

WHEN TO USE THIS FORM

Use this form if you do not have sufficient photo identification to:

1. Open a new bank account,
2. Update your details with the Bank, or
3. Reactivate your account.



In some cases, two (2) referee forms may be required. Our Bank Staff will let you know if this applies to you.

ACCEPTABLE REFEREES

Place a tick next to the applicable referee(s) who have completed this form

- | | |
|---|---|
| <input type="checkbox"/> Accountants registered with the CPA PNG | <input type="checkbox"/> Reputable commodity buyer (rural only) |
| <input type="checkbox"/> Commissioner of Oaths | <input type="checkbox"/> Headmaster of a Primary or Secondary School |
| <input type="checkbox"/> Lawyer with current practicing certificate | <input type="checkbox"/> Registered Medical Practitioner or Dentist |
| <input type="checkbox"/> BSP Bank Employee (Supervisor and above) | <input type="checkbox"/> Magistrate of the District Court/Village Court |
| <input type="checkbox"/> Manager at Customer's Employer | <input type="checkbox"/> District Health Manager or OIC of a Health Centre or Medical Clinic |
| <input type="checkbox"/> Local Level Government Councilor / Ward Council Member | <input type="checkbox"/> Serving Commissioned Officer of the PNG Defense Force (Designation of Major and above) |
| <input type="checkbox"/> Serving Police officer of RPNGC (Designation of Senior Sergeant and above) | |

REFEREE 1 INFORMATION

First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Occupation <input type="text"/>	Contact Number (Mobile or Phone) <input type="text"/>	BSP Account Number (Optional) <input type="text"/>

MAILING ADDRESS

PO Box <input type="text"/>	Post Code <input type="text"/>	Country <input type="text"/>
---------------------------------------	--	--

REFEREE 1 DECLARATION:

I declare that I am an acceptable referee as described above. I confirm that the person shown on the attached photo is the same person to whom I am referring and that I have known the applicant for a period of not less than 2 years.

Signature <input type="text"/>	Date <input type="text" value="DD / MM / YYYY"/>
--------------------------------	--

REFEREE 2 INFORMATION (only when applicable)

First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Occupation <input type="text"/>	Contact Number (Mobile or Phone) <input type="text"/>	BSP Account Number (Optional) <input type="text"/>

MAILING ADDRESS

PO Box <input type="text"/>	Post Code <input type="text"/>	Country <input type="text"/>
---------------------------------------	--	--

REFEREE 2 DECLARATION:

I declare that I am an acceptable referee as described above. I confirm that the person shown on the attached photo is the same person to whom I am referring and that I have known the applicant for a period of not less than 2 years.

Signature <input type="text"/>	Date <input type="text" value="DD / MM / YYYY"/>
--------------------------------	--

BANK USE ONLY

I confirm that the referee(s) has/have completed this form in full with all required information provided accurately. A passport-sized photo of the applicant is attached, and the referee(s) endorsing the form is/are among the Acceptable Referees listed above.

CIF Number <input type="text"/>	Actioning Officer <input type="text"/>	Checking Officer <input type="text"/>	Date <input type="text" value="DD / MM / YYYY"/>
---	--	---	--