Opening Accounts for Personal Customers Please complete this form in BLOCK LETTERS



Personal details - Ap	plicant 1	Appli	icant 1 - NBS Client No.	
Title Full Name				Preferred Name
Date of Birth DD/MM/YY	Gender	Marital Statu	16	Maiden Name
Date of Birth bb/mm/ff	dender	Maritar State	13	Watter Name
Phone Number - Daytime	Phone Number - Home	Phone Numb	per - Mobile	Fax
Email				Preferred Method of Contact
Residential Address (Verification re	guired i.e. Phone/Power bill)			
NUMBER & STREET	<u> </u>		SI	UBURB
TOWN/CITY		POST CODE	CI	OUNTRY
Previous Address (If less than 3 years	;)			
Postal Address (If different from abov	e)			galiali
NUMBER & STREET/BOX NUMBER		DOCT CODE		UBURB
TOWN/CITY Primary ID - Type & Number (#	NOU are using a NZ Driver License along a Line and a Line	POST CODE	CO	OUNTRY Expiry
innary ib - Type a Number (II	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 prov	vide the card version number 5b.)		l Expiry
Occupation (If self-employed, please de	etail nature of business)			Full-Time/Part-Time/Casual
Employers Details				
NAME		ADDRESS - NUMBER & STREET/E	30X NUMBER	
TOWN/CITY		POST CODE	CI	OUNTRY
ength of Employment (Years & N	Months) Previous Employer (If less than a	3 years)		
Annual Personal Income	Primary Source of Income (PI	ease specify - salary/wages/drawing	zs, superannuation payments, inves	stment income)
Main country of tax residency	*RWT Rate *If you do note The right to tax your worldwide income. sidency (if any) IICH YOU ARE A TAX RESIDENT siber(s)	e (Tick one box)	% 17.5%	ant to apply to interest earned on deposits? 6
Personal Account Ac		Linked to Suffix		
DEDIT CAID ACCESS	Yes No No	Linked to Suffix CHQ	SAV Circle	e Suffix for Fast Cash
Card Personalisation				
nternet Banking	Yes No	Linked to Suffix		OR All Suffixes
Other Instructions				
Mobile Banking	Yes No	Linked to Suffix		OR All Suffixes
Other Instructions				
L Cheque Book Required	Deposit Book Required Che	eque/Deposit Book Person	alisation	
' ' '	.,			

Applicant 2 - NBS Client No			

Personal details - Applicant 2 Full Name Preferred Name Date of Birth DD/MM/YY Marital Status Maiden Name Gender Phone Number - Daytime Phone Number - Home Phone Number - Mobile Email Preferred Method of Contact $Residential \ \underline{Address} \ (\textit{Verification required i.e. Phone/Power bill})$ NUMBER & STREET SUBURB Previous Address (If less than 3 years) Postal Address (If different from above) NUMBER & STREET/BOX NUMBER SUBURB COUNTR 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 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? 10.5% *RWT Rate (Tick one box) 17.5% *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 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) IST 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** Linked to Suffix Circle Suffix for Fast Cash Card Personalisation Linked to Suffix All Suffixes Internet Banking Yes Nο Other Instructions Mobile Banking Yes No Linked to Suffix All Suffixes Other Instructions

Cheque/Deposit Book Personalisation

Version 1.0 2017

Cheque Book Required

Deposit Book Required

No

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	JL	
Maturity Details Interest - Automatically Reinvest OR Cred	it Account No.	Investment Interest	Rate p.a.
Interest Payments			Time piur
T '	OR Paid Quarterly t Account No.		
Types of Expected Account Activity Cash Deposit/ Cheque Deposits Issued OVERALL PURPOSE OF ACCOUNT		. ,	
Signing Rule - Please tick just ONE box.	at least must sign together		
anyone can sign by themselves OR	nd in an event such as death or removal of a	signatory that would result in insuffic	cient signatories to
Full Name:			
Date DD/MM/YY:	Signature: By signing you are bound by the condition	ns on the reverse and NBS General Te	erms & Conditions.
Full Name:	Г		
Date pd/mm/yy:	Signature:		

By signing you are bound by the conditions on the reverse and NBS General Terms $\boldsymbol{\vartheta}$ 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)



Please complete this form in BLOCK LETTERS

anyone can sign by themselves

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)
NBS Account Number	DUNT(S) REQUIRED
NBS Account Number	
Please open the following account(s) ACCESS CHEQUE CALL TERM	TARGET CAREER LAUNCHER YOUTH
TERM INVESTMENT Deliv	Pery 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 Monthly Maturity Details Interest - Automatically Reinvest OR Credit Account No. Principal - Automatically Reinvest OR Credit Account No.	l Quarterly
Cheque Book Required Deposit Book Required Cheque/D	Deposit Book Personalisation
Yes No Yes No	
Debit Card Access Yes No Card Personalisation	
Card Personalisation	
Internet Banking Access Yes No No No No	
	SIGNING INSTRUCTIONS
	nsfer Telegraphic Other
Please tick just ONE box. If you don't tick anything, we will defaul	It to the existing signing rule held.

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.

at least ____ must sign together

OR

OR

all signatories must sign together

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: Sign	nature:
Full Name:	
Date DD/MM/YY: Sign	nature:
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



 Applicant Information - this MUST be completed for ALL Customer Type of Organisation (select one) 	'S
Private Company Public Company General Partnersh	ip Limited Partnership Sole Trader
Do you operate as a Charity? Yes No If 'yes' - What is the objective/purpose of the Charity?	
, and the same and	Website Address
	Website Address
Full Name of Customer	Email Address
	IRD/GST Number Industry Code
Company Number	Withholding Tax Rate Company 28% 33%
Name and Location of Parent Company (If a subsidiary company)	All Other Entities
Name and Eccation of Farent Company (if a substitutally company)	10.5%
	Exempt (if exempt, please attach a copy of your Exemption Certificate)
Registered Office Address (PO Box is not acceptable)	Non Residents Please refer to FATCA or AEOI Reporting Requirements
	Related Entities (if any)
Postcode	
Country (If not New Zealand)	
Postal Address	
Postcode	Nature of Business
Country (If not New Zealand)	
Phone Number Fax Number	Registration or Inception Date (DD/MM/YY)
Tax Number	Registration of interpriori bate (bayming 11)
Types of Expected Cash Deposit/ Cheque Cheques Transfe	r Telegraphic Other
Account Activity Withdrawal Deposits Issued in/out	
OVERALL PURPOSE OF ACCOUNT	Country
2. Account Requirements	Client Number
NBS Account Number	Client Number
Assemble Information Place open the following assemble:	
Account Information – Please open the following account(s)	
Cheque Access On Call	Delivery and Frequency of Statement
New Account New Account Suffix Suffix Suffix New Account	Email Post
Sullix Sullix Sullix	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 Internet Banking	Mobile Banking
Yes I/we would like an AccessDebit MasterCard for my/our Account(s) Yes I/we would like to access my/our account(s) through Inte	Yes I/we would like rnet Banking Mobile Banking facilities
Cheque Book/Card Personalisation	
energies abony cara i croomanisation	

3. Account Signatories - to be completed by ALL customersBy 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		Specimen Signature
Position - Director,	Partner, Beneficial Owner, Effective Controller (Signatory)	
Date of Birth DD/MM	WY .	
DDI Number	Mobile Number	
		Existing Customer
Email Address		No .
Residential Address	(Verification required i.e. Phone/Power bill)	Yes
Residential Address	(vermeador required i.e. Frioloy rower bill)	Specify Customer Number & update customer details where necessary
	Postcode	NBS USE ONLY - Accepted by
Country	Tostcode	Primary ID
Occupation		,
		Secondary ID
Employer		
2. Full Name		
		Specimen Signature
Position - Director,	Partner, Beneficial Owner, Effective Controller (Signatory)	
Date of Birth DD/MM,	MV.	
Date of Birth bb/mm,		
DDI Number	Mobile Number	
		Existing Customer
Email Address		No L
Residential Address	(Verification required i.e. Phone/Power bill)	Yes
		Specify Customer Number & update customer details where necessary NBS USE ONLY - Accepted by
	Postcode	NBS USE UNLT - Accepted by
Country		Primary ID
Occupation		
		Secondary ID
Employer		
3. Full Name		
D D	Date of Description of Time of the Control of the C	Specimen Signature
Position - Director,	Partner, Beneficial Owner, Effective Controller (Signatory)	
Date of Birth DD/MM,	W	
DDI Number	Mobile Number	Einin Communication
Email Address		Existing Customer
		No L
Residential Address	(Verification required i.e. Phone/Power bill)	Yes
		Specify Customer Number & update customer details where necessary NBS USE ONLY - Accepted by
	Postcode	
Country		Primary ID
Occupation		Secondary ID
Employer		
Linhiokei		
Signing Instructions	Any Signatory Any two to Sign alone jointly	Other
mscruccions	Specify Specify	(Applicable if more than two applicants)
1	SURCITY	I

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
Tuli Name	Date of Birtii bb/mm/**
Physical Address	
rilysical 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	
	Power de
	Postcode
Country	
	ase 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	D. CD. I
Full Name	Date of Birth DD/MM/YY
Physical Address	
	Postcode
Country	
Full Name	Date of Birth DD/MM/YY
Tall Name	Date of Birth bb/mm/ff
Physical Address	
rilysical Address	
	Postcode
Country	
	ase 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%)	ase provide details on a separate attached sheet.
Full Name	Date of Birth DD/MM/YY
Physical Address	
	Dog of the
	Postcode
Country	
Full Name	Date of Birth DD/MM/YY
Physical Address	
	Postcodo
	Postcode
Country	
Full Name	Date of Birth DD/MM/YY
Physical Address	
	Postcodo
	Postcode
Country	

EFFECTIVE CONTROLLERS - Provide full name, date of birth, position and Full Name	address of each Effective Controller (Office Holders) Date of Birth DD/MM/YY				
Position					
Physical Address					
	Postcode				
Country					
,					
Full Name	Date of Birth DD/MM/YY				
Position					
Discription Address					
Physical Address					
	Postcode				
Country					
Full Name	Date of Birth DD/MM/YY				
Tuli Name	Date of Bitti bb/mm/ff				
Position					
Physical Address					
	Postcode				
	rostcode				
Country					
	If there are more Effective Controllers, please provide details on a separate attached sheet.				
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, Access Debit MasterCard Card Holder Terms & Conditions of Use and Internet Banking Terms and Conditions. In regard to any credit facilities with NBS I/we have be					
Name Date	Name Date				
Signature	Signature				
J.S	Signature				
NBS USE ONLY - Customer Document Checklist					
Application ID Recorded and Scanned	Address Verification Product Disclosure Scanned Statement Given				
QFE Disclosure AML/CFT New Statement Given Account Checklist Completed Fire & General	QFE Compliance Credit Check Interview Checklist Completed Completed (if applicable) Loaded to Client				
Insurance Risk Insurance	KiwiSaver 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



 Applicant Information - this MUST be completed for ALL Custome Type of Organisation (select one) 	ers
Trust Registered Charitable Trust Incorporated Society/Clu	ub Unincorporated Society/Club Co-operative
Do you operate as a Charity? Yes No	
If 'yes' - What is the objective/purpose of the Charity?	
	Website Address
Full Name of Customer	Email Address
Tall Name of Casconici	IRD/GST Number Industry Code
Company Number	Withholding Tax Rate
Company Names	Company 28% 33% All Other Entities
Name and Location of Parent Company (If a subsidiary company)	10.5% 17.5% 30% 33%
	Exempt (if exempt, please attach a copy of your Exemption Certificate)
	Non Residents
Registered Office Address (PO Box is not acceptable)	Please refer to FATCA or AEOI Reporting Requirements
	Related Entities (if any)
Postcode	
Country (If not New Zealand)	
Postal Address	
	Nature of Business
Postcode	
Country (If not New Zealand)	Registration or Inception Date (DD/MM/YY)
Phone Number Fax Number	registration of inception bate (bb/ww/++)
Types of Expected Cash Deposit/ Cheque Cheques Trans Account Activity Withdrawal Deposits Issued in/ou	
	Country
OVERALL PURPOSE OF ACCOUNT	
a Assount Poquiroments	
2. Account Requirements NBS Account Number	Client Number
Account Information – Please open the following account(s)	
Cheque	Delivery and Frequency of Statement
New Account New Account New Account Suffix Suffix Suffix	Email Post
	Monthly Quarterly Half Yearly
Term Investment Amount of Investment Ter	m Investment Interest Rate p.a. New Account Suffix
\$	III IIIVesciiiciie iiicerese kace p.a. New Account Surix
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 Internet Banking	Mobile Banking
Yes I/we would like an AccessDebit Yes I/we would like to access	Yes I/we would like
MasterCard for my/our Account(s)	ternet Banking Mobile Banking facilities
Cheque Book/Card Personalisation	

3. Account Signatories - to be completed by ALL customersBy 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				Specimen Signature	
Position - Director.	Partner, Beneficial Owner, Effectiv	e Controller	(Signatory)	Specimen signature	
			(0.8.000)/		
Date of Birth DD/MM,	/YY				
	M 121 M				
DDI Number	Mobile N	Number		Existing Customer	
Email Address					
				No L	
Residential Address	(Verification required i.e. Phone/Power bill)			Yes Specify Customer Number & update customer details where necessary	
				NBS USE ONLY - Accepted by	
	F	ostcode			
Country				Primary ID	
Occupation					
				Secondary ID	
Employer					
2. Full Name					
				Specimen Signature	
Position - Director,	Partner, Beneficial Owner, Effectiv	e Controller	(Signatory)		
Date of Birth DD/MM	AVV				
Date of Birth bb/MM	/11				
DDI Number	Mobile N	Number			
				Existing Customer	
Email Address				No .	
Daridancial Address	(4.16.1			Yes	
Residential Address	(Verification required i.e. Phone/Power bill)			Specify Customer Number & update customer details where necessary	
				NBS USE ONLY - Accepted by	
	<u> </u>	Postcode		Drimon: ID	
Country				Primary ID	
Occupation				Secondary ID	
Employer					
3. Full Name				Specimen Signature	
Position - Director.	Partner, Beneficial Owner, Effectiv	e Controller	(Signatory)		
			(0.8.1201)		
Date of Birth DD/MM	/YY				
DDI Number	Mobile N	Number		E Maio Communication of the Co	
Email Address				Existing Customer	
Email Address				No L	
Residential Address	(Verification required i.e. Phone/Power bill)			Yes Yes	
				Specify Customer Number & update customer details where necessary NBS USE ONLY - Accepted by	
	F	ostcode		The object of the control of the con	
Country				Primary ID	
Occupation					
				Secondary ID	
Employer					
Signing	Any Signatory		Any two	Other	
Instructions	to Sign alone		jointly	(Applicable if more than two applicants)	
	Specify				

TRUST/CHARITABLE TRUST	5		
Please advise the type of Trust	Source of Wealth		
As per the current Anti-Money Laundering and Countering Financing of Terrori	ism Act NBS is required to collect t	the following information.	
Details of Trustees			
PERSON/COMPANY 1 Name (If name belongs to an individual, please provide surnar	no first than given name(s)	Date of Birth DD/MM/YY	
PERSON/COMPANY I Name (if fiame belongs to an individual, please provide sumar	ne msc, then given hame(s)	Date of Birth bb/mm/ff	
Physical Address (For individuals please provide full residential address. For non-indiv	iduals please provide registered office	address. PO Box is not acceptable)	
Country		Postcode	
Country			
PERSON/COMPANY 2 Name (If name belongs to an individual, please provide surnar	me 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 full residential address.	iduals please provide registered office	address. PO Box is not acceptable)	
		Postcode	
Country			
PERSON/COMPANY 3 Name (If name belongs to an individual, please provide surnar	me first, then given name(s)	Date of Birth DD/MM/YY	
Physical Address (For individuals please provide full residential address. For non-indiv	iduals please provide registered office	e address. PO Box is not acceptable)	
		Postcode	
Country			
	6 1	2 (2)	
PERSON/COMPANY 4 Name (If name belongs to an individual, please provide surnal	me first, then given name(s)	Date of Birth DD/MM/YY	
Physical Address (For individuals please provide full residential address. For non-indiv	iduals please provide registered office	address. PO Box is not acceptable)	
		Postcode	
Country If the	ere are more persons/companies, plea	se 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	feach 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 additi	onal details on a separate attached sh	heet 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 a Full Name	and address of each Effective Controller. (Office Holders) Date of Birth DD/MM/YY
Train traine	Success Street Stylming 11
Position	
Physical Address	
Trystcal Mulicas	
	Postcode
Country	. 5366046
Country	
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,	If there are more Effective Controllers, please provide details on a separate attached sheet.
with NBS; /I. You do have rights of access to, and correction of, personal information supplied to a lam authorised to provide information on behalf of the customer and evidence of th /we agree that my/our names, addresses, email addresses and phone numbers may /we authorise any other credit providers, collection agents and credit reference ag /we authorise NBS to request information from the Ministry of Justice confirming /we authorise NBS to disclose to other credit providers, collection agents, credit roy NBS. Declarations /we declare: The information I/we have provided is true and correct in all respects, we am/are not less than 18 years of age (if applying for credit facilities). /we am/are not an undischarged bankrupt(s), subject to proceedings under the in /we have, as appropriate, been provided with, understand, and accept, NBS' General divisor Disclosure Statement, AccessDebit MasterCard Card Holder Terms & Condit in regard to any credit facilities with NBS I/we have been offered the option of dis	nis authority is provided; (if someone other than the individual supplies the information.) y be used by NBS to advise me/us of other NBS products or services, and gencies to release at any time all personal information held by them, and g whether or not my/our Court Fines are overdue, and reference agencies and any other party expressly authorised by me/us, at any time, personal information held , that I/we have not withheld any information that would result in this application being declined and that I/ nsolvency Act 1967, nor in default with any payment under any credit facility. ral Terms and Conditions, Cheque Terms and Conditions, NBS Product Disclosure Statement, QFE Financial
uits my/our needs.	Name Date
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NBS USE ONLY - Customer Document Checklist	
Application ID Recorded	Address Verification Product Disclosure
Completed and Scanned QFE Disclosure AML/CFT New Statement Given Account Checklist Completed	Scanned Statement Given OFE Compliance Credit Check Interview Checklist Completed Completed (if applicable)
Fire & General Insurance Risk Insurance	Loaded to Client Review List
MANAGER/PERSONAL BANKER	DATE STAMP
CHECKED BY - Please print your name	
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