



**A. TYPE OF ACCOUNT**

Tick as appropriate  Loan  Term Deposit  Savings  New  Cheque

Name:

Any existing account with HFC?  Yes  No Existing Account #:

Is this your first bank account?  Yes  No

FOR OFFICE USE: Account #:

**B. CUSTOMER PERSONAL DETAILS**

**MAIN APPLICANT**  Mr  Mrs  Miss  Ms

Given names

Surname

Fathers name

Home address

Postal address (if different from home)

Email address

Contact: Home #  Work #  Mobile #  Fax #

Date of birth  Male  Female  Marital status

Tax #:

Occupation

Employer name

Employer address

Classification Code  Fiji Resident  Non Fiji Resident - (Complete FATCA form for US Resident)

Is the Customer i) a 'Politically Exposed Person - PEP\*\*'?  Yes  No ii) related to a 'Politically Exposed Person - PEP\*\*'?  Yes  No

**JOINT APPLICANT**  Mr  Mrs  Miss  Ms

Given names

Surname

Fathers name

Home address

Postal address (if different from home)

Email address

Contact: Home #  Work #  Mobile #  Fax #

Date of birth  Male  Female  Marital status

Tax #:

Occupation

Employer name

Employer address

Classification Code  Fiji Resident  Non Fiji Resident - (Complete FATCA form W-8BEN for US residents)

Is the Customer i) a 'Politically Exposed Person - PEP\*\*'?  Yes  No ii) related to a 'Politically Exposed Person - PEP\*\*'?  Yes  No

**C. ADDITIONAL INFORMATION**

i) Next of kin

ii) Joint accounts   
 Account name:

iii) Do you wish to register for Internet Banking/Mobile Banking?  Yes  No

iv) Term Deposits:  
 Principal amount (\$):  Term invested (months):  Interest rate (%):   
 Interest payment frequency:  Automatic rollover upon maturity:  Yes  No  
 Interest payment mode / on maturity:  Add to principal OR  Direct deposit to bank account  
 Bank:  Account #:   
 Account name:   
 Post or personal collection   
 Interest only payment  and reinvest principal for a like term  
 Lien amount (if applicable):  Lien account #:   
 Lien account name:

v) Third party authority details: (Please fill the Agents Authority Form)

Full name:	<input type="text"/>	Relationship:	<input type="text"/>
Date of birth:	<input type="text"/>	Authority note:	<input type="text"/>
Occupation::	<input type="text"/>	Authority level:	<input type="text"/>
Signature:	<input type="text"/>	Relationship:	<input type="text"/>

\* Fiji FIU Financial Transactions Reporting Act - Guideline 4, Part 2 - Item #14. A "politically exposed person" is any personal who is or has been entrusted with any prominent public function. For example a Head of State or government, senior politician, a senior government/judicial/military official, a senior executive of a state owned corporation and important political party official.

**D. SOURCE OF FUNDS FOR NEW ACCOUNT**

**E. CUSTOMER DECLARATION AND ACKNOWLEDGEMENT**

I/We agree:

- HFC Bank has rights to access to, and variation of, personal information supplied in this form.
- In case of loan, we declare that I/we are not less than 18 years of age or an undischarged bankrupt(s). I/we confirmed that there is no pending judgement/civil or bankruptcy action against me/us. I/we accept that my/our account shall be reviewed annually by HFC Bank to determine the ongoing safety of the debt with the organisation and all information that shall be required by HFC Bank will be provided by me/us.

I/We authorise/confirm:

- HFC Bank to obtain a credit report from any credit reporting agency about me/us which can include my credit worthiness, credit history or credit capability and/or obtain from other Financial Institutions report/information may be given and used to assess credit application or account review, to assess my credit worthiness, to assist me/us to avoid default and to notify other credit providers of any default by me/us.
- HFC Bank recover from me/us any fees, government charges/taxes imposed on transactions on/or which relate to my/our accounts.
- In case of loan, I/we confirm that there is no suffering from sickness that would affect my/our employment thus affecting the serviceability of the loan at HFC Bank. That the credit provided will be applied wholly or predominantly for the purpose for the project mentioned in the loan application. I/we confirm that any previous withdrawal of funds from FNPF (if any) have been declared to HFC Bank.

- HFC Bank to communicate to me/ us electronically through emails, Short Message Services (SMS) and or any other means, regarding my accounts, any news and messages including any product(s) promotions.

I/We acknowledge (that I/we have received/not received a copy of):

- The terms and conditions which apply to this account.
- The fees and charges that apply to this account.

I/We understand:

- That the terms and conditions of this application or account review will be subject to the Financial Transaction Reporting Act, Consumer Credit Act and any other statutory regulations governing such approvals from time to time. Inclusive of Foreign Account Tax Compliance Act for United States persons.
- That all legal, and other costs are payable by me/us and if any such payments including insurance premiums etc, HFC Bank may debit my/our account to pay these and levy appropriate fees.

**My/our signature below evidences my stated understanding, acknowledgement, authority and consent to all matters set out in this declaration.**

	<b>MAIN APPLICANT</b>	<b>JOINT APPLICANT</b>
Signature OR Thumbprint	<input type="text"/>	<input type="text"/>
Customer name:	<input type="text"/>	<input type="text"/>
Title:	<input type="text"/>	<input type="text"/>
Date:	<input type="text"/>	<input type="text"/>
<b>Witnessed by:</b>		
Name:	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>