Opening Accounts for Personal Customers

Please complete this form in BLOCK LETTERS

NBS
NELSON BUILDING SOCIETY

Applicant 1 - NBS Client No. ☐☐☐☐☐☐☐

Personal details - Applicant 1

Title | Full Name | Preferred Name

Date of Birth DD/MM/YY | Gender | Marital Status | Maiden Name

Phone Number - Daytime | Phone Number - Home | Phone Number - Mobile | Fax

Email | Preferred Method of Contact

Residential Address (Verification required i.e. Phone/Power bill)

NUMBER & STREET | SUBURB

TOWN/CITY | POST CODE | COUNTRY

Previous Address (If less than 3 years)

Postal Address (If different from above)

NUMBER & STREET/BOX NUMBER | SUBURB

TOWN/CITY | POST CODE | COUNTRY

Primary ID - Type & Number (If you are using a NZ Driver Licence, please also provide the card version number 5b.) | Expiry

Secondary ID - Type & Number (If you are using a NZ Driver Licence, please also provide the card version number 5b.) | Expiry

Occupation (If self-employed, please detail nature of business) | Full-Time/Part-Time/Casual

Employers Details

NAME | ADDRESS - NUMBER & STREET/BOX NUMBER

TOWN/CITY | POST CODE | COUNTRY

Length of Employment (Years & Months) | Previous Employer (If less than 3 years)

Annual Personal Income | Primary Source of Income (Please specify - salary/wages/drawings, superannuation payments, investment income)

Tax details

*IRD Number

☐☐☐☐☐☐☐☐☐

If you are a New Zealand Resident, which tax rate do you want to apply to interest earned on deposits?

*RWT Rate (Tick one box) ☐ 10.5% ☐ 17.5% ☐ 30% ☐ 33%

*If you do not provide an IRD number and a selected tax rate, the non-declared RWT rate will apply of 33%

Are you a US cititzen? ☐ Yes ☐ No

Main country of tax residency

THIS IS THE MAIN COUNTRY WHICH HAS THE RIGHT TO TAX YOUR WORLDWIDE INCOME.

Additional country(s) of tax residency (if any)

LIST THE ADDITIONAL COUNTRY(S) OF WHICH YOU ARE A TAX RESIDENT

Foreign Tax Identification Number(s)

YOUR IDENTIFICATION NUMBER FOR TAX PURPOSES IN A PARTICULAR COUNTRY

Personal Account Access - Applicant 1

Debit Card Access — Yes ☐ No ☐ — Linked to Suffix ☐☐ (CHQ), ☐☐ (SAV) — Circle Suffix for Fast Cash

Card Personalisation

Internet Banking — Yes ☐ No ☐ — Linked to Suffix ☐☐, ☐☐, ☐☐, ☐☐ OR ☐ All Suffixes

Other Instructions

Mobile Banking — Yes ☐ No ☐ — Linked to Suffix ☐☐, ☐☐, ☐☐, ☐☐ OR ☐ All Suffixes

Other Instructions

Cheque Book Required — Yes ☐ No ☐

Deposit Book Required — Yes ☐ No ☐

Cheque/Deposit Book Personalisation

Applicant 2 - NBS Client No. ☐☐☐☐☐☐☐

Personal details - Applicant 2

Title | Full Name | Preferred Name

Date of Birth DD/MM/YY | Gender | Marital Status | Maiden Name

Phone Number - Daytime | Phone Number - Home | Phone Number - Mobile | Fax

Email | Preferred Method of Contact

Residential Address (Verification required i.e. Phone/Power bill)

NUMBER & STREET | SUBURB

TOWN/CITY | POST CODE | COUNTRY

Previous Address (If less than 3 years)

Postal Address (If different from above)

NUMBER & STREET/BOX NUMBER | SUBURB

TOWN/CITY | POST CODE | COUNTRY

Primary ID - Type & Number (If you are using a NZ Driver Licence, please also provide the card version number 5b.) | Expiry

Secondary ID - Type & Number (If you are using a NZ Driver Licence, please also provide the card version number 5b.) | Expiry

Occupation (If self-employed, please detail nature of business) | Full-Time/Part-Time/Casual

Employers Details

NAME | ADDRESS - NUMBER & STREET/BOX NUMBER

TOWN/CITY | POST CODE | COUNTRY

Length of Employment (Years & Months) | Previous Employer (If less than 3 years)

Annual Personal Income | Primary Source of Income (Please specify - salary/wages/drawings, superannuation payments, investment income)

Tax details

*IRD Number ☐☐☐☐☐☐☐☐☐

If you are a New Zealand Resident, which tax rate do you want to apply to interest earned on deposits?

*RWT Rate (Tick one box) ☐ 10.5% ☐ 17.5% ☐ 30% ☐ 33%

*If you do not provide an IRD number and a selected tax rate, the non-declared RWT rate will apply of 33%

Are you a US cititzen? ☐ Yes ☐ No

Main country of tax residency

THIS IS THE MAIN COUNTRY WHICH HAS THE RIGHT TO TAX YOUR WORLDWIDE INCOME.

Additional country(s) of tax residency (if any)

LIST THE ADDITIONAL COUNTRY(S) OF WHICH YOU ARE A TAX RESIDENT

Foreign Tax Identification Number(s)

YOUR IDENTIFICATION NUMBER FOR TAX PURPOSES IN A PARTICULAR COUNTRY

Personal Account Access - Applicant 2

Debit Card Access Yes ☐ No ☐ Linked to Suffix ☐☐ (CHQ), ☐☐ (SAV) Circle Suffix for Fast Cash

Card Personalisation

Internet Banking Yes ☐ No ☐ Linked to Suffix ☐☐, ☐☐, ☐☐, ☐☐ OR ☐ All Suffixes

Other Instructions

Mobile Banking Yes ☐ No ☐ Linked to Suffix ☐☐, ☐☐, ☐☐, ☐☐ OR ☐ All Suffixes

Other Instructions

Cheque Book Required Yes ☐ No ☐

Deposit Book Required Yes ☐ No ☐

Cheque/Deposit Book Personalisation

Account Requirements

Delivery and Frequency of Statement

☐ Email ☐ Post ☐ Monthly ☐ Quarterly ☐ Half Yearly

NBS Account Number

☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐

Please open the following account(s)

ACCESS ☐ ☐☐ ☐☐

CHEQUE ☐ ☐☐ ☐☐

CALL ☐ ☐☐ ☐☐

TARGET ☐ ☐☐ ☐☐

CAREER LAUNCHER ☐ ☐☐ ☐☐

YOUTH ☐ ☐☐ ☐☐

TERM INVESTMENT ☐ ☐☐ ☐☐

Amount of Investment | **Investment Term** | **Investment Interest Rate p.a.**

Interest Payments

☐ Paid on Maturity OR ☐ Paid Monthly OR ☐ Paid Quarterly

Maturity Details

☐ Interest - Automatically Reinvest OR Credit Account No. ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐

☐ Principal - Automatically Reinvest OR Credit Account No. ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐

Amount of Investment | **Investment Term** | **Investment Interest Rate p.a.**

Interest Payments

☐ Paid on Maturity OR ☐ Paid Monthly OR ☐ Paid Quarterly

Maturity Details

☐ Interest - Automatically Reinvest OR Credit Account No. ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐

☐ Principal - Automatically Reinvest OR Credit Account No. ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐

Types of Expected Account Activity

Cash Deposit/ Withdrawal ☐ Cheque Deposits ☐ Cheques Issued ☐ Transfer in/out ☐ Telegraphic Transfer in/out ☐ Other (Please Specify)

Country

OVERALL PURPOSE OF ACCOUNT

Signing Rule - Please tick just ONE box.

☐ anyone can sign by themselves OR ☐ at least ____ must sign together OR ☐ all signatories must sign together

Note: If you choose a rule that requires more than one signature and in an event such as death or removal of a signatory that would result in insufficient signatories to enable signing in accordance with this rule, then all remaining signatories must sign together until such time as the relevant Account Holders expressly change the rules.

Full Name: _____

Date DD/MM/YY: _____ Signature:

By signing you are bound by the conditions on the reverse and NBS General Terms & Conditions.

Full Name: _____

Date DD/MM/YY: _____ Signature:

By signing you are bound by the conditions on the reverse and NBS General Terms & Conditions.

Declaration

I/We understand that:
I/We authorise NBS to use all information they hold about me/us now or in the future to make available to me/us the full range of financial services offered by them.

I/We have the right to access and correct this information subject to the provisions of the Privacy Act 1993.

This information will also be referred to as a record of the interview with me/us during which this information was collected

I/We

- Agree to be bound by the Terms & Conditions set out in this application in addition to any other conditions which may apply
- Acknowledge having been provided with NBS General Terms & Conditions brochure and agree to be bound by the terms set out in the brochure as amended or replaced from time to time
- Acknowledge having been provided with a Product Disclosure Statement prior to the account(s) being opened where investments are being made into a Term Deposit
- Agree to read the NBS General Terms & Conditions brochure as it contains important statements about my/our rights and obligations
- Certify all information supplied in this application, including the Schedule of Extra Signatories (if any) is true, correct and complete in every respect and understand that if it is not true, correct and complete, this application may be declined and/or I/We may be liable to NBS.

I/We authorise

- The Signatories named in this Authority to operate this account(s) and do everything relating to your relationship with NBS for this account (this is called banker/customer relationship), and is provided in the NBS General Terms & Conditions
- Other Signatories to be added or removed from this Authority
- The Authority is to apply to accounts over page in Section 1 and in the Schedule of Extra Account numbers (if any) - subject to your signing rule - and nobody can delegate the authority you have given them.

Where
I/We wish to apply for finance:
I/We acknowledge all applications for finance are subject to NBS lending criteria.

I/We certify all information supplied in this review is true, correct and complete in every respect and understand if it is not true, correct and complete, this application may be declined.

I/We authorise NBS to make all necessary enquiries (now or throughout the life of any account issued as a consequence of this application) concerning my/our credit record, Ministry of Justice (overdue court fines), residence, employment, financial status, or any information provide by me/us in this application for purposes related to provisions of credit to me/us, from whatever source NBS considers appropriate, including any credit reporting agency NBS has a subscriber agreement with (currently Veda Advantage) and I/we authorise any party approached to produce such information to NBS.

I/We authorise NBS to disclose my/our relevant personal information (including default information) to such credit reporting agencies and I/we also understand that such credit reporting agencies will use the information provided to them by NBS, to update their credit reporting data bases and may disclose any information they hold on me/us to their own customers.

NBS may also use the credit reporting agency's monitoring service to receive updates, if any, of the information it holds about me/us.

I/We authorise NBS to disclose my/our relevant personal information (including default information) to any person NBS may appoint to collect any outstanding debt.

I/We agree to be bound by any conditions set out in any finance application in addition to any other conditions which may be imposed by NBS.

Confirmation of Identity:
NBS are, or may be, required to verify the identity of the people listed in this form and certain other information provided in this form. Please refer to NBS' list of acceptable verification documentation available at www.nbs.co.nz.

Receiving and acting on instructions by fax, phone, electronic communication or other means
As part of doing business, NBS may communicate with you by fax, phone, electronic communication and may accept fax, phone, electronic or other instructions in the course of bank/customer relationship.

However, NBS:

- Is not obliged to accept them
- Will not be liable to you or any other party if the instructions are unauthorised, forged or fraudulently given and NBS could not have reasonably detected that from the instructions received.

I/We indemnify NBS
To the maximum extent permitted by law, I/We will indemnify NBS for its losses in acting on such instructions.

Adding or removing signatories to/from the authority
Additional Signatories may be appointed and any Signatory may be removed only by notice in writing to NBS signed in the same manner by the Account Holder(s) as this form.

I verify that CDD for the above applicant(s) is complete
NBS Staff Member **DATE STAMP**

NBS Additional Account Form (Personal)

NELSON BUILDING SOCIETY

Please complete this form in BLOCK LETTERS

Applicant 1

Client Number

Title | First Name(s)

Surname | Date of Birth

Occupation/Job Title

Employers Name

Nature of Business (if self employed)

Applicant 2

Client Number

Title | First Name(s)

Surname | Date of Birth

Occupation/Job Title

Employers Name

Nature of Business (if self employed)

ADDITIONAL ACCOUNT(S) REQUIRED

NBS Account Number

Please open the following account(s)

ACCESS ☐ | **CHEQUE** ☐ | **CALL** ☐ | **TARGET** ☐ | **CAREER LAUNCHER** ☐ | **YOUTH** ☐

TERM INVESTMENT ☐

Delivery and Frequency of Statement

☐ Email ☐ Post ☐ Monthly ☐ Quarterly ☐ Half Yearly

Amount of Investment | **Investment Term** | **Investment Interest Rate p.a.**

Interest Payments

☐ Paid on Maturity OR ☐ Paid Monthly OR ☐ Paid Quarterly

Maturity Details

☐ Interest - Automatically Reinvest OR Credit Account No.

☐ Principal - Automatically Reinvest OR Credit Account No.

Cheque Book Required Yes ☐ No ☐

Deposit Book Required Yes ☐ No ☐

Cheque/Deposit Book Personalisation

Debit Card Access Yes ☐ No ☐

Card Personalisation

Card Personalisation

Internet Banking Access Yes ☐ No ☐

NBS Mobile Access Yes ☐ No ☐

ACCOUNT ACTIVITY & SIGNING INSTRUCTIONS

Types of Expected Account Activity	Cash Deposit/ Withdrawal ☐	Cheque Deposits ☐	Cheques Issued ☐	Transfer in/out ☐	Telegraphic Transfer in/out ☐	Other (Please Specify)

OVERALL PURPOSE OF ACCOUNT

Please tick just ONE box. If you don't tick anything, we will default to the existing signing rule held.

☐ anyone can sign by themselves OR ☐ at least ____ must sign together OR ☐ all signatories must sign together

Note: If you choose a rule that requires more than one signature and in an event such as death or removal of a signatory that would result in insufficient signatories to enable signing in accordance with this rule, then all remaining signatories must sign together until such time as the relevant Account Holders expressly change the rules.

Declaration

I/We

- Agree to be bound by the Terms & Conditions set out in this application in addition to any other conditions which may apply
- Acknowledge having been provided with NBS General Terms & Conditions brochure and agree to be bound by the terms set out in the brochure as amended or replaced from time to time
- Agree to read the NBS General Terms & Conditions brochure as it contains important statements about my/our rights and obligations
- Acknowledge having been provided with an NBS Product Disclosure Statement
- Certify all information supplied in this application, is true, correct and complete in every respect and understand that if it is not true, correct and complete, this application may be declined and/or I/We may be liable to NBS.

What you have authorised. You authorise

- The Signatories named in this uthority to operate this account(s) and do everything relating to your relationship with NBS for this account(s) (this is called banker/customer relationship), and is provided in the NBS General Terms & Conditions
- Other people to be added to or removed from this Authority
- This Authority is to apply to accounts over page - subject to your signing rule - and nobody can delegate the authority you have given them.

Receiving and acting on instructions by fax, phone, electronic communication or other means

As part of doing business, NBS may communicate with you by fax, phone, electronic communication and may accept fax, phone, electronic or other instructions in the course of bank/customer relationship.

However, NBS:

- Is not obliged to accept them
- Will not be liable to you or any other party if the instructions are unauthorised, forged or fraudulently given and NBS could not have reasonably detected that from the instructions received.

I/We indemnify NBS

To the maximum extent permitted by law, I/We will indemnify NBS for its losses in acting on such instructions.

Adding or removing signatories to/from the authority

Additional Signatories may be appointed and any Signatory may be removed only by notice in writing to NBS signed in the same manner by the Account Holder(s) as this form.

Full Name: _____

Date DD/MM/YY: _____ Signature: _____

Full Name: _____

Date DD/MM/YY: _____ Signature: _____

I verify that CDD for the above client(s) is complete

NBS Staff Member **DATE STAMP**

NBS Non-Individual Account Application

(For new/additional accounts and updating of customer details)
Please complete this form in BLOCK LETTERS

NBS
NELSON BUILDING SOCIETY

1. Applicant Information - this MUST be completed for ALL Customers

Type of Organisation (select one)

Private Company ☐ Public Company ☐ General Partnership ☐ Limited Partnership ☐ Sole Trader ☐

Do you operate as a Charity? ☐ Yes ☐ No

If 'yes' - What is the objective/purpose of the Charity?

Full Name of Customer

Company Number

Name and Location of Parent Company (If a subsidiary company)

Registered Office Address (PO Box is not acceptable)

Postcode

Country (If not New Zealand)

Postal Address

Postcode

Country (If not New Zealand)

Phone Number

Fax Number

Website Address

Email Address

IRD/GST Number

Industry Code

Withholding Tax Rate

Company 28% ☐ 33% ☐

All Other Entities 10.5% ☐ 17.5% ☐ 30% ☐ 33% ☐

Exempt (if exempt, please attach a copy of your Exemption Certificate) ☐

Non Residents ☐
Please refer to FATCA or AEOI Reporting Requirements

Related Entities (if any)

Nature of Business

Registration or Inception Date (DD/MM/YY)

Types of Expected Account Activity	Cash Deposit/ Withdrawal ☐	Cheque Deposits ☐	Cheques Issued ☐	Transfer in/out ☐	Telegraphic Transfer in/out ☐	Other (Please Specify) ☐
						Country
	OVERALL PURPOSE OF ACCOUNT					

2. Account Requirements

NBS Account Number

Client Number

Account Information – Please open the following account(s)

Cheque ☐
New Account
Suffix

Access ☐
New Account
Suffix

On Call ☐
New Account
Suffix

Delivery and Frequency of Statement
Email ☐ Post ☐
Monthly ☐ Quarterly ☐ Half Yearly ☐

Term Investment
Amount of Investment $

Investment Term

Investment Interest Rate p.a.

New Account Suffix

Interest Payments
Paid on Maturity ☐ Paid Monthly ☐ Paid Quarterly ☐

Maturity Details
Interest ☐ Automatically Reinvest ☐ Credit Account Number
Principal ☐ Automatically Reinvest ☐ Credit Account Number

ATM/EFTPOS Card Access
Yes I/we would like an AccessDebit MasterCard for my/our Account(s) ☐

Internet Banking
Yes I/we would like to access my/our account(s) through Internet Banking ☐

Mobile Banking
Yes I/we would like Mobile Banking facilities ☐

Cheque Book/Card Personalisation

3. Account Signatories - to be completed by ALL customers

By signing this form and agreeing to be an Authorised Signatory on the Account you accept and agree to be bound by the terms and conditions.

SIGNATORIES FOR ACCOUNTS

1. Full Name

Position - Director, Partner, Beneficial Owner, Effective Controller (Signatory)

Date of Birth DD/MM/YY

DDI Number Mobile Number

Email Address

Residential Address (Verification required i.e. Phone/Power bill)

Postcode

Country

Occupation

Employer

Specimen Signature

Existing Customer

No ☐

Yes ☐ ▷ ☐☐☐☐☐☐☐☐

Specify Customer Number & update customer details where necessary

NBS USE ONLY - Accepted by

Primary ID

Secondary ID

2. Full Name

Position - Director, Partner, Beneficial Owner, Effective Controller (Signatory)

Date of Birth DD/MM/YY

DDI Number Mobile Number

Email Address

Residential Address (Verification required i.e. Phone/Power bill)

Postcode

Country

Occupation

Employer

Specimen Signature

Existing Customer

No ☐

Yes ☐ ▷ ☐☐☐☐☐☐☐☐

Specify Customer Number & update customer details where necessary

NBS USE ONLY - Accepted by

Primary ID

Secondary ID

3. Full Name

Position - Director, Partner, Beneficial Owner, Effective Controller (Signatory)

Date of Birth DD/MM/YY

DDI Number Mobile Number

Email Address

Residential Address (Verification required i.e. Phone/Power bill)

Postcode

Country

Occupation

Employer

Specimen Signature

Existing Customer

No ☐

Yes ☐ ▷ ☐☐☐☐☐☐☐☐

Specify Customer Number & update customer details where necessary

NBS USE ONLY - Accepted by

Primary ID

Secondary ID

Signing Instructions	Any Signatory to Sign alone ☐	Any two jointly ☐	Other (Applicable if more than two applicants) ☐
	Specify		

As per the current Anti-Money Laundering and Countering Financing of Terrorism Act NBS is required to collect the following information.

COMPANY - Provide full name, address and date of birth of each Director.

Full Name | Date of Birth DD/MM/YY

Physical Address

Postcode

Country

Full Name | Date of Birth DD/MM/YY

Physical Address

Postcode

Country

Full Name | Date of Birth DD/MM/YY

Physical Address

Postcode

Country

If there are more Directors, please provide details on a separate attached sheet.

PARTNERSHIP (Limited or General) - Provide full name, address and date of birth of each Partner.

Full Name | Date of Birth DD/MM/YY

Physical Address

Postcode

Country

Full Name | Date of Birth DD/MM/YY

Physical Address

Postcode

Country

Full Name | Date of Birth DD/MM/YY

Physical Address

Postcode

Country

If there are more Partners, please provide details on a separate attached sheet.

BENEFICIAL OWNERS - Provide full name, address and date of birth of each Beneficial Owner. (Owns more than 25%)

Full Name | Date of Birth DD/MM/YY

Physical Address

Postcode

Country

Full Name | Date of Birth DD/MM/YY

Physical Address

Postcode

Country

Full Name | Date of Birth DD/MM/YY

Physical Address

Postcode

Country

If there are more Beneficial Owners, please provide details on a separate attached sheet.

EFFECTIVE CONTROLLERS - Provide full name, date of birth, position and address of each Effective Controller (Office Holders)

Full Name | Date of Birth DD/MM/YY

Position

Physical Address

Postcode

Country

Full Name | Date of Birth DD/MM/YY

Position

Physical Address

Postcode

Country

Full Name | Date of Birth DD/MM/YY

Position

Physical Address

Postcode

Country

If there are more Effective Controllers, please provide details on a separate attached sheet.

Pursuant to the PRIVACY ACT 1993 the Nelson Building Society (NBS) advises that:

I. This form collects personal information about you;
II. The information is being collected to enable you to open and operate an account with NBS and to obtain the use of other NBS products and services, and to allow NBS to review the products and services provided now and in the future;
III. The intended recipients of the information are NBS, other providers of credit, collection agents and credit reference agencies;
IV. The information collected will be held at Nelson Building Society;
V. Failure to provide this information or provision of incorrect information may result in your application for NBS products, services or credit facilities being declined, or your being unable to open an account with NBS;
VI. You do have rights of access to, and correction of, personal information supplied to and held by NBS;
VII. I am authorised to provide information on behalf of the customer and evidence of this authority is provided; (if someone other than the individual supplies the information.)

I/we agree that my/our names, addresses, email addresses and phone numbers may be used by NBS to advise me/us of other NBS products or services, and
I/we authorise any other credit providers, collection agents and credit reference agencies to release at any time all personal information held by them, and
I/we authorise NBS to request information from the Ministry of Justice confirming whether or not my/our Court Fines are overdue, and
I/we authorise NBS to disclose to other credit providers, collection agents, credit reference agencies and any other party expressly authorised by me/us, at any time, personal information held by NBS.

Declarations

I/we declare: **The information I/we have provided is true and correct in all respects, that I/we have not withheld any information that would result in this application being declined and that I/we am/are not less than 18 years of age (if applying for credit facilities).**
I/we am/are not an undischarged bankrupt(s), subject to proceedings under the insolvency Act 1967, nor in default with any payment under any credit facility.
I/we have, as appropriate, been provided with, understand, and accept, NBS' General Terms and Conditions, Cheque Terms and Conditions, NBS Product Disclosure Statement, QFE Financial Advisor Disclosure Statement, AccessDebit MasterCard Card Holder Terms & Conditions of Use and Internet Banking Terms and Conditions.
In regard to any credit facilities with NBS I/we have been offered the option of discussing my/our insurance needs with a risk specialist and have accepted/declined this offer.
I/we understand and accept that I/we will be offered a range of interest rates and terms and declare that I/we will make my/our own determination and choose the rate and term that best suits my/our needs.

Name | Date

Signature

Name | Date

Signature

NBS USE ONLY - Customer Document Checklist

Application Completed	☐	ID Recorded and Scanned	☐☐	Address Verification Scanned	☐	Product Disclosure Statement Given	☐
QFE Disclosure Statement Given	☐	AML/CFT New Account Checklist Completed	☐	QFE Compliance Interview Checklist Completed	☐	Credit Check Completed (if applicable)	☐
Fire & General Insurance	☐	Risk Insurance	☐	KiwiSaver	☐	Loaded to Client Review List	☐

MANAGER/PERSONAL BANKER

DATE STAMP

CHECKED BY - Please print your name

NBS Non-Individual Account Application

(For new/additional accounts and updating of customer details)

Please complete this form in BLOCK LETTERS

NBS NELSON BUILDING SOCIETY

1. Applicant Information - this MUST be completed for ALL Customers

Type of Organisation (select one)

Trust ☐ Registered Charitable Trust ☐ Incorporated Society/Club ☐ Unincorporated Society/Club ☐ Co-operative ☐

Do you operate as a Charity? ☐ Yes ☐ No

If 'yes' - What is the objective/purpose of the Charity?

Full Name of Customer

Company Number

Name and Location of Parent Company (If a subsidiary company)

Registered Office Address (PO Box is not acceptable)

Postcode

Country (If not New Zealand)

Postal Address

Postcode

Country (If not New Zealand)

Phone Number

Fax Number

Website Address

Email Address

IRD/GST Number

Industry Code

Withholding Tax Rate

Company 28% ☐ 33% ☐

All Other Entities 10.5% ☐ 17.5% ☐ 30% ☐ 33% ☐

Exempt (if exempt, please attach a copy of your Exemption Certificate) ☐

Non Residents ☐
Please refer to FATCA or AEOI Reporting Requirements

Related Entities (if any)

Nature of Business

Registration or Inception Date (DD/MM/YY)

Types of Expected Account Activity	Cash Deposit/ Withdrawal ☐	Cheque Deposits ☐	Cheques Issued ☐	Transfer in/out ☐	Telegraphic Transfer in/out ☐	Other (Please Specify)
						Country
	OVERALL PURPOSE OF ACCOUNT					

2. Account Requirements

NBS Account Number

Client Number

Account Information – Please open the following account(s)

Cheque ☐
New Account
Suffix

Access ☐
New Account
Suffix

On Call ☐
New Account
Suffix

Delivery and Frequency of Statement

Email ☐ Post ☐

Monthly ☐ Quarterly ☐ Half Yearly ☐

Term Investment

Amount of Investment

$

Investment Term

Investment Interest Rate p.a.

New Account Suffix

Interest Payments

Paid on Maturity ☐ Paid Monthly ☐ Paid Quarterly ☐

Maturity Details

Interest ☐ Automatically Reinvest ☐ Credit Account Number

Principal ☐ Automatically Reinvest ☐ Credit Account Number

ATM/EFTPOS Card Access

Yes I/we would like an AccessDebit MasterCard for my/our Account(s) ☐

Internet Banking

Yes I/we would like to access my/our account(s) through Internet Banking ☐

Mobile Banking

Yes I/we would like Mobile Banking facilities ☐

Cheque Book/Card Personalisation

3. Account Signatories - to be completed by ALL customers

By signing this form and agreeing to be an Authorised Signatory on the Account you accept and agree to be bound by the terms and conditions.

SIGNATORIES FOR ACCOUNTS

1. Full Name

Position - Director, Partner, Beneficial Owner, Effective Controller (Signatory)

Date of Birth DD/MM/YY

DDI Number Mobile Number

Email Address

Residential Address (Verification required i.e. Phone/Power bill)

Postcode

Country

Occupation

Employer

Specimen Signature

Existing Customer

No ☐

Yes ☐ ▷ ☐☐☐☐☐☐☐☐

Specify Customer Number & update customer details where necessary

NBS USE ONLY - Accepted by

Primary ID

Secondary ID

2. Full Name

Position - Director, Partner, Beneficial Owner, Effective Controller (Signatory)

Date of Birth DD/MM/YY

DDI Number Mobile Number

Email Address

Residential Address (Verification required i.e. Phone/Power bill)

Postcode

Country

Occupation

Employer

Specimen Signature

Existing Customer

No ☐

Yes ☐ ▷ ☐☐☐☐☐☐☐☐

Specify Customer Number & update customer details where necessary

NBS USE ONLY - Accepted by

Primary ID

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Employer

Specimen Signature

Existing Customer

No ☐

Yes ☐ ▷ ☐☐☐☐☐☐☐☐

Specify Customer Number & update customer details where necessary

NBS USE ONLY - Accepted by

Primary ID

Secondary ID

Signing Instructions	Any Signatory to Sign alone ☐	Any two jointly ☐	Other (Applicable if more than two applicants) ☐
	Specify		

TRUST/CHARITABLE TRUST

Please advise the type of Trust | Source of Wealth

As per the current Anti-Money Laundering and Countering Financing of Terrorism Act NBS is required to collect the following information.

Details of Trustees

PERSON/COMPANY 1 Name (If name belongs to an individual, please provide surname first, then given name(s)) | Date of Birth DD/MM/YY

Physical Address (For individuals please provide full residential address. For non-individuals please provide registered office address. PO Box is not acceptable)

Postcode

Country

PERSON/COMPANY 2 Name (If name belongs to an individual, please provide surname first, then given name(s)) | Date of Birth DD/MM/YY

Physical Address (For individuals please provide full residential address. For non-individuals please provide registered office address. PO Box is not acceptable)

Postcode

Country

PERSON/COMPANY 3 Name (If name belongs to an individual, please provide surname first, then given name(s)) | Date of Birth DD/MM/YY

Physical Address (For individuals please provide full residential address. For non-individuals please provide registered office address. PO Box is not acceptable)

Postcode

Country

PERSON/COMPANY 4 Name (If name belongs to an individual, please provide surname first, then given name(s)) | Date of Birth DD/MM/YY

Physical Address (For individuals please provide full residential address. For non-individuals please provide registered office address. PO Box is not acceptable)

Postcode

Country

If there are more persons/companies, please provide details on a separate attached sheet.

Beneficiary Details

Information must be collected regarding the beneficiaries of the Trust. This is either:

Where beneficiaries are identified by name, the full names and date of birth of each beneficiary of the Trust:

Beneficiary 1. | Date of Birth DD/MM/YY

Beneficiary 2. | Date of Birth DD/MM/YY

Beneficiary 3. | Date of Birth DD/MM/YY

Beneficiary 4. | Date of Birth DD/MM/YY

Beneficiary 5. | Date of Birth DD/MM/YY

NOTE: If the Trust has more than five Beneficiaries please provide additional details on a separate attached sheet that is marked with the name of the Trust.

AND/OR

Where the beneficiaries are identified by reference to membership of a class, details of the class (more than 10):

EFFECTIVE CONTROLLERS - Provide full name, date of birth, position and address of each Effective Controller. (Office Holders)

Full Name | Date of Birth DD/MM/YY

Position

Physical Address

Postcode

Country

Full Name | Date of Birth DD/MM/YY

Position

Physical Address

Postcode

Country

Full Name | Date of Birth DD/MM/YY

Position

Physical Address

Postcode

Country

If there are more Effective Controllers, please provide details on a separate attached sheet.

Pursuant to the PRIVACY ACT 1993 the Nelson Building Society (NBS) advises that:

I. This form collects personal information about you;
II. The information is being collected to enable you to open and operate an account with NBS and to obtain the use of other NBS products and services, and to allow NBS to review the products and services provided now and in the future;
III. The intended recipients of the information are NBS, other providers of credit, collection agents and credit reference agencies;
IV. The information collected will be held at Nelson Building Society;
V. Failure to provide this information or provision of incorrect information may result in your application for NBS products, services or credit facilities being declined, or your being unable to open an account with NBS;
VI. You do have rights of access to, and correction of, personal information supplied to and held by NBS;
VII. I am authorised to provide information on behalf of the customer and evidence of this authority is provided; (if someone other than the individual supplies the information.)

I/we agree that my/our names, addresses, email addresses and phone numbers may be used by NBS to advise me/us of other NBS products or services, and
I/we authorise any other credit providers, collection agents and credit reference agencies to release at any time all personal information held by them, and
I/we authorise NBS to request information from the Ministry of Justice confirming whether or not my/our Court Fines are overdue, and
I/we authorise NBS to disclose to other credit providers, collection agents, credit reference agencies and any other party expressly authorised by me/us, at any time, personal information held by NBS.

Declarations

I/we declare: **The information I/we have provided is true and correct in all respects, that I/we have not withheld any information that would result in this application being declined and that I/we am/are not less than 18 years of age (if applying for credit facilities).**
I/we am/are not an undischarged bankrupt(s), subject to proceedings under the insolvency Act 1967, nor in default with any payment under any credit facility.
I/we have, as appropriate, been provided with, understand, and accept, NBS' General Terms and Conditions, Cheque Terms and Conditions, NBS Product Disclosure Statement, QFE Financial Advisor Disclosure Statement, AccessDebit MasterCard Card Holder Terms & Conditions of Use and Internet Banking Terms and Conditions.
In regard to any credit facilities with NBS I/we have been offered the option of discussing my/our insurance needs with a risk specialist and have accepted/declined this offer.
I/we understand and accept that I/we will be offered a range of interest rates and terms and declare that I/we will make my/our own determination and choose the rate and term that best suits my/our needs.

Name | Date

Signature

Name | Date

Signature

NBS USE ONLY - Customer Document Checklist

Application Completed	☐	ID Recorded and Scanned	☐☐	Address Verification Scanned	☐	Product Disclosure Statement Given	☐
QFE Disclosure Statement Given	☐	AML/CFT New Account Checklist Completed	☐	QFE Compliance Interview Checklist Completed	☐	Credit Check Completed (if applicable)	☐
Fire & General Insurance	☐	Risk Insurance	☐	KiwiSaver	☐	Loaded to Client Review List	☐

MANAGER/PERSONAL BANKER

DATE STAMP

CHECKED BY - Please print your name