



FOR KFL USE ONLY

Source:

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Existing New

Receipt No/Bank

PERSONAL TERM DEPOSIT APPLICATION FORM

Date

Account Holder Details Title Mr Ms Mrs

Account Name

Status Individual Joint Minor Account Classification Resident Non-Resident Dual Citizen Interest Payment Option Income Option Growth Option Paid on Maturity Non-face-face

Primary Account Holder – Personal Details **Secondary Account Holder – Personal Details**

<input type="checkbox"/> New Customer	Account Number <input type="text"/>	<input type="checkbox"/> New Customer	Account Number <input type="text"/>
<input type="checkbox"/> Existing Customer	Code KFL Use Only <input type="text"/>	<input type="checkbox"/> Existing Customer	Code KFL Use Only <input type="text"/>
Applicant Name <input type="text"/>		Applicant Name <input type="text"/>	
Father's Name <input type="text"/>		Father's Name <input type="text"/>	
Date of Birth <input type="text"/>		Date of Birth <input type="text"/>	
Phone No: Mobile <input type="text"/>		Phone No: Mobile <input type="text"/>	
Landline <input type="text"/>		Landline <input type="text"/>	
Occupation <input type="text"/>		Occupation <input type="text"/>	
Employer/Business Details (Name, Address, Phone) <input type="text"/>		Employer/Business Details (Name, Address, Phone) <input type="text"/>	
Tax Identification Number <input type="text"/>		Tax Identification Number <input type="text"/>	
Residential Address <input type="text"/>		Residential Address <input type="text"/>	
Postal Address <input type="text"/>		Postal Address <input type="text"/>	
Email Address <input type="text"/>		Email Address <input type="text"/>	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Name of Spouse <input type="text"/>		Name of Spouse <input type="text"/>	
Occupation of Spouse <input type="text"/>		Occupation of Spouse <input type="text"/>	

Term Deposit Details

Amount (FJD) <input type="text"/>	Rate <input type="text"/> % p.a.	Term <input type="text"/> months
Start Date <input type="text"/>	End Date <input type="text"/>	Industry Classification <input type="text"/> KFL USE ONLY
Source of Funds (Provide Supporting Document) <input type="text"/>		
Operational Instruction <input type="checkbox"/> Anyone to Sign <input type="checkbox"/> All to Sign <input type="checkbox"/> Jointly <input type="checkbox"/> Others (Specify) <input type="text"/>		
(Signing Authority for Joint Accounts Only) <input type="text"/>		

Bank Account Details

Bank Name:

Account Number:

Account Name:

 Internal Account External Account**Interest Payment Option**

Income Option	<input type="checkbox"/>	Interest Payment Frequency (Select ONE Only)	Growth Option	<input type="checkbox"/>	Interest Payment Frequency (Select ONE Only)
		Monthly			
		Quarterly			Quarterly
		Half Yearly			Half Yearly
		Annually			Annually
		On Maturity			

Applicant Declaration

I/We hereby declare that I/we have carefully read and understood the Product Disclosure Brochure relating to this Term Deposit before acquiring it. I/We acknowledge that I/we have been explained, and fully understand that my/our Term Deposit Account will only be opened upon submission of all required documents along with a fully completed and signed application form(s) to Kontiki Finance Ltd. I/We also declare that the information provided in this application form is true and correct as at the date of opening this account. I/We further agree to update Kontiki Finance Ltd on any changes in my/our personal profile.

Applicant Signature

Applicant Name:	<input type="text"/>	Applicant Name:	<input type="text"/>
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>
Left Thumb Print (case-by case basis)	<input type="text"/>	Left Thumb Print (case-by case basis)	<input type="text"/>

FOR KFL USE ONLY**TERM DEPOSIT CHECKLIST**

I, _____ of Kontiki Finance Limited hereby declare that I have verified the following, an evidential copy is attached herewith;

Personal / Individual Customers:

- ✓ Photo ID (Valid Driver's License/Valid Passport/TIN Card/Old FNPF Card/Voter I.D.)



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(we may require 2 photo ID's on a case-by-case basis)

- ✓ Verification of Residential Address (Valid Driver's License/Water Bill FEA Bill/Unwired Internet Bill/Rates/Voter I.D)
 - ✓ Source of Funds & Verification of Source of Funds
 Bank statement copy is mandatory if funds was drawn from your bank/access account, along with relevant supporting documents like FNPF Letter, Insurance Policy Statement, Sales & Purchase Agreement, Settlement Document from Court or Statutory Declaration (case-by-case situation)
- (Supporting document(s) should verify how the funds were obtained). There should be traceability in the supporting documents provided showing movement of funds into your account then to Kontiki Finance Limited or Kontiki finance Limited's Bank Account)*
- ✓ Verification of Signature (Valid Driver's License/Valid Passport/TIN Card/Old FNPF Card Thumb Print (case by case situation)
 - ✓ Receipt No. or Bank Direct Deposit Documents Attached
 - ✓ Tax No. Verification/COE (Optional)

Please specify any other Customer Identification Undertaken:

- ✓ **Non-Resident Accounts** – Valid Work/Student Permit from Department of Immigration,
- ✓ Valid Passport +Confirmation Letter from Employer & Contract/Student status document issued by the education institution in Fiji + Another photo ID + Normal due diligence process stated in a(i) above.
- ✓ **Minor Account** – Birth Certificate & TIN for the Minor + Normal ID requirements/ due diligence process for the Trustee.
- ✓ **Variation in Name** – Obtain Deed Poll or Birth Certificate or Marriage Certificate or obtain both Marriage & Birth Certificate or Statutory Declaration.
- ✓ **Insufficient Evidential documents for Source of Funds & Residential Address Verification** – Submit Letter of Identification by Referee or Statutory Declaration.

Signed by:	
Name & Position:	
Date:	