

Reset Form

PERSONAL ACCOUNT APPLICATION

Date Branch Code	Account No.						
PART 1 - ACCOUNT & ACCOUNT HOLDER INFORMATION							
First name Middle name(s)	Last name CIF						
Status Individual Sole Trader Under trusteeship with Trustee's CIF	☐ Joint with CIF						
Trustee/Joint Applicant: First name	Middle name(s) Last name						
Name on account Type of account							
Type of product	Account Currency						
Cheque Book 50 100 BRED PREM Savings Account 200	I Register for						
For Term Deposit Account Only							
Term Deposit amount Term of Investment Maturity Instructions Interest Rate Principal Only Principal & Interest Account to Credit Principal/Interest							
PART 2 - ACCOUNT STATEMENT							
How would you like to receive your statements? Access Statements on BRED Fiji Connect Post Mail (Statement fee will apply on special requests) Not required (Please submit a written request if you select this option)							
PART 3 - AUTHORIZED SIGNATORIES (IF APPLICABLE)							
Full name of authorized person	Specimen Signature						
For Joint applicant/Trustee: Full name of authorized person	Specimen Signature						
i un name of authorized person	Starting Date						
	Endng Date						
For additional authorised signatories Full name of authorized person	Specimen Signature						
	Starting Date						
CIF	Endng Date						
Authority to sign	☐ Trustee						

PART 4 - APPLICAN	T DECLARATION				
1. I/We acknowledge the of this product before 2. I/We further acknow Personal treatment Personal Per	nat I/We have been explained, and fully unde	nditions unt(s) may apply from time to time on the dot to be within, or in general agrifier with me/us or other parties of the controls. Sount Tax Compliance Act) regular de. Where I/We are assessed at the United States Internal Reverbationed from a tax consultant as & Conditions, interest rates, prinicated either directly with me/ure account without further notice tandards. the the Exchange Control Regular ance may result in the withdraw	his account(s) reement with my/our declare on certain aspects of my tran ation was enacted in the Unite as being a US Persons; I/We nue Services (IRS) as and w as my right and obligation to be oduct features at any given t as, Bank branches displays, I in the event of any relations ation \$10k monthly limit or wh all of the product".	d personal financial capacity. I/We sactions or account conduct as pa ed States of America in March 201 authorise BRED Bank (Fiji) Pte Ltryben required in compliance to the know more about this subject. ime. It may do so in compliance to Bank website or Facebook or via moship conduct by I/We or related paranichever is applicable (as these are	further rt of its 0 and d Act. current nedia ty which e subject
Applicant's name		Applicant's name			
Signature		Signature			
o.g.rata.o		oig.ia.a.o			
Date		Initials			
PART 5 - BANK USE	ONLY				
	Officer Name	Signature		Date	
Maker					
Checker					
PART 6 - PRE-DISC	LOSURE STATEMENT BY NEW F	ACCOUNT OFFICER			
I confirm that all aspec	ts of this product requirement and features v	were explained to Mr/Mrs/Ms	in th	e English/Fijian/Hindustani/Rotum	an
language and he/she/tl	ney fully understand and consequently made	e a choice to acquire the produc	ct(s).		
Staff Na	me	Signature		Date	7

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