



INVESTMENT ACCOUNT APPLICATION FORM

A. TYPE OF ACCOUNT

Tick as appropriate

Tupulaki TD – Individuals & SMEs       Tupu Mai Saver  
 Tupulaki TD - Retail                       Tupu Ange Saver  
 Tupu Lahi Saver

Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Any existing account with TDB  Yes  No

Existing Account #: \_\_\_\_\_

B. CUSTOMER PERSONAL DETAILS

MAIN APPLICANT

Mr     Mrs     Miss     Ms

Given names \_\_\_\_\_

Surname \_\_\_\_\_

Home address \_\_\_\_\_

Postal address (if different from home) \_\_\_\_\_

Email address \_\_\_\_\_

Contact \_\_\_\_\_ Home # \_\_\_\_\_ Mobile # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female  Marital Status

Tax #: \_\_\_\_\_

Occupation \_\_\_\_\_ *Date commenced with current employment* \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

JOINT APPLICANT

Mr     Mrs     Miss     Ms

Given names \_\_\_\_\_

Surname \_\_\_\_\_

Home address \_\_\_\_\_

Postal address (if different from home) \_\_\_\_\_

Email address \_\_\_\_\_

Contact \_\_\_\_\_ Home # \_\_\_\_\_ Mobile # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female  Marital Status

Tax #: \_\_\_\_\_

Occupation \_\_\_\_\_ *Date commenced with current employment* \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

**CORPORATE APPLICANT**

Company  Associations  State owned  Sole traders/partnerships

Company Name

Registration Office Address

(if different from Registered office Address)

Postal address

Email address

Phone #  Work#   
Fax #  Mobile #

Tax #:

Type of Business  Incorporation Date  Registration No.

**C. ADDITIONAL INFORMATION**

i) Classification Code  Tongan/Tongan Resident  Non Tongan Resident

ii) Is the customer a "Political Exposed Person - PEP" or "Special Interest Person - SIP"?  Yes  No

iii) Is the customer related a "Political Exposed Person - PEP" or "Special Interest Person - SIP"?  Yes  No

iv) Next of kin

v) Additional Accounts:

Account Name and Number:

vi) Term Deposits:

Principal amount (\$)  Term (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 Name:  Account #:

Post or personal collection

Interest only payment  and invest principal for a like term

Source of Fund:

Lien amount (if applicable)  Lien account #:

Lien account name:

vii) Third party authority details:

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"/>		

**D. CUSTOMER DECLARATION AND ACKNOWLEDGEMENT**

I/We agree:

- TDB 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 21 years of age or an discharged 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 TDB to determine the on-going safety of the debt with the organisation and all information that shall be required by TDB will be provided by me/us.

I/We authorise/confirm:

- TDB 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.
- TDB 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 TDB.

That the credit provided will be applied wholly or predominantly for the purpose of the project mentioned in the loan application.

- TDB 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 Anti-Money Laundering legislative requirements and any other statutory regulations governing such approvals from time to time. Inclusive of Income Tax Act.
- That all legal, and other costs are payable by me/us and if any such payments. TDB 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.*

**MAIN APPLICANT**

**JOINT APPLICANT**

Signature OR Thumbprint:



Customer name:

--

--

Title:

--

--

Date:

--

--

**Witnessed by:**

Name:

--

--

Signature:



Address:

--

--

Occupation:

--

--

**CORPORATE APPLICANT**

I/We authorise those given below to operate the account shown below:

1. Name: \_\_\_\_\_ Witness: \_\_\_\_\_
2. Name: \_\_\_\_\_ Witness: \_\_\_\_\_
3. Name: \_\_\_\_\_ Witness: \_\_\_\_\_
4. Name: \_\_\_\_\_ Witness: \_\_\_\_\_
5. Name: \_\_\_\_\_ Witness: \_\_\_\_\_

1. Need one signatory.
2. Need both signatory.
3. Need \_\_\_signatories out of \_\_\_signatories

Special Statement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Received by: \_\_\_\_\_

Approved by: \_\_\_\_\_



**SIGNATURE CARD FOR CUSTOMERS**

Branch :

Account Name:  Account Number:

Account Opening Date:

SIGNATORIES TO ACCOUNT (PRINT OR CLEARLY TYPE)					
Name of account holder (1)		Name of account holder (2)		Name of account holder (3)	
Surname:		Surname		Surname	
First Name:		First Name:		First Name:	
Other Names:		Other Names:		Other Names:	
Date of Birth:		Date of Birth:		Date of Birth:	
Phone #:		Phone #:		Phone #:	
Email:		Email:		Email:	
Specimen Signatures/Thumbprint	Witness to Signature/Thumbprint	Specimen Signatures/Thumbprint	Witness to Signature/Thumbprint	Specimen Signatures/Thumbprint	Witness to Signature/Thumbprint
Witness Name:		Witness Name:		Witness Name:	
Occupation:	Contact:	Occupation:	Contact:	Occupation:	Contact:
MODE OF OPERATION	Either to Operate/All to Operate/Minimum of 2 to operate (please delete the one which is not applicable)	Initial Account holder (1)	Initial Account holder (2)	Initial Account holder (3)	
TDB USE ONLY					
VERIFIED BY		Preparing Officer's Name & Signatures		Authorising Officer's Name & Signatures	Branch Stamp
Additional Information:		Connected Accounts at TDB:			
		Connected Accounts in Other Financial/Credit Institutions:			
(Passport size photo provision in case of Thumbprint)		(Passport size photo provision in case of Thumbprint)		(Passport size photo provision in case of Thumbprint)	