



Entity Term Deposit Account Opening Form

RESET

Entity Details

*****Entity Classification:** ***Full Name of the Entity (as Registered)******Mailing Name and Mailing Address**
Country: ***Full Registered Office Address (not a PO Box)**
Province/State:
Country: ****Telephone Number******Mobile No.******Email Address*****Entity's Tax Identification No.*****Source of Funds*******Source of Wealth*****Incorporation/Registration/Establishment*****Country*****Date*****Incorporation/ Registration No.*****Publicly Listed Entities- please specify the stock exchange(s)*******Purpose of Opening Account*****Full Name of Controlling Person(s)** (for example -Director, Secretary etc.)

1	
2	
3	
4	
5	

Full Name of Individual Shareholder/ Partner & Beneficiary*Ownership Share (%)**

1		
2		
3		
4		

Note: All controlling persons, authorized signatories and shareholders who have a 25% or greater shareholding must also complete the Associated Party Form.

***Legislated-** Financial Transactions Reporting Act 2004 and Financial Transactions Reporting Regulations 2007, Reserve Bank of Fiji, Financial Sector Development Policy Statement Fiji Revenue and customs Service- Tax Administration Act 2009- Section 38,

**** Customer Outreach/Contact**

***** Customer Profiling**

All Sections of this form must be completed

Deposit Details

Lodgement Date**Deposit Term (days/months)****Amount Invested****Interest Rate (% p.a.)****Maturity Date****Foreign Curr. Code (if applicable)****Interest Disbursement Frequency**☐ At Maturity ☐ Quarterly ☐ 6-Monthly ☐ Yearly☐ Pay by Bank Cheque☐ Transfer to transaction account

Principal Maturity Details

Principal Payment Instructions:☐ Automatic Renewal (Principle & Interest)☐ Automatic Renewal (Principle Only)☐ Single Maturity (Payout on Maturity)☐ Pay by Bank Cheque☐ Mail Bank Cheque☐ Hold Bank Cheque for collection☐ Transfer to transaction account

Security Details

Provide Loan Account details if this deposit is used as security :

Account Name

Account Number

NOTE: A term deposit is a fixed rate contract and you should carefully consider or seek advice from the Bank whether you will need funds prior to maturity. You cannot break your Term Deposit (whether in whole or part) prior to maturity unless the Bank assesses that hardship applies and provides its written consent. In the event the Bank provides its consent, and your deposit is broken before maturity, your interest will be adjusted in accordance with the rate applicable to the reduced term.

If applicable, any changes to renewal instructions should be advised prior to maturity/within 5 days of maturity. In the absence of disposal instructions, deposit will be automatically renewed, with interest added, for a similar term at the rate applicable at that time. Any profit / loss incurred as a result of a fluctuation in exchange rate of the currency deposited will be for your care and account.

Privacy Consent

We collect, use and disclose your personal information (and, in limited circumstances, sensitive information) to verify your identity, provide and manage products and services, prevent fraud, and comply with our legal and regulatory obligations. Where we are required by law or prudential standards to retain copies of identification documents, we will do so even if a product or service does not proceed. You do not have to provide your personal information, but if you don't, we may not be able to process your application or request.

For more information, refer to the Westpac Fiji Privacy Statement at <https://www.westpac.com.fj/privacy>. You can also visit us at a branch or call us on 132 032 within Fiji, or from outside Fiji on +679 3217 800.

Terms & Conditions, Customer Service Fees & Charges, Electronic Banking Services Brochures

The QR codes below can be used to access the various Terms, Conditions, Fees & Charges related to your account and its usage. Please access a copy using the QR code or via the Westpac Fiji Website (www.westpac.com.fj) to read and understand the Terms & Conditions before proceeding.



Customer Banking Agreement



Deposit Accounts for Consumer and Business Customers



Electronic Banking Services



Customer Service Fees and Charges

Acknowledgements

I/We:

- Acknowledge receipt of, have read and understood the Terms and Conditions of the "Customer Banking Agreement", "Deposit Accounts for Consumer and Business Customers", "Electronic Banking Services" and "Customer Service Fees and Charges" (jointly referred to as Terms & Conditions) or agree to access an electronic copy of the Terms & Conditions via the Westpac Fiji website (www.westpac.com.fj) or the QR code provided in this document that apply to this account.
- Understand that Westpac may change the Terms and Conditions that apply to my/our account or services and I/we will be notified in the ways described in those Terms and Conditions. By continuing to use my/our accounts or service after being notified of a change, I/we accept the updated Terms and Conditions. If I/we do not agree to a change, I/we understand that Westpac may close my/our account or end my/our access to the relevant account or service.
- Agree that Westpac may debit to this or any accounts(s) I/we may conduct with Westpac or recover from me/us any bank fees, government charges, taxes or duties imposed on transactions which relate to my/our account(s).
- Agree that documents presented for identification purposes may be verified by Westpac, with an appropriate authority.
- Agree to check my/our account statements and notify Westpac of any errors or unusual transactions within 3 months of receiving each account statement.
- Confirm that I am/we are not a registered money lender.
- Authorize Westpac to take a photograph of me/us for the purpose of preventing any third party act of fraud attempted on my/our account.
- Acknowledge that I am/we are responsible for checking details of payments and keeping my Access Codes and mobile device secure. I/we accept responsibility and liability in accordance with the Deposit Accounts for Consumer and Business Customers Terms and Conditions and Electronic Banking Services Terms and Conditions, including my/our obligation to notify Westpac as soon as possible if my/our mobile device or Access Codes are lost, stolen or compromised.
- Agree that Westpac's acceptance of this application, thereby creating the contract of deposit, may only be made by entry of the Depositor(s)' names in Westpac's books.
- Request Westpac to contact me/us at or around the maturity of this Term Deposit in order to receive re-investment instructions, payment instructions or to discuss any other related matter, however, I/We acknowledge that Westpac is under no obligation to do so, unless required by any regulatory policy or legislation.
- Confirm that all the information supplied in and with this form to be true and correct.
- Acknowledge that providing false or misleading information may constitute an offence under applicable law and may result in Westpac declining, restricting or closing services as permitted by law.

Signed for and on behalf: (Name of Entity)

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Full Name and official designation (e.g. Director / Secretary/ Trustee / Partner / Chairman/ Manager etc.)

Signature

Bank Use Only

Existing CIF? ☐ Yes ☐ No

KYC Previously Met? ☐ Yes ☐ No

Refer

Account No. 1

Account No. 2*

CIF

Primary CIF*

Manager No.*

Product No.

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Account Type*

Customer Type*

Market Segment*

SIC Code*

Branch*

Currency*

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**if applicable*

Withholding Tax Exemption Certificate Held? ☐ Yes ☐ No

Principle & Interest Payment Transfer Orders

(if applicable)

Interest Order No.

Principle Order No.

Staff Declaration

I declare that I have;

- ☐ Collected all documents required to complete the customer identification process.
- ☐ Obtained and verified source of funds information and supporting evidence where required under the AML/CTF Program.
- ☐ Verified customer details and accurately completed all relevant sections of the 'Checklist for Entities and Associated Parties'.

Verifying Officer's Name

Employee ID

Signature

Date

Account Opening Officer's Name

Employee ID

Signature

Date

Account Authorization

I authorize the opening of this account and confirm all KYC and FATCA requirements *(if applicable)* are met and appropriate Checklist has been completed.

Authorizing Officer's Name

Employee ID

Signature

Date

Checking Officer's Name

Employee ID

Signature

Date