



BPNG TBILLS - TAP ISSUE

Application Form

APPLICATION DATE:

NEW INVESTMENT:

ROLL-OVER:

(Select appropriate box)

CUSTOMER ID NO:

(Customer - RAN)

SECURITY SERIES

TERM: days

RATE: % p.a

(Auction rate less margin)

INVESTMENT AMOUNT: K

(Total Face Value)

SETTLEMENT VALUE: K

ROLL-OVER AMOUNT: K

(Proceed from maturity)

ADDITIONAL AMOUNT: K

EXTERNAL REF:

(Date/time of application)

INVESTOR NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

MOBILE: _____

EMAIL: _____

SIGNATURE: _____

"BANK OF PAPUA NEW GUINEA USE ONLY"

Payment Details

PAYMENT DATE: _____

SETTLEMENT DATE: _____

PAYMENT AMOUNT: K

CHEQUE NO: _____

(Payment Number)

BANK: _____

BRANCH: _____

Registry Officer: _____

Date: _____

Money Markets Officer (Dealer): _____

Date: _____

Checking Officer: _____

Date: _____

Status: _____

Approving Officer: _____

Date: _____

Status: _____