



Income & Banking Customer KYC – PNG Retail

(This form replaces the Customer Needs Notepad. It must be completed and filed in the customer file)

Customer Name: _____

Date: ____/____/____

Income and Banking

Primary source of income/wealth: (select one)	<input type="checkbox"/> Salary	<input type="checkbox"/> Inheritance
	<input type="checkbox"/> Savings or Investment income	<input type="checkbox"/> Student allowance
	<input type="checkbox"/> Dependent on family member	<input type="checkbox"/> Non-Family sponsorship
	<input type="checkbox"/> Government payments	<input type="checkbox"/> Other (specify): _____

Purpose for banking services: (select one)	<input type="checkbox"/> Borrowing in-country	<input type="checkbox"/> Import/Export Trade arrangements
	<input type="checkbox"/> Business	<input type="checkbox"/> Investment
	<input type="checkbox"/> Employer Sponsored	<input type="checkbox"/> Migrant
	<input type="checkbox"/> Family	<input type="checkbox"/> Student
	<input type="checkbox"/> Holiday Travel	<input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> Humanitarian Work	

Types of expected customer activity

(select one or more)	<input type="checkbox"/> International Transfer in/out	<input type="checkbox"/> Domestic Transfer in/out
	<input type="checkbox"/> Cash Withdrawals	<input type="checkbox"/> Cash Deposits
	<input type="checkbox"/> Clearing Cheques	<input type="checkbox"/> Cheque Credits
	<input type="checkbox"/> Foreign Currency Exchange	<input type="checkbox"/> Other (specify): _____

Source of Funds

(select one or more)	<input type="checkbox"/> Personal Savings	<input type="checkbox"/> Proceeds from sale of assets
	<input type="checkbox"/> Salary/Compensation	<input type="checkbox"/> Remittances
	<input type="checkbox"/> Deposits from other banks	<input type="checkbox"/> Business turnover
	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Other (specify): _____

International Remittances (Please complete if you have selected this option above)

Estimated monthly value of remittances (specify currency(s))	\$ _____
Primary country where remittances will be received from	_____
Primary country where remittances will be sent to	_____
What frequency do you intend to remit fund offshore	_____
What frequency do you intend to receive offshore remittances	_____
What is the intended purpose of remittances	_____ _____ _____

Company, Trust Partnership, Association or Business (Please complete if you are a legal entity)

What is the purpose of your Company, Trust Partnership, Association or Business	_____
Is any of the capital required to be transferred to another person within the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No