

Bank Use only	Branch Code <input type="text"/>	Account N ^o <input type="text"/>	Date <input type="text"/>
	Group Name <input type="text"/>	Liability N ^o <input type="text"/>	

PART 1 - ACCOUNT & ACCOUNT HOLDER INFORMATION

Business Name <input type="text"/>	CIF <input type="text"/>
Type of Account <input type="text"/>	Account Name <input type="text"/>

Type of Product

<input type="checkbox"/> Cheque Book <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200	<input type="checkbox"/> Deposit Book <input type="checkbox"/> Standard	<input type="checkbox"/> VISA Card	<input type="checkbox"/> BRED Fiji Connect
<input type="checkbox"/> Use Account name for cheque book	<input type="checkbox"/> Duplicate	<input type="checkbox"/> EFTPOS (Separate form to be completed)	(Separate form to be completed)

For Term Deposit Accounts Only

Term Deposit amount <input type="text"/>	Bank Use only If special conditions <input type="text"/> Interest Rate <input type="text"/>
Term of investment <input type="text"/> <input type="text"/>	
Maturity instructions <input type="text"/> <i>If Rollover at maturity</i>	
Interest payment Frequency <input type="text"/>	Account for Credit Principal / Interest <input type="text"/>

PART 2 - ACCOUNT STATEMENT

How would you like to receive your statement? Mail BRED Fiji Connect Not required
Not Recommended but if you do insist, please submit written request

PART 3 - AUTHORIZED SIGNATORIES

Refer to signature form

PART 4 - APPLICANT DECLARATION

- I/We have read a copy of the Terms and Conditions for this/these account(s) and agree that those Terms and Conditions(including the section on "Privacy") govern the operation of this/these account(s), by signing below and returning this form.
- I/We request you to recognise and act upon this authority or any variation of this authority until the branch of the Bank where the account(s) is/are conducted receives notice in writing from us, or any of us(in accordance with the method or operation), of the cancellation of this authority.
- I/We are aware that the account transactional conduct is expected to be within, or in general agreement with the entity's financial capacity. I/We further understand and agree that the Bank may from time to time enquire with me/us or other parties on certain aspects of the entity's transactions or account conduct as part of its regulatory anti-money laundering on-going monitoring compliance controls.
- I/We agree that the Bank reserves the right to change the terms & condition, interest rates, product features at any given time. It may do so in compliance to current regulatory disclosure requirements. Any change may be communicated either directly with me/us, Bank branches displays, Bank website or Facebook or via media advertisement.
- I/We agree that the Bank reserves the right to freeze or close the account without further notice in the event of any relationship conduct by the entity of that of its Shareholders, Directors, Officers or linked entity(s) which is deemed illegal or that it contravenes the Bank's compliance standards.
- VISA Debit Product - I/We understand, and agree to comply, with the Exchange Control Regulation \$10k monthly limit (or whichever is the current limit) for cross-border payments, and that any non-compliance may result in the withdrawal of the product.
- I/We agree to maintain an active account conduct, without which, resulting in an overdrawn status, the Bank may proceed to close the account without further notice.

Name of duly Authorised person <input type="text"/>	Name of duly Authorised person <input type="text"/>
Position <input type="text"/>	Position <input type="text"/>
Signature <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

PART 5 - BANK USE ONLY

Stage	Officer Name	Signature	Date
Preparing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check & Authorization	<input type="text"/>	<input type="text"/>	<input type="text"/>