

1 Your details Please print your details clearly in CAPITAL letters, using a pen

Title Mr Mrs Miss Ms Other

First name(s)

Surname

Date of birth Gender Male Female
Day Month Year

Marital status Single Married Separated Divorced Widowed Other

IRD number Tax rate 19.5% 33% 39% Exempt
Please include a copy of your exemption certificate

Residential address

Suburb City/Town

Work ph Home ph Mobile ph

Email

Employment Full-time Part-time Retired Unemployed Self-employed Other

Employer name

Occupation How long as an employee? years months

Current bank How long with this bank? years months

I acknowledge that Kiwibank may give the information I have provided to any credit insurer, credit reporting agency and/or any other person deemed necessary by Kiwibank for the purposes of assessing this application and providing banking services. I consent to Kiwibank collecting my personal information from any credit reporting agency, employer and/or other persons deemed necessary by Kiwibank for it to process my application. I certify that I am 18 years of age or older and I am not an undischarged bankrupt or liable under the Insolvency Act 1967.

Signature Day Month Year

2 Document checklist Please check that you have enclosed the following documents

- Signed Account Operating Authority
- Photocopied photo identification (must bear an original signature)
- Bank statement, telephone, gas or electricity bills no more than 3 months old
- Completed Accounts and Services form
- Deposit cheque

1 Documents needed Please print your details clearly in CAPITAL letters, using a pen

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First name(s)

Surname

Please ensure you have attached the following documents to this form before posting:

A photocopy of one of the following

- A current passport or,
- A current New Zealand photo driver's licence or,
- A current New Zealand firearms licence or,
- A current New Zealand Police or Defence photo identity card

And

- An original bank statement issued within the last 3 months or,
- An original telephone, gas or electricity bill issued within the last 3 months

And

- A completed, signed Account Operating Authority form

And

- A completed and signed Individual Customer Details Form for each applicant.

2 Accounts

Tick the boxes below to select the accounts you need. Further information about our accounts and services is available at www.kiwibank.co.nz

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Now account | A cheque account with low fees |
| <input type="checkbox"/> Front Runner | An interest paying cheque account |
| <input type="checkbox"/> Fast Forward Saver | For serious savers |
| <input type="checkbox"/> Term Deposit | A high interest investment |

3 Services

Please indicate which services you're interested in. Please note that these can't be fully loaded until your account is verified in New Zealand.

- | | |
|---|---|
| <input type="checkbox"/> ATM card | A card to enable 24 hour/7 day access to your account via ATMs and EFTPOS |
| <input type="checkbox"/> TXT banking | Check your Kiwibank account balance on your mobile phone |
| <input type="checkbox"/> Phone banking | Check your Kiwibank account balance and make payments over the phone |
| <input type="checkbox"/> Internet banking | Check your Kiwibank account balances and make payments over the internet |
| <input type="checkbox"/> Automatic payments | Regular fixed payments |
| <input type="checkbox"/> Bill payments | Variable payments actioned by customer |
| <input type="checkbox"/> PayStream | Split incoming funds between accounts automatically |
| <input type="checkbox"/> Sweep | Maintain a daily balance in your accounts |
| <input type="checkbox"/> Dynamic Sweep | Instant transfer between accounts |
| <input type="checkbox"/> Email statements | Receive electronic statements |

For more information on any of these services visit www.kiwibank.co.nz

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Account name
e.g. J R Smith

Account type Date
e.g. individual, trust, joint account Day Month Year

2 Declaration by account owner(s) and signatory(ies) Please ensure you read this important declaration before signing

- By signing this authority I/we agree that:
- This authority will apply to all accounts listed below. It is in place of, and supersedes, any other authority Kiwibank may have for these accounts.
 - This authority will remain in full force and effect until it is replaced or superseded or all of my/our relevant accounts are closed.
 - If there are any changes to this authority (including if a signatory has been designated by position only and the person holding that position changes), I/we will provide a replacement authority.
 - Kiwibank can accept and act on any documents or transaction executed or authorised in accordance with this authority. Kiwibank is not required to accept or act on any other document or transaction.
 - Where any of the relevant accounts is a trust or society account, I/we certify that I/we have the power to open the account and give this authority on behalf of the trust or society. Each signatory is properly authorised to bind the trust or society in accordance with this authority.
 - I/we have received and are bound by Kiwibank’s General Terms and Conditions and all other terms and conditions (including fee and charges for the time being) that apply to our relevant accounts.
 - All information I/we have given Kiwibank is true, correct and complete. If not then I/we may be liable to Kiwibank and my/our relevant accounts may be closed.

3 Account holders details

Full name(s)	Signature	Signatory		Owner	
		Yes	No	Yes	No

Bank use only

Received at
PostShop name/PBU number

Accepted by
Staff member’s name Date received stamp