

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, "✓" 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	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Add</u></td> <td style="width: 50%;"><u>Full Replacement</u></td> </tr> <tr> <td colspan="2">All Accounts</td> </tr> <tr> <td colspan="2">The Following Account(s) Only (Please Specify)</td> </tr> <tr> <td>Account Name (if different from Above)</td> <td>Account Number List</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<u>Add</u>	<u>Full Replacement</u>	All Accounts		The Following Account(s) Only (Please Specify)		Account Name (if different from Above)	Account Number List	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p><u>Details:</u> Mr. Mrs. Miss. Ms. Other (Please specify) _____</p>	
<u>Add</u>	<u>Full Replacement</u>																
All Accounts																	
The Following Account(s) Only (Please Specify)																	
Account Name (if different from Above)	Account Number List																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
		Full Name	<input type="text"/>														
		Home Address	<input type="text"/>														
		Email	<input type="text"/>														
		Occupation	<input type="text"/>														
		ID Type	<input type="text"/>														
		Date of Signing	<input type="text"/>														
		Relationship to Organisation	<input type="text"/>														
		Phone No.	<input type="text"/>														
		Date of Birth	<input type="text"/>														
		ID No.	<input type="text"/>														
		Expiry of ID	<input type="text"/>														
<p><i>By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.</i></p>																	
<p>Specimen Signature</p>																	

2	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Add</u></td> <td style="width: 50%;"><u>Full Replacement</u></td> </tr> <tr> <td colspan="2">All Accounts</td> </tr> <tr> <td colspan="2">The Following Account(s) Only (Please Specify)</td> </tr> <tr> <td>Account Name (if different from Above)</td> <td>Account Number List</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<u>Add</u>	<u>Full Replacement</u>	All Accounts		The Following Account(s) Only (Please Specify)		Account Name (if different from Above)	Account Number List	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p><u>Details:</u> Mr. Mrs. Miss. Ms. Other (Please specify) _____</p>	
<u>Add</u>	<u>Full Replacement</u>																
All Accounts																	
The Following Account(s) Only (Please Specify)																	
Account Name (if different from Above)	Account Number List																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
		Full Name	<input type="text"/>														
		Home Address	<input type="text"/>														
		Email	<input type="text"/>														
		Occupation	<input type="text"/>														
		ID Type	<input type="text"/>														
		Date of Signing	<input type="text"/>														
		Relationship to Organisation	<input type="text"/>														
		Phone No.	<input type="text"/>														
		Date of Birth	<input type="text"/>														
		ID No.	<input type="text"/>														
		Expiry of ID	<input type="text"/>														
<p><i>By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.</i></p>																	
<p>Specimen Signature</p>																	

3	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Add</u></td> <td style="width: 50%;"><u>Full Replacement</u></td> </tr> <tr> <td colspan="2">All Accounts</td> </tr> <tr> <td colspan="2">The Following Account(s) Only (Please Specify)</td> </tr> <tr> <td>Account Name (if different from Above)</td> <td>Account Number List</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<u>Add</u>	<u>Full Replacement</u>	All Accounts		The Following Account(s) Only (Please Specify)		Account Name (if different from Above)	Account Number List	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p><u>Details:</u> Mr. Mrs. Miss. Ms. Other (Please specify) _____</p>	
<u>Add</u>	<u>Full Replacement</u>																
All Accounts																	
The Following Account(s) Only (Please Specify)																	
Account Name (if different from Above)	Account Number List																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
<input type="text"/>	<input type="text"/>																
		Full Name	<input type="text"/>														
		Home Address	<input type="text"/>														
		Email	<input type="text"/>														
		Occupation	<input type="text"/>														
		ID Type	<input type="text"/>														
		Date of Signing	<input type="text"/>														
		Relationship to Organisation	<input type="text"/>														
		Phone No.	<input type="text"/>														
		Date of Birth	<input type="text"/>														
		ID No.	<input type="text"/>														
		Expiry of ID	<input type="text"/>														
<p><i>By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.</i></p>																	
<p>Specimen Signature</p>																	

4 Add Full Replacement

All Accounts Details: 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 _____

Relationship to Organisation _____

Specimen Signature _____

5 Add Full Replacement

All Accounts Details: 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 _____

Relationship to Organisation _____

Specimen Signature _____

6 Add Full Replacement

All Accounts Details: 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 _____

Relationship to Organisation _____

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"/>