

Opening Accounts for Personal Customers

Please complete this form in BLOCK LETTERS

Applicant 1 - NBS Client No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Personal details - Applicant 1

Title	Full Name	Preferred Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth DD/MM/YY	Gender	Marital Status	Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number - Daytime	Phone Number - Home	Phone Number - Mobile	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Preferred Method of Contact		
<input type="text"/>	<input type="text"/>		

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

NUMBER & STREET	SUBURB	
TOWN/CITY	POST CODE	COUNTRY

Previous Address (If less than 3 years)

<input type="text"/>

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.)

<input type="text"/>	Expiry
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Secondary ID - Type & Number (If you are using a NZ Driver Licence, please also provide the card version number 5b.)

<input type="text"/>	Expiry
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Occupation (If self-employed, please detail nature of business)

<input type="text"/>	Full-Time/Part-Time/Casual
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Employers Details

NAME	ADDRESS - NUMBER & STREET/BOX NUMBER	
TOWN/CITY	POST CODE	COUNTRY

Length of Employment (Years & Months)

<input type="text"/>

Previous Employer (If less than 3 years)

<input type="text"/>

Annual Personal Income

<input type="text"/>

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

<input type="text"/>

Tax details

IRD Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 citizen? 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Circle Suffix for Fast Cash

Card Personalisation

<input type="text"/>

Internet Banking

Yes No

Linked to Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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OR All Suffixes

Other Instructions

<input type="text"/>

Mobile Banking

Yes No

Linked to Suffix

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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OR All Suffixes

Other Instructions

<input type="text"/>

Cheque Book Required

Yes No

Deposit Book Required

Yes No

Cheque/Deposit Book Personalisation

<input type="text"/>

Account Requirements

Delivery and Frequency of Statement					
<input type="checkbox"/> Email	<input type="checkbox"/> Post	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	

NBS Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please open the following account(s)

ACCESS <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CALL <input type="checkbox"/>	TARGET <input type="checkbox"/>	CAREER LAUNCHER <input type="checkbox"/>	YOUTH <input type="checkbox"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
TERM INVESTMENT <input type="checkbox"/>					
<input type="text"/> <input type="text"/>					
<input type="text"/> <input type="text"/>					

Amount of Investment	Investment Term	Investment Interest Rate p.a.
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 <input type="checkbox"/>	Cheque Deposits <input type="checkbox"/>	Cheques Issued <input type="checkbox"/>	Transfer in/out <input type="checkbox"/>	Telegraphic Transfer in/out <input type="checkbox"/>	Other (Please Specify) <input type="text"/>
	OVERALL PURPOSE OF ACCOUNT					Country <input type="text"/>

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

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

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

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	

2. Full Name

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	

3. Full Name

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

Specimen Signature

Existing Customer

No

Yes

Specify Customer Number & update customer details where necessary

NBS USE ONLY - Accepted by

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Primary ID

--

Secondary ID

--

Specimen Signature

Specimen Signature

Existing Customer

No

Yes

Specify Customer Number & update customer details where necessary

NBS USE ONLY - Accepted by

--

Primary ID

--

Secondary ID

--

Specimen Signature

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 <input type="checkbox"/>	Any two jointly <input type="checkbox"/>	Other (Applicable if more than two applicants) <input type="checkbox"/>
	Specify <input type="text"/>		

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
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Position	
<input style="width:95%;" type="text"/>	
Physical Address	
<input style="width:95%;" type="text"/>	
<input style="width:95%;" type="text"/>	
Postcode	
<input style="width:95%;" type="text"/>	
Country	
<input style="width:95%;" type="text"/>	

Full Name	Date of Birth DD/MM/YY
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Position	
<input style="width:95%;" type="text"/>	
Physical Address	
<input style="width:95%;" type="text"/>	
<input style="width:95%;" type="text"/>	
Postcode	
<input style="width:95%;" type="text"/>	
Country	
<input style="width:95%;" type="text"/>	

Full Name	Date of Birth DD/MM/YY
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Position	
<input style="width:95%;" type="text"/>	
Physical Address	
<input style="width:95%;" type="text"/>	
<input style="width:95%;" type="text"/>	
Postcode	
<input style="width:95%;" type="text"/>	
Country	
<input style="width:95%;" type="text"/>	

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	Name	Date
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Signature		Signature	
<input style="width:95%; height: 50px;" type="text"/>		<input style="width:95%; height: 50px;" type="text"/>	

NBS USE ONLY - Customer Document Checklist

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

MANAGER/PERSONAL BANKER

DATE STAMP

CHECKED BY - Please print your name

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

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	

2. Full Name

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	

3. Full Name

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

Specimen Signature

Existing Customer

No

Yes

Specify Customer Number & update customer details where necessary

NBS USE ONLY - Accepted by

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Primary ID

--

Secondary ID

--

Specimen Signature

Specimen Signature

Existing Customer

No

Yes

Specify Customer Number & update customer details where necessary

NBS USE ONLY - Accepted by

--

Primary ID

--

Secondary ID

--

Specimen Signature

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 <input type="checkbox"/>	Any two jointly <input type="checkbox"/>	Other (Applicable if more than two applicants) <input type="checkbox"/>
	Specify <input type="text"/>		

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
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Position	
<input style="width:95%;" type="text"/>	
Physical Address	
<input style="width:95%;" type="text"/>	
<input style="width:95%;" type="text"/>	
Postcode	
<input style="width:95%;" type="text"/>	
Country	
<input style="width:95%;" type="text"/>	

Full Name	Date of Birth DD/MM/YY
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Position	
<input style="width:95%;" type="text"/>	
Physical Address	
<input style="width:95%;" type="text"/>	
<input style="width:95%;" type="text"/>	
Postcode	
<input style="width:95%;" type="text"/>	
Country	
<input style="width:95%;" type="text"/>	

Full Name	Date of Birth DD/MM/YY
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Position	
<input style="width:95%;" type="text"/>	
Physical Address	
<input style="width:95%;" type="text"/>	
<input style="width:95%;" type="text"/>	
Postcode	
<input style="width:95%;" type="text"/>	
Country	
<input style="width:95%;" type="text"/>	

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

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- 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	Name	Date
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Signature		Signature	
<input style="width:95%; height: 50px;" type="text"/>		<input style="width:95%; height: 50px;" type="text"/>	

NBS USE ONLY - Customer Document Checklist

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

MANAGER/PERSONAL BANKER

DATE STAMP

CHECKED BY - Please print your name