



NEW TERM INVESTMENT APPLICATION

MINIMUM OPENING BALANCE \$500

NAME:

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CUSTOMER NUMBER

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ACCOUNT TYPE

YES / NO
INTERNET ACCESS

FIXED TERM:

AMOUNT \$..... TERM: DAYS INTEREST RATE%

MATURITY INSTRUCTIONS: ☐ Renew / Repay ☐ Transfer to: account

INTEREST ON MATURITY: ☐ Compound on Maturity ☐ Other:

EXTERNAL ACCOUNT – ACCOUNT NAME:

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BANK

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BRANCH

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ACCOUNT NUMBER

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SUFFIX

SIGNING AUTHORITY – (Tick one)

☐

Self only

☐

Either / Both

☐

Other (Please specify)

CUSTOMER NUMBER

FULL NAME

SPECIMEN SIGNATURE

..... | |

..... | |

..... | |

DECLARATION

1. I/we acknowledge that I/we have received or been provided with access to a copy of the current Product Disclosure Statement relating to this investment.
2. I/we acknowledge that I/we understand and accept the terms of the current Product Disclosure Statement relating to this investment including the risks associated with making this investment as described in the document.
3. I/we acknowledge that Wairarapa Building Society reserves the right to decline any application in whole or in part.

SIGNED:

DATE: / /

OFFICE USE ONLY:

..... / /
DATE

.....
DEPOSIT NUMBER

.....
INITIALS