

Application for Term Deposits or NBS Call

PERSONAL CUSTOMERS

NBS

NELSON BUILDING SOCIETY

Applicant 1 - NBS Client No.

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)

Country of Citizenship (If not New Zealand)

Do you own your home/rent/board?

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.)

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

NAME	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?

^{*}RWT Rate (Tick one box) 10.5% 17.5% 30% 33%

^{**}Country of Residence

If you are a New Zealand Non Resident, which tax application have you elected?

NRWT OR Approved Issuer Levy

[†]If you do not provide an IRD number and a selected tax rate, the non-declared RWT rate will apply of 33%. ^{**}Customers who are not New Zealand tax residents will have Non Resident Withholding Tax ("NRWT") deducted from interest payments. The rate deducted will be determined by the country the customer is a tax resident of as determined by New Zealand Tax law. Non Resident customers may also elect to have Approved Issuer Levy (AIL) applied at 2% of interest payments. AIL is not tax deducted from interest payments but a levy paid by NBS.

Country of Citizenship (If not New Zealand)

NBS needs to verify whether you are a foreign citizen or a foreign resident for tax purposes.

NB: If you are a US resident for tax purposes or a US citizen please complete FATCA Declaration.

Applicant 2 - NBS Client No.

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Personal details - Applicant 2

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)

Country of Citizenship (If not New Zealand)

Do you own your home/rent/board?

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

Expiry

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

Expiry

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

Full-Time/Part-Time/Casual

<input type="text"/>	<input type="text"/>
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Employers Details

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

Length of Employment (Years & Months)

Previous Employer (If less than 3 years)

<input type="text"/>	<input type="text"/>
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Annual Personal Income

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

<input type="text"/>	<input type="text"/>
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Tax details

*IRD Number

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%

**Country of Residence

If you are a New Zealand Non Resident, which tax application have you elected?

NRWT OR Approved Issuer Levy

*If you do not provide an IRD number and a selected tax rate, the non-declared RWT rate will apply of 33%. **Customers who are not New Zealand tax residents will have Non Resident Withholding Tax ("NRWT") deducted from interest payments. The rate deducted will be determined by the country the customer is a tax resident of as determined by New Zealand Tax law. Non resident customers may also elect to have Approved Issuer Levy (AIL) applied at 2% of interest payments. AIL is not tax deducted from interest payments but a levy paid by NBS.

Country of Citizenship (If not New Zealand)

NBS needs to verify whether you are a foreign citizen or a foreign resident for tax purposes.

NB: If you are a US resident for tax purposes or a US citizen please complete FATCA Declaration.

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
- 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.

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