

Acting on Behalf of a Customer



This form is to be completed for:

- An individual who is authorised to use a password (or similar) to log in to an account or facility held by the Account Holder (e.g. Electronic Banking); or
- An employee of the Account Holder who undertakes banking duties for the Account Holder

NBS is, or may be, required to verify the identity of the individual acting on behalf of the Account Holder. Please refer to NBS' list of acceptable verification documentation available at www.nbs.co.nz. Address verification is required (i.e. Phone/Power Bill).

Details of Nominated Person

Full Name

Relationship to Customer

Date of Birth DD/MM/YY

Day Time Contact Number

Mobile Number

Email Address

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

 Postcode

Country

Specimen Signature

Existing Customer

No

Yes

Specify Customer Number

Occupation

Primary ID Expiry Date

Secondary ID Expiry Date

Company/Organisation Details

Client Number

Legal Name of Account (Company/Organisation/Club/Society/Trust/Partnership)

Account Number this Authority applies to

Tick here for all Suffixes

OR Specific Suffixes

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Authority

A minimum of two Account Holders (e.g. Directors, Trustees, elected or appointed officials) must sign this section, unless the Account Holder is, for example, a sole Director company.

Full Name: _____ Designation: _____

Date DD/MM/YY: _____

Signature: _____

Full Name: _____ Designation: _____

Date DD/MM/YY: _____

Signature: _____

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

NBS Staff Member

DATE STAMP