

Branch Use - CCB Corp NZ Branch

Organisation Account Opening Form



This form is to be used to open an organisation account with China Construction Bank Corporation New Zealand Branch ( "Bank" ).

Note: On request, the Bank can provide the applicant with this form in a different format which may make it easier to read (for example on A3 sized paper and using larger font). Please contact the Bank if this would assist.

1. Customer Details

Organisation - An organisation includes (without limitation) a company, trust, partnership or sole trader.

Customer Number: (if existing customer)

Customer Name:

Incorporation/Registration Number:

Country of Incorporation/Registration

NZBN (if any):

Trading Name (if different):

Entity Type:

Company

Trust

Partnership/Joint Venture

Limited Partnership

Incorporated Society

Other

Please Specify:

Phone: (home)

Phone:(mobile)

Phone: (work)

Fax:

Email:

IRD number:

GIIN (for financial institutions):

Registered office/Address:

Suburb:

Postcode

Town/City

Country

Mailing Address: (if different)

Suburb:

Postcode

Town/City

Country

What does your organisation do?

Please provide your ANZSIC Code (if known):

If you are a sole trader:

Are you a US citizen? - \*1

Yes

No

Date of Birth - \*2

Is the organisation GST registered?

Yes

No

If GST registered, are at least 75% of your supplies subject to GST at 15%?

Yes

No

RWT exempt?

Yes

No

RWT rate:

To determine your applicable RWT rate, please refer to the Inland Revenue Department website for guidance at [www.ird.govt.nz](http://www.ird.govt.nz)

10.5%

17.5%

28%

30%

33%

Exempt (Prior 1 April 2020, please include a copy of your exemption certificate)

Non-resident withholding tax

Country of Residence

Approved issue levy (AIL)

Country of Residence

Main Country of tax residency:

Additional Country(s) of tax residency: (other than New Zealand - if any)

Foreign Tax Identification Number(s) (TIN):

Reason if TIN not provided:

1 - Country does not issue TIN

2 - Country does not require TIN

3 - Applied for TIN. Will provide

4 - Cannot obtain TIN. Please provide reason below:

Please provide the Bank with information about the source of funds or wealth of your organisation:

**Note: The Bank does not offer accounts to retail investors.**

If the organisation is a wholesale investor under the Financial Markets Conduct Act 2013 (FMCA), the Bank may offer it certain financial products that are not described in a product disclosure statement or otherwise offered to retail investors. You should seek independent advice if you are unsure about whether the organisation is a retail or wholesale investor, or of the consequences of entering into transactions that are offered to wholesale investors only.

If you indicate that the organisation is a wholesale investor, the Bank may require you to provide financial statements or other information to verify this. If at any time the organisation subsequently becomes aware that it is not a wholesale investor under the FMCA, it must notify the Bank immediately. The Bank may periodically ask the organisation to reconfirm whether it is a retail or wholesale investor.

\* 1 - You will be a US citizen if you were born in the US or have acquired US citizenship, unless you have formally renounced your US citizenship.

\* 2 - If the organisation is an individual (e.g. Sole Trader) and has tax residence overseas, the Date of Birth needs to be completed.

V2019-09

Page 1 of 10

Address: Level 29, Vero Centre, 48 Shortland Street, Auckland 1010, New Zealand  
SWIFT: PCBCNZ2A. TEL: +64 9 3388 200. Web: <http://nz.ccb.com/>



Wholesale investor type:

Not applicable (retail investor)	Government Agency	Investment Business (registered bank/NBDT)
Investment Business (licensed insurer/scheme manager/derivatives issuer)	Investment Business (QFE/a financial advisor)	
Investment Business (principal financial business/principal client money or property service)		
Large (>\$5 million assets)	Large (>\$5 million turnover)	
Portfolio Investor (> \$1million portfolio)	Portfolio Investor (> \$1million transactions)	Other <input type="text"/>

If your organisation is a Trust:

If the trust is a discretionary trust, charitable trust or a trust that has more than 10 beneficiaries

What are the classes or types of beneficiaries of the trust?

Or, if the trust is a charitable trust, what/who are the objects of the trust?

For all other trusts, please list the full name and date of birth for all beneficiaries of the trust:

Name:	<input type="text"/>	Name:	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>

Key Individuals (e.g. Directors / Senior Managers)

Full Name:	<input type="text"/>	Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Date of Birth:	<input type="text"/>
Country(s) of citizenship:	<input type="text"/>	Country(s) of citizenship	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>

Full Name:	<input type="text"/>	Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Date of Birth:	<input type="text"/>
Country(s) of citizenship:	<input type="text"/>	Country(s) of citizenship	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>

Full Name:	<input type="text"/>	Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Date of Birth:	<input type="text"/>
Country(s) of citizenship:	<input type="text"/>	Country(s) of citizenship	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>

Account Owners being entities or individuals who have ownership/control of your organisation

Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Country(s) of citizenship:		Country(s) of citizenship:	
Address:		Address:	
Relationship to Organisation:		Relationship to Organisation:	

Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Country(s) of citizenship:		Country(s) of citizenship:	
Address:		Address:	
Relationship to Organisation:		Relationship to Organisation:	

Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Country(s) of citizenship:		Country(s) of citizenship:	
Address:		Address:	
Relationship to Organisation:		Relationship to Organisation:	

Related Parties (Any related party to the Customer/an Account Owner)

Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Country(s) of citizenship:		Country(s) of citizenship:	
Address:		Address:	

Any other beneficial ownership /control of your organisation

If your organisation has beneficial ownership, this must be disclosed to the Bank. Examples may include if your organisation is a trust or a company with nominee shareholders, or holds assets on behalf of another person(s). A beneficial owner is a person who satisfies one or more of the following three elements:

- owns more than 25% of the organisation; or
- has effective control of the organisation (for example, a trustee, settlor, appointer, director/senior manager or someone who can appoint those people); or
- a person on whose behalf a transaction is concluded.

Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Country(s) of citizenship:		Country(s) of citizenship:	
Address:		Address:	
Relationship to Organisation:		Relationship to Organisation:	

**Note:** If you need further space to disclose any of the above information, please attach a schedule.



Authorised Signatory 1:

Customer Number: (if existing customer)

Title:Mr.Mrs.Ms.Miss.

Other

First name(s):

Surname:

Date of Birth

Relationship to organisation:

Occupation:

By signing below, the Authorised Signatory agrees to be an Authorised Signatory to the Customer's account and agrees to the statements set out in section 4 below

Signature of Authorised Signatory:

ID Type:

ID No.:

Expiry of ID:

Phone: (home)Phone:(mobile)

Phone:(work)Fax:

Email:

Residential Address:

Suburb:Postcode:

Town/CityCountry

Mailing Address: (if different)

Suburb:Postcode:

Town/CityCountry

ID Type:

ID No.:

Expiry of ID:

Authorised Signatory 2:

Customer Number: (if existing customer)

Title:Mr.Mrs.Ms.Miss.

Other

First name(s):

Surname:

Date of Birth

Relationship to organisation:

Occupation:

By signing below, the Authorised Signatory agrees to be an Authorised Signatory to the Customer's account and agrees to the statements set out in section 4 below

Signature of Authorised Signatory:

ID Type:

ID No.:

Expiry of ID:

Phone: (home)Phone:(mobile)

Phone:(work)Fax:

Email:

Residential Address:

Suburb:Postcode:

Town/CityCountry

Mailing Address: (if different)

Suburb:Postcode:

Town/CityCountry

ID Type:

ID No.:

Expiry of ID:



Authorised Signatory 3:

Customer Number: (if existing customer)

Title:

Mr.

Mrs.

Ms.

Miss.

Other

First name(s):

Surname:

Date of Birth

Relationship to organisation:

Occupation:

By signing below, the Authorised Signatory agrees to be an Authorised Signatory to the Customer's account and agrees to the statements set out in section 4 below

Signature of Authorised Signatory:

ID Type:

ID No.:

Expiry of ID:

Phone: (home)

Phone:(mobile)

Phone:(work)

Fax:

Email:

Residential Address:

Suburb:

Postcode:

Town/City

Country

Mailing Address: (if different)

Suburb:

Postcode:

Town/City

Country

ID Type:

ID No.:

Expiry of ID:

Authorised Signatory 4:

Customer Number: (if existing customer)

Title:

Mr.

Mrs.

Ms.

Miss.

Other

First name(s):

Surname:

Date of Birth

Relationship to organisation:

Occupation:

By signing below, the Authorised Signatory agrees to be an Authorised Signatory to the Customer's account and agrees to the statements set out in section 4 below

Signature of Authorised Signatory:

ID Type:

ID No.:

Expiry of ID:

Phone: (home)

Phone:(mobile)

Phone:(work)

Fax:

Email:

Residential Address:

Suburb:

Postcode:

Town/City

Country

Mailing Address: (if different)

Suburb:

Postcode:

Town/City

Country

ID Type:

ID No.:

Expiry of ID:



Authorised Signatory 5:

Customer Number: (if existing customer)					Phone: (home)		Phone:(mobile)	
<div></div>					<div></div>		<div></div>	
Title:	Mr.	Mrs.	Ms.	Miss.	Phone:(work)		Fax:	
	Other	<div></div>			<div></div>		<div></div>	
First name(s):					Email:			
<div></div>					<div></div>			
Surname:					Residential Address:			
<div></div>					<div></div>			
Date of Birth					Suburb:		Postcode:	
<div></div>					<div></div>		<div></div>	
Relationship to organisation:					Town/City		Country	
<div></div>					<div></div>		<div></div>	
Occupation:					Mailing Address: (if different)			
<div></div>					<div></div>			
By signing below, the Authorised Signatory agrees to be an Authorised Signatory to the Customer's account and agrees to the statements set out in section 4 below					Suburb:		Postcode:	
Signature of Authorised Signatory:					<div></div>		<div></div>	
<div></div>					Town/City		Country	
<div></div>					<div></div>		<div></div>	
ID Type:	<div></div>				ID Type:	<div></div>		
ID No.:	<div></div>				ID No.:	<div></div>		
Expiry of ID:	<div></div>				Expiry of ID:	<div></div>		

Authorised Signatory 6:

Customer Number: (if existing customer)					Phone: (home)		Phone:(mobile)	
<div></div>					<div></div>		<div></div>	
Title:	Mr.	Mrs.	Ms.	Miss.	Phone:(work)		Fax:	
	Other	<div></div>			<div></div>		<div></div>	
First name(s):					Email:			
<div></div>					<div></div>			
Surname:					Residential Address:			
<div></div>					<div></div>			
Date of Birth					Suburb:		Postcode:	
<div></div>					<div></div>		<div></div>	
Relationship to organisation:					Town/City		Country	
<div></div>					<div></div>		<div></div>	
Occupation:					Mailing Address: (if different)			
<div></div>					<div></div>			
By signing below, the Authorised Signatory agrees to be an Authorised Signatory to the Customer's account and agrees to the statements set out in section 4 below					Suburb:		Postcode:	
Signature of Authorised Signatory:					<div></div>		<div></div>	
<div></div>					Town/City		Country	
<div></div>					<div></div>		<div></div>	
ID Type:	<div></div>				ID Type:	<div></div>		
ID No.:	<div></div>				ID No.:	<div></div>		
Expiry of ID:	<div></div>				Expiry of ID:	<div></div>		

2. Account Details

Accounts

Account Name

*The account name should match the same name of the organisation/Customer on page 1 of this form. Otherwise please advise the reason and any variation to the account name is subject to acceptance by the Bank.*

Preferred method of contact:

Email or Phone or Mail

Purpose of account

Contact Name - 2:

Address:

Phone:

Mobile:

Fax:

Email:

Currency of Account:

NZD

USD

RMB

HKD

JPY

EUR

GBP

Other, please specify

Products:

Current Account

Term Deposit

Savings Account

Pledge Term Deposit

Current Account (For Loan security purpose)

Others,Please specific:

Contact Name -1 :

Address:

Phone:

Mobile:

Fax:

Email:

Contact Name - 3:

Address:

Phone:

Mobile:

Fax:

Email:

Account Operating Authority

If no box is selected, any Authorised Signatory can act individually in relation to the account.

The Account Operating Authority may be different to the authority rules applying to Online Banking.

All instructions provided to the Bank in relation to the operation and management of the account are governed by the authority set out below:

Any Authorised Signatory, acting individually

Any two Authorised Signatories, acting jointly

At least  Authorised Signatories, acting together

Other (as described below), subject to acceptance from the Bank:

V2019-09

Page 7 of 10

Address: Level 29, Vero Centre, 48 Shortland Street, Auckland 1010, New Zealand  
SWIFT: PCBCNZ2A. TEL: +64 9 3388 200. Web: <http://nz.ccb.com/>

3. Privacy

This form collects personal information about you (if you are an individual), and other key individuals who have control or ownership of your organisation and the Authorised Signatories (together, **“Related Persons”**). The Bank is committed to your privacy. Please refer to the Bank’s Account Terms and Conditions for a full description of the Bank’s privacy policy (**“Privacy Policy”**). The Bank’s Privacy Policy contains a full description of how the Bank collects, stores, protects and uses you and your Related Persons’ personal information.

The information is being collected for a number of specified purposes set out in the Bank’s Privacy Policy including to enable the Customer to open and operate an account with the Bank and to enable the Bank to contact the Customer with information regarding other Bank products and services. Where the Bank collects or provides information to credit reference agencies, that information is for the purpose of allowing both the Bank and other agencies to engage the services of the credit reference agency to provide information for the assessment of credit and to collect money owed by you.

The intended recipients of the information include the Bank, its affiliates and related entities (including other members of the CCB New Zealand Group), agents, government departments, other providers of credit, credit reference agencies, third party service providers, previous and current employers, research firms, direct marketing firms engaged by the Bank and other persons described in the Bank’s Privacy Policy.

The information is being collected by the Bank (and/or its affiliates and related entities including any other member of CCB New Zealand Group). The information will be held by the Bank or any other member of the CCB New Zealand Group at Level 29, 48 Shortland Street, Auckland, New Zealand and/or China Construction Bank Corporation’s principal offices at no. 25 Financial Street, Xicheng District, Beijing 100033, the People’s Republic of China. The information may also be held at such other third party providers when that information has been shared with another third party in accordance with the Bank’s Privacy Policy.

Failure to provide this information or provision of incorrect information may result in your application for Bank products and services being declined, or you being unable to open an account with the Bank. It also may affect the level of service that the Bank is able to provide to you.

You (and your Related Persons) have the right to access and request the correction of, all personal information about you (or your Related Persons) supplied to and held by the Bank (or any other member of the CCB New Zealand Group, including at China Construction Bank Corporation’s principal offices in the People’s Republic of China).

4. Declaration

By completing this application form you consent to the Bank’s Account Terms and Conditions and any other terms and conditions which may apply or which are contained in this application form.

A copy of the Bank’s Account Terms and Conditions is available on request from the Bank’s Office at Level 29, Vero Centre, 48 Shortland Street, Auckland or by phone at +64 9 338 8200.

You certify that all the information in this application is true, correct, and complete in every respect.

You agree that the Account Owners and Authorised Signatories in this form may operate the account in accordance with the signing requirements specified in this application form and in accordance with the Bank’s Account Terms and Conditions and any other terms and conditions that may apply.

You authorise the Bank to make any enquires in relation to the statements given in this application, which it considers necessary, and for that purpose to disclose to and obtain information from any other bank, financial institution, lender, accountant, solicitor, advisor, credit rating and credit reporting agencies and if necessary to disclose to any person the Bank may appoint to collect any outstanding debt or any other party any additional information including the details of your accounts or financial affairs, and you authorise any party approached to provide such information to the Bank.

If you provide the Bank with an email address of the organisation on page 1 of this form, you consent to receiving notices and other communications (including information that any laws or other regulatory requirements require us to provide you in writing) from the Bank by email to such email address.

You confirm that you are an Account Owner and have the authority to sign this form on behalf of the Customer organisation. By signing below, you certify that you are authorised to provide the personal information in respect of the named individuals included in this form. You agree to notify the Bank of any changes in details (including name, registered address and those affecting account and tax residency information). By signing below, you agree to the statements in this declaration.

Excuted by and on behalf of the Customer, by its Account Owner,

Being:  
Insert relationship to Account Owner to the Customer. e.g.directors, trustees etc.

Signed by Account Owner:

Name of Account Owner:

Date:

Excuted by and on behalf of the Customer, by its Account Owner,

Being:  
Insert relationship to Account Owner to the Customer. e.g.directors, trustees etc.

Signed by Account Owner:

Name of Account Owner:

Date:

Excuted by and on behalf of the Customer, by its Account Owner,

Being:  
Insert relationship to Account Owner to the Customer. e.g.directors, trustees etc.

Signed by Account Owner:

Name of Account Owner:

Date:

Excuted by and on behalf of the Customer, by its Account Owner,

Being:  
Insert relationship to Account Owner to the Customer. e.g.directors, trustees etc.

Signed by Account Owner:

Name of Account Owner:

Date:





Excuted by and on behalf of the Customer, by its Account Owner,

Being:  
Insert relationship to Account Owner to the Customer. e.g.directors, trustees etc.

Signed by Account Owner:

Name of Account Owner:

Date:

Excuted by and on behalf of the Customer, by its Account Owner,

Being:  
Insert relationship to Account Owner to the Customer. e.g.directors, trustees etc.

Signed by Account Owner:

Name of Account Owner:

Date:

Excuted by and on behalf of the Customer, by its Account Owner,

Being:  
Insert relationship to Account Owner to the Customer. e.g.directors, trustees etc.

Signed by Account Owner:

Name of Account Owner:

Date:

Excuted by and on behalf of the Customer, by its Account Owner,

Being:  
Insert relationship to Account Owner to the Customer. e.g.directors, trustees etc.

Signed by Account Owner:

Name of Account Owner:

Date:

**Note:** If signed by a company, it should be signed by two Directors or the sole Director. In all other cases, it should be signed by all Trustees, Partners, etc. (unless the Bank agrees otherwise).

5. Bank Use Only

Client Number:

Bank Relationship Manager Name:

Wholesale Investor category reviewer(if applicable):

Notes and Comments (if any):

6. Checklist

☐ Application Form

☐ Identification - See Below:

If the Account Owner is an individual or association of individuals (e.g. partnership) each individual must verify their identity by:

1.

☐

(a) a copy of an original passport; or  
(b) a New Zealand Driver's Licence **and** a credit card issued by a New Zealand bank; or  
(c) electronic means acceptable to the Bank.
2.

☐

(a) a bank statement or credit card statement from a registered bank addressed to the customer showing the name and address given by the customer; or  
(b) an invoice from a utility supplier addressed to the customer and showing the name and address provided by the customer; or  
(c) electronic means acceptable to the Bank.

If the Account Owner is an incorporated entity:

1.

☐

Documentation downloaded from New Zealand Companies Office or other relevant documentation that verifies the name, registered office and organisation number.
- For each authorised signatory and representative of the organisation signing this form:
2.

☐

(a) a copy of an original passport; or  
(b) a New Zealand Driver's Licence **and** a credit card issued by a New Zealand bank
3.

☐

(a) a bank statement or credit card statement from a registered bank addressed to the customer showing the name and address given by the customer; or  
(b) an invoice from a utility supplier addressed to the customer and showing the name and address provided by the customer

Further requirements for trusts:

For each beneficiary of a trust that isn't a discretionary trust or charitable trust and has less than 10 beneficiaries:

1.

☐

(a) a copy of an original passport; or  
(b) a New Zealand Driver's Licence **and** a credit card issued by a New Zealand bank; or  
(c) electronic means acceptable to the Bank.
2.

☐

(a) a bank statement or credit card statement from a registered bank addressed to the customer showing the name and address given by the customer; or  
(b) an invoice from a utility supplier addressed to the customer and showing the name and address provided by the customer; or  
(c) electronic means acceptable to the Bank.

Please note that in some circumstances the Bank may need further information and/or evidence of your identity or (if applicable), of the organisation's status as a wholesale investor.