



To: China Construction Bank Corporation, New Zealand Branch ("Bank")

List of Extra Signatories - This Form is part of Making Changes to Organisation Accounts.

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.

Please complete in BLOCK LETTERS, " V " where appropriate.

And return the completed form to us at Level 29, Vero Centre, 48 Shortland Street, Auckland 1010, New Zealand

Date: _____

Section 1 - Existing Customer Information

Name of Entity (Company/Organization/Club/Society/Trust/Partnership)

Certificate of Incorporation: _____

Trading Name (if different from Above)

Other Registration: _____

Section 2 - Additional Authorised Signatory Changes

01 - Add a Signatory/Full Replacement

- Treat all fields as mandatory. The more contact information we have the easier it is for us to contact you when there is an issue. Where, for example, you don't have a fax please write N/A.
- Each signatory's mobile and email, if applicable, are important should we need to contact anyone urgently regarding the organisation's account, so please ensure these fields are completed.
- If you are adding another Account Owner (e.g. a director of a company), you need to make this clear on the form under Designation. the Bank will also require evidence from the organisation.

1

Add		Full Replacement								
All Accounts		_____		<u>Details:</u>		Mr.	Mrs.	Miss.	Ms.	Other (Please specify) _____
The Following Account(s) Only (Please Specify)		_____		Full Name		_____				
Account Name (if different from Above)	Account Number List	_____		Home Address		_____				
_____	_____	_____		Email		_____		Phone No.	_____	
_____	_____	_____		Occupation		_____		Date of Birth	_____	
_____	_____	_____		ID Type		_____		ID No.	_____	
By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.				Date of Signing		_____		Expiry of ID	_____	
Specimen Signature				Relationship to Organisation		_____				

2

Add		Full Replacement								
All Accounts		_____		<u>Details:</u>		Mr.	Mrs.	Miss.	Ms.	Other (Please specify) _____
The Following Account(s) Only (Please Specify)		_____		Full Name		_____				
Account Name (if different from Above)	Account Number List	_____		Home Address		_____				
_____	_____	_____		Email		_____		Phone No.	_____	
_____	_____	_____		Occupation		_____		Date of Birth	_____	
_____	_____	_____		ID Type		_____		ID No.	_____	
By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.				Date of Signing		_____		Expiry of ID	_____	
Specimen Signature				Relationship to Organisation		_____				

3

Add		Full Replacement								
All Accounts		_____		<u>Details:</u>		Mr.	Mrs.	Miss.	Ms.	Other (Please specify) _____
The Following Account(s) Only (Please Specify)		_____		Full Name		_____				
Account Name (if different from Above)	Account Number List	_____		Home Address		_____				
_____	_____	_____		Email		_____		Phone No.	_____	
_____	_____	_____		Occupation		_____		Date of Birth	_____	
_____	_____	_____		ID Type		_____		ID No.	_____	
By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.				Date of Signing		_____		Expiry of ID	_____	
Specimen Signature				Relationship to Organisation		_____				

4	Add <u>Full Replacement</u> All Accounts _____ The Following Account(s) Only (Please Specify) _____ Account Name (if different from Above) _____ Account Number List _____	Details: _____ Full Name _____ Home Address _____ Email _____ Occupation _____ ID Type _____ Date of Signing _____ Relationship to Organisation _____	Mr. Mrs. Miss. Ms. Other (Please specify) _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.		_____ _____ _____ _____ _____ _____ _____ _____		
Specimen Signature _____				

5	Add <u>Full Replacement</u> All Accounts _____ The Following Account(s) Only (Please Specify) _____ Account Name (if different from Above) _____ Account Number List _____	Details: _____ Full Name _____ Home Address _____ Email _____ Occupation _____ ID Type _____ Date of Signing _____ Relationship to Organisation _____	Mr. Mrs. Miss. Ms. Other (Please specify) _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.		_____ _____ _____ _____ _____ _____ _____ _____		
Specimen Signature _____				

6	Add <u>Full Replacement</u> All Accounts _____ The Following Account(s) Only (Please Specify) _____ Account Name (if different from Above) _____ Account Number List _____	Details: _____ Full Name _____ Home Address _____ Email _____ Occupation _____ ID Type _____ Date of Signing _____ Relationship to Organisation _____	Mr. Mrs. Miss. Ms. Other (Please specify) _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.		_____ _____ _____ _____ _____ _____ _____ _____		
Specimen Signature _____				

02 - Remove a Signatory

- If the signatory being removed is also an Account Owner, they may need to sign Section 3 to authorise this change on this form
- Ensure any card, phone or online banking (if any) channel is updated to ensure the signatory being removed has no further access to your organisation's account.

1. Full Name	:	_____	Email Address	_____
2. Full Name	:	_____	Email Address	_____
3. Full Name	:	_____	Email Address	_____

Section 3 - Authorising Change

I/We confirm everything is correct and I/we have read and accepted the Bank's terms and conditions in Part H of Making Changes to Organisation Accounts.

- If the organisation is a company, a **minimum of two Account Owners** must sign unless there is only one director of the company in which case one director may sign. In all other cases, **all Account Owners** must sign (eg all trustees of a trust) unless the Bank agrees otherwise.
- The signing rule does not determine how many Account Owners need to authorise these changes.
- Persons authorised to act on behalf of the Account Owner organisation must sign in accordance with any rules, requirements or internal policies of the organisation, such as those specified in a constitution or trust deed.
- Written evidence will be required where the Account Owner is either not known by the Bank or we are unclear on who can authorise these changes.

Signed by and on behalf of the Customer, by its Account Owners

Account Owner's Full Name	:	_____	
Account Owner's Signature	:	_____	Date: _____
By signing you are authorising all changes contained in this document to be made to the account and confirming that you remain bound by the declaration in Part H of Making Changes to Organisation Accounts .			

Account Owner's Full Name :	<input type="text"/>	
Account Owner's Signature :	<input type="text"/>	Date: <input type="text"/>
By signing you are authorising all changes contained in this document to be made to the account and confirming that you remain bound by the declaration in Part H of Making Changes to Organisation Accounts .		

Account Owner's Full Name :	<input type="text"/>	
Account Owner's Signature :	<input type="text"/>	Date: <input type="text"/>
By signing you are authorising all changes contained in this document to be made to the account and confirming that you remain bound by the declaration in Part H of Making Changes to Organisation Accounts .		

Bank Use Only

Signature Verified by:	<input type="text"/>
Processor:	<input type="text"/>
Authorizer:	<input type="text"/>
Date:	<input type="text"/>