

## Credit Union Baywide New Member Application Forms

1. NZCU Baywide
2. NZCU South
3. NZCU Central
4. ACU (Aotearoa Credit Union)

# Individual Member Application



Use this form when creating a new customer information file (CIF)

**Important – Before completing this form, perform a search in STSCIF to ensure your customer does not already have an existing CIF (See PROC.072)**

CIF number:

## Personal details

Mr  Mrs  Miss  Ms  Other \_\_\_\_\_ Gender  Female  Male Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First name(s) \_\_\_\_\_ Last/Family name \_\_\_\_\_

Also known as \_\_\_\_\_ Occupation \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Residential address not a PO box \_\_\_\_\_

Postal address if different from residential \_\_\_\_\_

How did you hear about us? Google/letter/flyer/Facebook/radio/TV/word of mouth/billboard/other \_\_\_\_\_ (optional)

Account and statement password \_\_\_\_\_

## Financial and Tax details

What is the nature and purpose for opening an account with us today? e.g. everyday banking, savings/investing, opening child's account, applying for a loan \_\_\_\_\_

What is the source of your income and initial deposit? e.g. employment/benefit/superannuation/investment income/business income or sale of asset/property/business/inheritance/other (please specify) \_\_\_\_\_

Will you be receiving payments from overseas?  Yes  No

If yes, please advise approximate amounts and source \_\_\_\_\_

IRD No \_\_\_\_\_ (optional) RWT rate 10.5% 17.5% 30% 33% Non-resident (RRWT) 10% 15%

Are you a citizen of a foreign country?  Yes  No

Do you have tax residency in a foreign country?  Yes  No

**If you selected yes to either of the above questions please complete a separate self-certification declaration (APP02)**

## Identification

Type of ID \_\_\_\_\_ ID No. \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_  
passport/driver licence/birth certificate and version no. 5b for driver licence

Proof of address phone/power/rates/bank statement \_\_\_\_\_

## Signing authority mandate and credit check authority

By signing below I certify and acknowledge that:

- All information supplied is true, correct and complete and may be relied upon by Credit Union Baywide.
- I have not withheld any information (including information regarding bankruptcy or no asset procedure) which may affect Credit Union Baywide's decision regarding this application.
- I will advise Credit Union Baywide of any changes to relevant personal information including (but not limited to) the information in this application.
- Credit Union Baywide may use personal information it holds for the purposes set out in the General Terms and Conditions. This includes (but not limited to) provision of products or services by Credit Union Baywide, market research, legal compliance and promotion of products and services by selected third parties engaged by Credit Union Baywide.
- Credit Union Baywide may (at its sole discretion) make relevant enquiries in relation to the application, including credit checks and enquiries in relation to my current or past employment.
- My personal information may be disclosed to debt recovery and credit reporting agencies, and my personal information may be disclosed by credit reporting agencies to their eligible customers.
- I have the right to access and correct any information held about me by Credit Union Baywide.
- Credit Union Baywide will ensure that information about me is securely held and will not, except as set out in the General Terms and Conditions or as authorised by me or when required or authorised by law, be disclosed to any other person or organisation.
- I have been provided with, and agree to, the General Terms and Conditions. If I am an account operator, or agent or attorney for a member (where relevant), I also agree to the General Terms and Conditions.
- I have received the Credit Risk Statement.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Office use only

### New member opening criteria *(please tick all boxes that apply to confirm documents obtained)*

1. ONE of the following **Primary Photographic Identification** documents – original and current
  - NZ driver licence – must verify with credit check
  - NZ passport – confirm that it's signed
  - Foreign passport – must contain (in English) name, DOB, photograph and signature
  - NZ firearms licence

**Or**

2. ONE of the following **Secondary Photographic Identification** documents **AND a full birth certificate** (issued after 1 January 1998)
  - Kiwi Access card
  - Student identity card from a recognised NZ tertiary education institution**Important: Secondary identity documents must be presented in combination with a full birth certificate**

**Or**

3. The standardised CDD practice for accounts where none of the above Primary or Secondary photographic identity documents are held is that an **original, full birth certificate issued after 1<sup>st</sup> January 1998 can be produced**. Please note this is only in genuine cases when a member does not hold Primary or Secondary identification, not because they left it at home.

**And**

4. Credit Check
  - A completed credit check, (if driver licence used you must verify the driver licence when completing the credit check) If credit score is less than 251 a manager must approve and include a diary note.
5. Proof of address
  - Obtain a copy of a current (last three months) phone/power/rates account noting residential address  
**– PO Box is not acceptable**
6. AEOI
  - Recorded on the Checklist in the Customer Master (STDCIF)
7. If foreign tax indicators are found and recorded
  - A Self-certification declaration (APP02) has been completed

### Service instructions and actions – **\*Marked must be completed fully** *(please tick to confirm)*

Customer has been provided with the following and the checklist tab in Flexcube has been fully completed:

- **\*Terms and Conditions**
- **\*Credit Risk Statement**
- **\*Disclosure Statement**
- **\*Fee schedule**
- All steps have been fully completed as per The Book – Frontline (PROC.072)
- **\*ALL** required documents scanned to [aml@nzcubaywide.co.nz](mailto:aml@nzcubaywide.co.nz)

### Must be signed and dated for audit purposes

Loaded by (staff name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

In branch check by (staff name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you been a member of NZCU South before?  Yes  No If yes, CIF No.

## Personal details

Mr  Mrs  Miss  Ms  Other \_\_\_\_\_ Gender:  Female  Male Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First name(s) \_\_\_\_\_ Last/Family name \_\_\_\_\_

Also known as \_\_\_\_\_ Nationality (as passport) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home ph \_\_\_\_\_ Work ph \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Residential address not a PO Box \_\_\_\_\_

Postal address if different from residential \_\_\_\_\_

How did you hear about us? Google/ Facebook/radio/TV/word of mouth/billboard/letter/flyer/other \_\_\_\_\_ (optional)

Account password \_\_\_\_\_ Mother's maiden name \_\_\_\_\_

Have you ever been declared Bankrupt or had a No Asset Procedure in New Zealand, or had an equivalent order made against you in any other country?  Yes  No

If "Yes", please provide details: \_\_\_\_\_

## Financial and Tax details

What is the nature and purpose for opening an account with us today? e.g. everyday banking, savings/investing, opening child's account, applying for a loan \_\_\_\_\_

What are your financial goals? \_\_\_\_\_

What is the source of your income and initial deposit? e.g. employment/benefit/superannuation/investment income/business income or sale of asset/property/business/inheritance/other \_\_\_\_\_

Income \_\_\_\_\_ Frequency  Weekly  Fortnightly  Monthly  One off

Will you be receiving payments from overseas?  Yes  No

If yes, please advise approximate amounts and source \_\_\_\_\_

IRD No. \_\_\_\_\_ (optional) RWT rate  10.5%  17.5%  30%  33% Non-resident (NRWT)  10%  15%

Are you a US citizen?  Yes  No Main country of Tax residency \_\_\_\_\_

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

\_\_\_\_\_ Tax Identification Number(s) (TIN) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you are a US citizen or are resident for tax purposes in another country a Self-Certification form is to be completed.

Customer Information File Number

## Enhanced Due Diligence (Over 18 years old)

Are you a related party? (related to Chairman, Director, CE, and CFO of NZCU South)  Yes  No

Are you applying on behalf of a Trust, Charity or Incorporated Society?  Yes  No

Have you been declined or banned in the past with NZCU South?  Yes  No

Do you intend to move or live overseas while being a member?  Yes  No

## Signing authority mandate and credit check authority

By signing below I certify and acknowledge that:

- All information supplied is true, correct and complete and may be relied upon by Credit Union Baywide (trading as NZCU South).
- I have not withheld any information (including information regarding bankruptcy or no asset procedure) which may affect Credit Union Baywide's decision regarding this application.
- I will advise Credit Union Baywide of any changes to relevant personal information including (but not limited to) the information in this application.
- Credit Union Baywide may use personal information it holds for the purposes set out in the General Terms and Conditions. This includes (but not limited to) provision of products or services by Credit Union Baywide, market research, legal compliance and promotion of products and services by selected third parties engaged by Credit Union Baywide.
- Credit Union Baywide may (at its sole discretion) make relevant enquiries in relation to the application, including credit checks and enquiries in relation to my current or past employment.
- My personal information may be disclosed to debt recovery and credit reporting agencies, and my personal information may be disclosed by credit reporting agencies to their eligible customers.
- I have the right to access and correct any information held about me by Credit Union Baywide.
- Credit Union Baywide will ensure that information about me is securely held and will not, except as set out in the General Terms and Conditions or as authorised by me or when required or authorised by law, be disclosed to any other person or organisation.
- I have been provided with, and agree to, the General Terms and Conditions. If I am an account operator, or agent or attorney for a member (where relevant), I also agree to the General Terms and Conditions.
- I have received the Credit Risk Statement.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## For NZCU South use only

### Identification provided (Customer Due Diligence)

#### Identity document/s presented

ID type \_\_\_\_\_ ID number \_\_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Copied

ID type \_\_\_\_\_ ID number \_\_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Copied

#### Address verification document presented

Document type \_\_\_\_\_ Issued by \_\_\_\_\_ Copied

#### Change of name – official document presented

Document type \_\_\_\_\_ Issued by \_\_\_\_\_ Copied

#### Other

Please specify \_\_\_\_\_ Issued by \_\_\_\_\_ Copied

Select one account type:  Adult  JimmyJ  Bfree  Trustee/Signatory/Officer

### Ways to Bank

**Accesscard** Accesscard Number \_\_\_\_\_

**Accessdebit** Complete a separate application

**Accessweb** Access Number \_\_\_\_\_ Temporary Password \_\_\_\_\_

Mobile Number \_\_\_\_\_ (Required for high value transaction SMS validation)

**Phone Banking** \_\_\_\_\_

### Joint Account/Signing authority mandate

This is a **Joint Account** Joint Account CIF number \_\_\_\_\_

Names of other Joint Account holder \_\_\_\_\_

Relationship to member(s) \_\_\_\_\_

Indicate how the Joint Account holder (authorised signatories) must sign:

Individually  Jointly

If Jointly please provide details (e.g. two to sign) \_\_\_\_\_

The Credit Union is authorised to recognise the signatures of any and all authorised signatories to this account, either severally or jointly, in the payment of funds or the transaction of any business for this account subject to the accounts terms and conditions.

### Checklist

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Credit check processed                               | <input type="checkbox"/> Deposit to Loyalty Saver      | <input type="checkbox"/> Self-certification Declaration if required |
| <input type="checkbox"/> Phone password loaded                                | <input type="checkbox"/> Related clients loaded        | <input type="checkbox"/> IRD No. and RWT rate                       |
| <input type="checkbox"/> Diary note loaded                                    | <input type="checkbox"/> Correct Group Code            | <input type="checkbox"/> Upload Photo/Signature                     |
| <input type="checkbox"/> Split or internal AP                                 | <input type="checkbox"/> Electronic Statements offered | <input type="checkbox"/> Send to Scanning                           |
| <input type="checkbox"/> Original documents sighted, copied, verified stamped |  |   |

### Enhance Due Diligence Check List

Is the member a Politically Exposed Person (PEP) or a Related Close Associate (RCA)  Yes  No

Is the member from a med-high or high risk jurisdiction?  Yes  No

Is the member making a term deposit of more than \$500,000?  Yes  No

Is the member seeking a mortgage of than \$500,000?  Yes  No

# Individual Member Application



Use this form when creating a new customer information file (CIF)

**Important – Before completing this form, perform a search in STSCIF to ensure your customer does not already have an existing CIF (See PROC.072)**

CIF number:

## Personal details

Mr  Mrs  Miss  Ms  Other \_\_\_\_\_ Gender  Female  Male Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First name(s) \_\_\_\_\_ Last/Family name \_\_\_\_\_

Also known as \_\_\_\_\_ Occupation \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Residential address not a PO box \_\_\_\_\_

Postal address if different from residential \_\_\_\_\_

How did you hear about us? Google/letter/flyer/Facebook/radio/TV/word of mouth/billboard/other \_\_\_\_\_ (optional)

Account password \_\_\_\_\_

## Financial and Tax details

What is the nature and purpose for opening an account with us today? e.g. everyday banking, savings/investing, opening child's account, applying for a loan \_\_\_\_\_

What is the source of your income and initial deposit? e.g. employment/benefit/superannuation/investment income/business income or sale of asset/property/business/inheritance/other (please specify) \_\_\_\_\_

Will you be receiving payments from overseas?  Yes  No

If yes, please advise approximate amounts and source \_\_\_\_\_

IRD No \_\_\_\_\_ (optional) RWT rate 10.5% 17.5% 30% 33% Non-resident (RRWT) 10% 15%

Are you a citizen of a foreign country?  Yes  No

Do you have tax residency in a foreign country?  Yes  No

**If you selected yes to either of the above questions please complete a separate self-certification declaration (APP02)**

## Identification

Type of ID \_\_\_\_\_ ID No. \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_  
passport/driver licence/birth certificate/ Steps to Freedom and version no. 5b for driver licence

Proof of address phone/power/rates/bank statement \_\_\_\_\_

## Signing authority mandate and credit check authority

By signing below I certify and acknowledge that:

- All information supplied is true, correct and complete and may be relied upon by Credit Union Baywide (trading as NZCU Central).
- I have not withheld any information (including information regarding bankruptcy or no asset procedure) which may affect Credit Union Baywide's decision regarding this application.
- I will advise Credit Union Baywide of any changes to relevant personal information including (but not limited to) the information in this application.
- Credit Union Baywide may use personal information it holds for the purposes set out in the General Terms and Conditions. This includes (but not limited to) provision of products or services by Credit Union Baywide, market research, legal compliance and promotion of products and services by selected third parties engaged by Credit Union Baywide.
- Credit Union Baywide may (at its sole discretion) make relevant enquiries in relation to the application, including credit checks and enquiries in relation to my current or past employment.
- My personal information may be disclosed to debt recovery and credit reporting agencies, and my personal information may be disclosed by credit reporting agencies to their eligible customers.
- I have the right to access and correct any information held about me by Credit Union Baywide.
- Credit Union Baywide will ensure that information about me is securely held and will not, except as set out in the General Terms and Conditions or as authorised by me or when required or authorised by law, be disclosed to any other person or organisation.
- I have been provided with, and agree to, the General Terms and Conditions. If I am an account operator, or agent or attorney for a member (where relevant), I also agree to the General Terms and Conditions.
- I have received the Credit Risk Statement.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office use only**

**New member opening criteria** (please tick all boxes that apply to confirm documents obtained)

1. ONE of the following **Primary Photographic Identification** documents – original and current
- NZ driver licence – must verify with credit check
  - NZ passport – confirm that it's signed
  - Foreign passport – must contain (in English) name, DOB, photograph and signature
  - NZ firearms licence
  - Steps to Freedom

**Or**

2. ONE of the following **Secondary Photographic Identification** documents **AND a full birth certificate**
- Kiwi Access card (18+ card)
  - Community Services Card (with name)
  - Superannuation Card (with name)
  - Student identity card from a recognised NZ tertiary education institution
- Important: Secondary identity documents must be presented in combination with a full birth certificate**

**Or**

3. The standardised CDD practice for accounts where none of the above Primary or Secondary photographic identity documents are held is that an **original, full birth certificate can be produced**. Please note this is only in genuine cases when a member does not hold Primary or Secondary identification, not because they left it at home.

**And**

4. Credit Check
- A completed credit check, (if driver licence used you must verify the driver licence when completing the credit check) If credit score is less than 251 a manager must approve and include a diary note.
5. Proof of address
- Obtain a copy of a current (last three months) phone/power/rates account noting residential address  
– **PO Box is not acceptable**
6. AEOI
- Recorded on the Checklist in the Customer Master (STDCIF)
7. If foreign tax indicators are found and recorded
- A Self-certification declaration (APP02) has been completed

**Service instructions and actions – \*Marked must be completed fully** (please tick to confirm)

Customer has been provided with the following and the checklist tab in Flexcube has been fully completed:

- \*Terms and Conditions
- \*Credit Risk Statement
- \*Disclosure Statement
- \*Fee schedule
- All steps have been fully completed as per The Book – Frontline (PROC.072)
- \*ALL required documents scanned to AML@nzcucentral.nz

**Must be signed and dated for audit purposes**

**Loaded by** (staff name) \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**In branch check by** (staff name) \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_



Aotearoa Credit Union

# Individual Member Application

Use this form when creating a new customer information file (CIF)  
**Important – Before completing this form, perform a search in STSCIF to ensure your customer does not already have an existing CIF.**

CIF number:

## Personal details

Mr  Mrs  Miss  Ms  Other \_\_\_\_\_ Gender  Female  Male Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

First name(s) \_\_\_\_\_ Last/Family name \_\_\_\_\_

Also known as \_\_\_\_\_ Occupation \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

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If yes, please advise approximate amounts and source \_\_\_\_\_

IRD No \_\_\_\_\_ (optional) RWT rate 10.5% 17.5% 30% 33% Non-resident (RRWT) 10% 15%

Are you a citizen of a foreign country?  Yes  No Do you have tax residency in a foreign country?  Yes  No  
**If you selected yes to either of the above questions please complete a separate self-certification declaration (APP02)**

## Identification

Type of ID \_\_\_\_\_ ID No. \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_  
passport/driver licence/birth certificate and version no. 5b for driver licence

Proof of address phone/power/rates/bank statement \_\_\_\_\_

## Credicare

- YES I wish to join Credicare Bereavement Fund and agree to a maximum \$2 deduction being made from my savings account upon the death of a member of this fund.  
and
- I certify that I am in good health and am not aware that I have any life-threatening illness.  
or
- I do not wish to join.

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Important: Secondary identity documents must be presented in combination with a full birth certificate**

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**– PO Box is not acceptable**
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    - Recorded on the Checklist in the Customer Master (STDCIF)
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**Service instructions and actions – \*Marked must be completed fully** *(please tick to confirm)*

Customer has been provided with the following and the checklist tab in Flexcube has been fully completed:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>○ *Terms and Conditions</li><li>○ *Credit Risk Statement</li><li>○ *Disclosure Statement</li></ul> | <ul style="list-style-type: none"><li>○ *Fee schedule</li><li>○ *ALL required documents scanned to <a href="mailto:aml@acu.nz">aml@acu.nz</a></li></ul> |
|--|---|

**Must be signed and dated for audit purposes**

Loaded by (staff name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

In branch check by (staff name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_