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------
- d) With intent to deceive, making false or misleading statements or entries, omitting statements or entries that should have been made, or altering, concealing, or destroying any statements or entries in any book, record, account, document, report, or statement of the institution?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	--------------------------------

22. Is the entity acting in concert with, or on the directions or instructions of, any other person in regard to the subject application or the activities of the payment service provider or operator of a payment, clearing or settlement system (or proposed activities of the payment service provider or operator of a payment, clearing or settlement system)?

Declaration

I certify that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be a director of an institution/holder of substantial interest under the NPS Act 2013, I will notify the Bank of any material changes affecting the completeness of this Form within a reasonable period of time.

I fully understand that false statement, other material irregularities or failure to disclose correct information may render the application likely to be refused. If such irregularities are discovered subsequent to the issuance of the licence/authorisation, the Bank may revoke or vary the terms and conditions of the licence/authorisation.

I understand and accept that the Bank may wish to make enquiries - both now and on a continuing basis - to satisfy itself as to my initial and continuing fitness and properness. Accordingly, I authorise the Bank to make such enquiries and seek such further information as it thinks appropriate in verifying the information given in this Business Form, or in other documents submitted as part of this application, for the purposes of performing its due diligence and background checks.

I further authorise the bankers named in this Form, together with any other person, body or institution (including the Police) which the Bank may approach, to provide such information as the Bank believes may be relevant to its assessment.

I understand that the results of these checks may be disclosed to the institution/person that is the subject of the application.

Signature

Date (dd/mmm/yyyy)

Day	/	Month	/	Year
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>



**BANK OF PAPUA NEW GUINEA
BANKER'S FORM**

(This Form should accompany the Personal Fit and Proper and Business Forms)

PART A

I authorise (full name of bank and branch address)

.....
.....
.....
.....

to provide the following information and such other information that may require and to respond directly to the Bank of Papua New Guinea.

Signed:

Date:

FOR OFFICE USE ONLY

PART B

The Bank is responsible for the licensing/authorising, regulating and supervising of payment service providers and operators of a payment, clearing or settlement system in the Papua New Guinea. The above named person has applied to the Bank to act as:

- a. Director
- b. Managing Director
- c. Holder of Substantial Interest

.....
(For and on behalf of Bank) (Authorised Signatory)

PART C

To be completed by (name of institution)

1. How long has the person been a customer of your bank?

Years	Months	Days
-------	--------	------

a. if this relationship has ceased please, specify the period during which it existed.

/ / to / /

2. Is the bank satisfied about the manner in which the person's financial relationship was maintained?

- YES
NO (If the answer is "No" please provide an explanation)

--	--

Authorised Signatory

Signature of Authorised Signatory

--	--

Official Stamp of bank

Position of Authorised Signatory

DATE (dd/mmm/yyyy): / /