NBS Additional Account Form (Personal)

Please complete this form in BLOCK LETTERS

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)

ADDITIONAL ACCOUNT(S) REQUIRED

NBS Account Number

Please open the following account(s)

ACCESS
CHEQUE
CALL
TARGET
CAREER LAUNCHER
YOUTH

TERM
INVESTMENT

Delivery and Frequency of Statement

Amount of Investment

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.

Cheque Book Required
Deposit Book Required
Cheque/Deposit Book Personalisation

Yes No
Yes No

Debit Card Access

Card Personalisation

Internet Banking Access

NBS Mobile Access

ACCOUNT ACTIVITY & SIGNING INSTRUCTIONS

Types of Expected Account Activity
Cash Deposit/Withdrawal
Cheque Deposits
Cheques issued
Transfer in/out
Telegraphic Transfer in/out
Other (Please Specify)

OVERALL PURPOSE OF ACCOUNT

Please tick just ONE box. If you don’t tick anything, we will default to the existing signing rule held.

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.
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 Investment Statement prior to the account(s) being opened where investments are being made into a Term Deposit
• 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 authority 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