



Corporate Visa Card Application Form

Purpose of this Form

This application form should be completed by Businesses, Companies, Government Organisations, NGOs, Associations, Trusts or other. Applying for;

- Corporate Visa Account
- Corporate Visa Card (new and/or additional) for nominated cardholders

Corporate Visa Account

- Provides a consolidated view of all cards belonging/related to the business
- Used to fund cardholder accounts
- All signatories for the Corporate Visa Account must be similar to applicant's Business Cheque Account

Nominated Cardholders

Nominated cardholders must meet the following requirements to be eligible for this product

- An employee of the Business, Company, Government Organisation, NGOs, Association, Trusts or Other
- Over 18 years of age
- Meet the identification requirements as set by the Bank South Pacific Limited

General information in completing this form

- ✓ Place an "X" in the appropriate check box
- ✓ Print in BLOCK CAPITALS in a blue or black ball point pen
- ✓ If you require assistance in completing this Form, please contact your BSP Relationship Manager, Branch Manager or call BSP Client Service Centre on 180 1100 (local) or (675) 305 7900 or (675) 322 9900 (overseas)

SECTION A: ORGANISATION INFORMATION

Organisation (entity) Name: _____ Trading Name (if applicable): _____
 Investment Promotion Authority Number: _____ Email of Contact Person(s): _____

Business Ownership

Place an "X" to indicate Business/Company ownership

- 1%-25% PNG 26%-50% PNG 51%-75% PNG 76%- 99% PNG 100% PNG 100 Foreign

Business Address

Allotment _____ Section _____
 Street _____ Town/City _____
 Province _____

Business Address

PO Box number _____ Post Office Name _____
 Street _____ Town/City _____
 Province _____

Would the Business, Company, Government Organisation, NGOs, Association, Trust (or other) require a Corporate Visa Account?

- Yes, complete SECTION B No, proceed to SECTION C of the application

SECTION B: NOMINATION OF AUTHORISED SIGNATORIES

Note: Complete this section if the business has opted to establish a Corporate Visa Account and provide details of nominated signatories authorised to manage the account and the cards linked to it.

Signatory 1

Title: Mr Ms Miss Mrs Other (please specify): _____

Surname: _____ Given Name(s): _____ Date of Birth: _____
 Position: _____ Telephone Number: _____ Mobile: _____
 Email: _____ Business address: _____

Signatory 2

Title: Mr Ms Miss Mrs Other (please specify): _____

Surname: _____ Given Name(s): _____ Date of Birth: _____
 Position: _____ Telephone Number: _____ Mobile: _____
 Email: _____ Business address: _____

Method of operation on the Corporate Visa Account: _____

Note: If there are more signatories to sign off, please copy or reprint this section and attach the page(s) to this form.

SECTION C: NOMINATED CARDHOLDER- NEW TO BSP CUSTOMER(S) ONLY

This section should be completed by nominated cardholders who are NOT existing BSP customers

NOMINATED CARDHOLDER DETAILS

First Name _____ Middle Name _____ Surname _____
 Date of Birth _____ Marital Status _____ Citizenship _____ Date of employment _____
 Employment Status (please check box) Fulltime Part time

Signature _____ Date _____

NOTE:

- If there are more cardholders to apply, please copy or reprint this page and attach to this form.
- Each cardholder MUST provide two forms of identification in colour (Driver's license/Passport with a written confirmation letter).

BANK USE ONLY**Branch Managers/Tellers/CSO**

I confirm that I have performed the following Created CIF for nominated cardholder (CIF# _____)
 Verified nominated cardholder details Scanned cardholder identifications onto CBST

Staff number _____ Signature _____ Date _____

Approved By (BM/Team Leader) _____ Signature _____ Date _____

Lending support officer

Customer short name CIF# Account#
 Market Segment Officer Code

Daily spend VIP Limits (refer to this table when completing SECTION D of this form)

VIP Limit	ATM (Domestic or International)	EFTPoS (Domestic or International)
0	K0	K1,000
1	K0	K3,000
2	K0	K10,000
3	K1,000	K20,000
4	K1,000	K50,000
5	K5,000	K100,000
6	K10,000	K200,000
7	K500	K5,000
8	K0	K50,000
9	K3,000	K20,000

SECTION D – CORPORATE VISA ACCOUNT SET-UP AND CARDHOLDER NOMINATION

Please ensure correct setup type

New Corporate Visa Account New Cardholder(s) to be added Existing Corporate Visa Account Number:

Specify Business Name to be embossed (Max characters 25)

Please specify the following in the table:

- ✓ Card Emboss Name - This is the name that will be embossed on the card (Cardholder name)
- ✓ Daily spend VIP Limit - refer to table on page 3 and specify limit code 0-9 according to your preferred daily ATM and EFTPoS spending limits
- ✓ If sweep facility is required. This facility applies to businesses that have more than two cardholders with frequently spending habits and who are likely to have the cardholder(s) accounts linked to the Corporate Visa Account where funds will be made available.

Please note that when a sweep facility is established, a related line of credit has to be loaded to the cardholder(s) account(s). Normal Credit requirements apply

CARDHOLDER INFORMATION					BANK USE ONLY
NAME OF EMPLOYEE (Given name first)	Card emboss name of employee (Max 21 characters)	Daily VIP Limit (0-9)	Establish Sweep? Y/N	If sweep=Yes Indicate proposed credit limit	CIF of nominated cardholder

Please copy or reprint this section if more cardholders to be nominated

SECTION E: APPLICANT DECLARATION

I/We:

1. Acknowledge that I/We have read and understand the Corporate Visa Card Terms & Conditions and BSP Electronic Banking Terms and Conditions and by executing this application accept and agree to be bound by them.
2. Will be liable for the use of the Corporate Visa Card by my/our cardholders and I/We are responsible for ensuring that the nominated cardholders comply with the obligations imposed on me/us under the Bank's Electronic Banking and Corporate Visa Card Terms & Conditions.
3. Warrant that:
 - a. In the case that the Entity is a company or an incorporated body, a resolution was passed in accordance with the Entity's Constitution or Memorandum of Association for an application to be made for Corporate Visa Card;
 - b. Are duly authorised to make an application for Corporate Visa Card subject to the BSP Electronic Banking and Corporate Visa Card Terms and Conditions.

(Note: Please attach a copy of a power of attorney and minutes of the Entity's resolution to certify the above)
4. Acknowledge that the Bank is not responsible for any transactions made by the nominated cardholder(s) and that purchases will be governed by my/our organisations expense policy.
5. Agree the authorities on this form and nominated cardholders will continue in full force and effect until the Bank receives notice of amendment or cancellation in writing.
6. Agree that the contents of this application and the supporting documents provided together with this form are true and correct and that my/our signatures below indicate my/our understanding of and consent to all matter set out in this application form.

Signatory 1

Position _____
Full Name _____
Signature _____
Date _____

Signatory 2

Position _____
Full Name _____
Signature _____
Date _____

Signatory 3

Position _____
Full Name _____
Signature _____
Date _____

The common seal of:

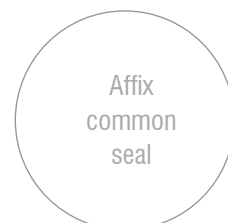
(Client) has hereunto affixed by the undersigned proper officers of the said company, by whom and in whose presence the Seal of the Company shall be affixed.

Director/Secretary

Position _____
Full Name _____
Signature _____
Date _____

Director/Secretary

Position _____
Full Name _____
Signature _____
Date _____



BANK USE ONLY

Branch/Relationship Team _____

Company _____

CIF# _____ SIC Code _____ ACA amount on Corporate Visa Account if applicable K _____

If ACA applies, Risk Code _____ Interest Rate _____

Is the form completed correctly? Yes No

Have the signatories and all cardholders been varied? Yes No

Initiating Branch _____

Collection Branch _____

I certify that the details contained within this form have been checked and appropriate actions taken for card creation

Verified By _____ Signature _____ Date _____

Signature _____ Date _____

Approved By (Branch/ Relationship Manager)

Lending Support

Corporate Visa Account Name _____ Corporate Visa Account Number _____ Visa Account Limit _____

CARDHOLDER INFORMATION					
	NAME OF EMPLOYEE	Daily VIP Limit	Sweep established (Y/N)	Cardholder account Number	Assigned Card Number
1					□□□□□□ □□□□
2					□□□□□□ □□□□
3					□□□□□□ □□□□
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11					□□□□□□ □□□□
12					□□□□□□ □□□□
13					□□□□□□ □□□□
14					□□□□□□ □□□□
15					□□□□□□ □□□□

Actioned By _____

Checked By _____

Signature _____

Signature _____

Date _____

Date _____