



THE STATIONERY SUPERMARKET

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NCD, PNG  
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www.theodist.com.pg

# Cheque Account Application

## A. COMPANY INFORMATION

Name of Company \_\_\_\_\_ IPA No. \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Registered Address \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Email \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Date of Incorporation \_\_\_\_\_

### Details of Partners/Directors

Full Name	Private Address
_____	_____
_____	_____
_____	_____

Please tick applicable:  Sole Trader  Partnership  Limited Company

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ Account No \_\_\_\_\_

## B. CONTACT DETAILS

### Contact Name for Accounts:

Name _____	Phone _____	Fax _____	Email _____
Name _____	Phone _____	Fax _____	Email _____

### Authorized Officers

Name _____	Phone _____	Fax _____	Email _____
Name _____	Phone _____	Fax _____	Email _____

### Trade References (minimum 3)

Trading Name	Address/Telephone No.	Contact Name
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

P. O. Box 1618 Boroko, NCD  
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Email: accounts@theodist.com.pg

**Please Note:**

1. Please enclose your IPA certificate copy with this application form.
2. Attach supporting documents to confirm address and contact details. (Eg. Business Card / Yellow Pages copy)
3. Director/Proprietor to sign on each and every page.
4. Attach Director/Proprietor passport/driver licence copies.

**Suggested Cheque Limit K \_\_\_\_\_**

**GUARANTEE AGREEMENT**

Dated the \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

In consideration of your granting Cheque facilities of up to K \_\_\_\_\_ I/We agreed to be bound by your terms which were understood to be settled for any dishonoured cheques that interests will be charged at a rate to be determined by the company not exceeding 5% per month on amounts unpaid until fully settled and in consideration of your giving the cheque facility at my/our request. I/We hereby, on behalf of the company, guarantee the payment of its account(s) with you.

**The COMMON SEAL of the applicant Company was hereinto affixed by authority of its Board of Directors**

**Director/Proprietor**

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact No \_\_\_\_\_

**Director/Proprietor**

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact No \_\_\_\_\_

**Witness**

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact No \_\_\_\_\_

**Witness**

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact No \_\_\_\_\_

**For THEODIST LTD use only**

Approved Cheque limit K \_\_\_\_\_  
(Amount in words)

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