



Customer Information Form - Individual

☐ New ☐ Existing ☐ AML/KYC Risk Rating

Date:

1. Personal Details of Customer

Last Name		First Name		Middle Name	
Birthdate		Gender	☐ Male ☐ Female	Country of Citizenship	
Marital Status	☐ Single ☐ Married ☐ Divorced ☐ De Facto ☐ Widowed				
Individual Tax Identification Number:		Referral Source		Place of Birth	
Do you have any other citizenship(s)	☐ Yes ☐ No	If yes (please state other country of citizenship(s))			

Residential Address

Current Address	
Permanent Address	
Postal Address	
Duration at Address	

Contact Details & Identification Documents

Mobile #		Telephone #		Email Address	
Type of ID	ID Number	Expiry Date	Original Sighted		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

Specimen Signatures

1)	2)	3)
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Politically Exposed Person (PEP) Declaration

Do you hold or does any of your family member/relative hold a prominent public position in PNG/ a Foreign State/ an International Organization? ☐ Yes ☐ No

Do you maintain a particularly close relationship with a person who holds a prominent public position in PNG/ a Foreign State/ an International organization? ☐ Yes ☐ No

Do you conduct substantial domestic and international Financial transactions on behalf of a person who holds a prominent public position in PNG or any Foreign State, OR a position in any International Organization? ☐ Yes ☐ No

If any of the above is Yes (please provide details):

Spouse/Relative Information: Full Name:

Mobile #		Telephone #		Email Address	
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2. Source of Income/Wealth

☐ Salary	☐ Business	Date Registered	☐ Remittance
Employer	Name of Business		Country of Origin
Industry	Industry		Purpose
Job Title/ Designation	Reg. #		
Annual Income (in PGK) ☐ 0-50,000 ☐ 50,001-150,000 ☐ 150,001-500,000 ☐ >500,000			

Other source of income (state nature and value)

☐ Inheritance ☐ Investment ☐ Sale of Asset ☐ Gift ☐ Other
Provide details

3. Customer Declaration

I certify that contained information in this form is true and accurate and we accept all Terms and Conditions which apply to our account(s). I also warrant that I am aware of the provision of PNG Anti-Money Laundering Act of 2015, and I represent that my transactions herein are not among those covered under the said law and that my funds come from legitimate undertakings.

Customer's Signature

Date

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4. Tick all documents to be submitted by customer

☐ Two forms of IDs (can be two photo IDs or one photo ID with one documentary ID); or, three forms of documentary IDs in absence of photo ID.

☐ Unique identification Card

☐ Driver's License

☐ Birth Certificate

☐ Driver's License

☐ PNG National Identity (NID) Card

☐ Passport ID

☐ School Certificate

☐ Marriage/Divorce Certificate

☐ Letter from a reputable person (i.e a Commissioner of Oaths, a member of the discipline forces, a ward council member, a village court magistrate, a church pastor, or a school headmaster.

☐ Letter from a hospital or a medical clinic

☐ Proof of address not older than six months (e.g utility bill statement, lease agreement, etc.)

Utility Bill (not more than six months old)

Telephone Bill (not more than six months old)

Account Statement (not more than six months old)

Statutory Declaration, indicating the current and permanent residential address(es), witnessed by a Commissioner of Oath

Additional documents, as required

☐ For expatriates, copy of work permit and visa.

☐ IPA Extract for Individuals with declared business

☐ Current Income Tax Assessment Notice upon which a TIN is quoted or Letter of Confirmation of Registration from IRC quoting the tin for Individual with declared business.

☐ Proof of income not older than 3 months as required during assessment (e.g., payslip bank statement)

FOR OFFICE USE ONLY

AML/CTF Risk Grading

☐ Low

☐ Medium

☐ High

Declaration and Acknowledgement

I declare that the conduct of KYC as required by BPNG has been performed.

Employee Name

Position

Signature

Date

I declare that I reviewed the validity of provided KYC documents/information.

Employee Name

Position

Signature

Date

Compliance Review and Approval (when required)

Reviewed By

Position

Signature

Date

Approved By

Position

Signature

Date