

# Application for Term Deposits or NBS Call

NON-INDIVIDUAL



## 1. Applicant Information - this MUST be completed for ALL Customers

Type of Organisation (select one)

Trust ☐ Registered Charitable Trust ☐ Incorporated Society/Club ☐ Unincorporated Society/Club ☐ Co-operative ☐

Do you operate as a Charity? ☐ Yes ☐ No

If 'yes' - What is the objective/purpose of the Charity?

  
  

Full Name of Customer

  

Company Number

Name and Location of Parent Company (If a subsidiary company)

  

Registered Office Address (PO Box is not acceptable)

Postcode

Country (If not New Zealand)

Postal Address

Postcode

Country (If not New Zealand)

Phone Number

Fax Number

Website Address

Email Address

IRD/GST Number

Industry Code

Withholding Tax Rate

Company

28%

☐

33%

☐

All Other Entities

10.5%

☐

17.5%

☐

30%

☐

33%

☐

Exempt (if exempt, please attach a copy of your Exemption Certificate)

☐

Non Residents - All, Country Rate

(Non Residents, please complete the Declaration Confirming Non Resident Tax Status for New Zealand Tax purposes - supplied on request)

☐

Related Entities (if any)

Nature of Business

Registration or Inception Date (DD/MM/YY)

## 2. Account Requirements

### NBS Account Number

### TERM DEPOSIT

### NBS CALL

Amount of Deposit

Term

Interest Rate p.a.

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 Deposit

Term

Interest Rate p.a.

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.

Delivery and Frequency of Statement (NBS Call only)

☐

Email

☐

Post

☐

Monthly

☐

Quarterly

☐

Half Yearly

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, and have read and understood the Declaration and have received, understood and accept the terms of the Product Disclosure Statement.

SIGNATORIES FOR ACCOUNTS

1. 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

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

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

Existing Customer

No

Yes

Specify Customer Number & update customer details where necessary

NBS USE ONLY - Accepted by

Primary ID

Secondary ID

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

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	<div></div>				

**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 type="text"/>	<input type="text"/>
Position	
<input type="text"/>	
Physical Address	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	
Country	
<input type="text"/>	

Full Name	Date of Birth DD/MM/YY
<input type="text"/>	<input type="text"/>
Position	
<input type="text"/>	
Physical Address	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	
Country	
<input type="text"/>	

Full Name	Date of Birth DD/MM/YY
<input type="text"/>	<input type="text"/>
Position	
<input type="text"/>	
Physical Address	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	
Country	
<input 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, 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature		Signature	
<input type="text"/>		<input type="text"/>	

**NBS USE ONLY - Customer Document Checklist**

Application Completed	<input type="checkbox"/>	ID Recorded and Scanned	<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"/>	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"/>	KiwiSaver	<input type="checkbox"/>	Loaded to Client Review List	<input type="checkbox"/>

**MANAGER/PERSONAL BANKER****DATE STAMP****CHECKED BY** - Please print your name