

Personal Account Opening Form

This form is to be used to open a personal account with China Construction Bank (New Zealand) Limited (the **Bank**).

1. Account Owner Details

In this form, any reference to "account owner" means the "customer" or "you". If more than one person, "you", "account owner" and "customer" means each person individually and any two or more of those people that is named as an account owner in this form.

First Account Owner

Customer Number: (if existing customer)		Residential address:	
<input type="text"/>		<input type="text"/>	
Title:	Suburb:	Postcode:	
Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/>	<input type="text"/>	<input type="text"/>	
Other <input type="radio"/> <input type="text"/>	Town/City:	Country:	
First name(s):	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Mailing address: (if different)		
Surname:	<input type="text"/>		
<input type="text"/>	Suburb:	Postcode:	
Date of birth:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Town/City:	Country:	
Occupation:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Are you a US citizen? ¹ Yes <input type="radio"/> No <input type="radio"/>		
Phone: (home) Phone: (mobile)	Main country of tax residence: <input type="text"/>		
<input type="text"/> <input type="text"/>	<input type="text"/>		
Phone: (work) Fax:	Additional country(s) of tax residence: (if any)		
<input type="text"/> <input type="text"/>	<input type="text"/>		
Email:	Foreign Tax Identification Number(s) (FIN):		
<input type="text"/>	<input type="text"/>		
IRD number:	<input type="text"/>		
<input type="text"/>	<input type="radio"/> Exempt (Please include a copy of your exemption certificate)		
Resident Withholding Tax (RWT) rate:	<input type="radio"/> Non-resident withholding tax <input type="text"/> Country of Residence		
10.5% <input type="radio"/> 17.5% <input type="radio"/> 30% <input type="radio"/> 33% <input type="radio"/>	<input type="radio"/> Approved issuer levy <input type="text"/> Country of Residence		

Note: If the account you are opening is related to any beneficial ownership (such as a trust), you must use the Organisation Account Opening Form. In some circumstances, the Bank may require you to disclose information relating to the source of your funds or wealth.

Signature:

ID Type:	<input type="text"/>	ID No.:	<input type="text"/>	Expiry:	<input type="text"/>
ID Type:	<input type="text"/>	ID No.:	<input type="text"/>	Expiry:	<input type="text"/>

Note: The Bank is, or may be required to verify your identity, the identity of the people named in this application form and certain other information provided in this form.

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.

Subsidiary Use – CCB NZ Ltd

Second Account Owner

Customer Number: (if existing customer) <input type="text"/>		Residential address: <input type="text"/>	
Title: Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/>		Suburb: <input type="text"/>	
Other <input type="radio"/> <input type="text"/>		Postcode: <input type="text"/>	
First name(s): <input type="text"/>		Town/City: <input type="text"/>	
Surname: <input type="text"/>		Country: <input type="text"/>	
Date of birth: <input type="text"/>		Mailing address: (if different) <input type="text"/>	
Occupation: <input type="text"/>		Suburb: <input type="text"/>	
Phone: (home) <input type="text"/>		Postcode: <input type="text"/>	
Phone: (mobile) <input type="text"/>		Town/City: <input type="text"/>	
Phone: (work) <input type="text"/>		Country: <input type="text"/>	
Fax: <input type="text"/>		Are you a US citizen? Yes <input type="radio"/> No <input type="radio"/>	
Email: <input type="text"/>		Main country of tax residence: <input type="text"/>	
IRD number: <input type="text"/>		Additional country(s) of tax residence: (if any) <input type="text"/>	
RWT rate: 10.5% <input type="radio"/> 17.5% <input type="radio"/> 30% <input type="radio"/> 33% <input type="radio"/>		Foreign Tax Identification Number(s) (FIN): <input type="text"/>	
		<input type="radio"/> Exempt (Please include a copy of your exemption certificate)	
		<input type="radio"/> Non-resident withholding tax <input type="text" value="Country of Residence"/>	
		<input type="radio"/> Approved issuer levy <input type="text" value="Country of Residence"/>	

Note: If the account you are opening is related to any beneficial ownership (such as a trust), you must use the Organisation Account Opening Form. In some circumstances, the Bank may require you to disclose information relating to the source of your funds or wealth.

Signature:

ID Type: <input type="text"/>	ID No. <input type="text"/>	Expiry: <input type="text"/>
ID Type: <input type="text"/>	ID No. <input type="text"/>	Expiry: <input type="text"/>

Note: The Bank is, or may be required to verify your identity, the identity of the people named in this application form and certain other information provided in this form.

Subsidiary Use – CCB NZ Ltd

Third Account Owner

Customer Number: (if existing customer) <input type="text"/>		Residential address: <input type="text"/>	
Title: Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/>		Suburb: <input type="text"/>	
Other <input type="radio"/> <input type="text"/>		Postcode: <input type="text"/>	
First name(s): <input type="text"/>		Town/City: <input type="text"/>	
Surname: <input type="text"/>		Country: <input type="text"/>	
Date of birth: <input type="text"/>		Mailing address: (if different) <input type="text"/>	
Occupation: <input type="text"/>		Suburb: <input type="text"/>	
Phone: (home) <input type="text"/>		Postcode: <input type="text"/>	
Phone: (mobile) <input type="text"/>		Town/City: <input type="text"/>	
Phone: (work) <input type="text"/>		Country: <input type="text"/>	
Fax: <input type="text"/>		Are you a US citizen? Yes <input type="radio"/> No <input type="radio"/>	
Email: <input type="text"/>		Main country of tax residence: <input type="text"/>	
IRD number: <input type="text"/>		Additional country(s) of tax residence: (if any) <input type="text"/>	
RWT rate: 10.5% <input type="radio"/> 17.5% <input type="radio"/> 30% <input type="radio"/> 33% <input type="radio"/>		Foreign Tax Identification Number(s) (FIN): <input type="text"/>	
		<input type="radio"/> Exempt (Please include a copy of your exemption certificate)	
		<input type="radio"/> Non-resident withholding tax <input type="text" value="Country of Residence"/>	
		<input type="radio"/> Approved issuer levy <input type="text" value="Country of Residence"/>	

Note: If the account you are opening is related to any beneficial ownership (such as a trust), you must use the Organisation Account Opening Form. In some circumstances, the Bank may require you to disclose information relating to the source of your funds or wealth.

Signature:

ID Type: <input type="text"/>	ID No. <input type="text"/>	Expiry: <input type="text"/>
ID Type: <input type="text"/>	ID No. <input type="text"/>	Expiry: <input type="text"/>

Note: The Bank is, or may be required to verify your identity, the identity of the people named in this application form and certain other information provided in this form.

2. Account Details

Account name: <input type="text"/>	Contact name: <input type="text"/>
Account type: (Individual, joint) <input type="text"/>	Address: <input type="text"/>
Signing requirements: <input type="radio"/> any account owner can sign <input type="radio"/> all account owners must sign <input type="radio"/> _____ account owners must sign	Phone: <input type="text"/>
	Mobile: <input type="text"/>
Currency of account: <input type="radio"/> NZD <input type="radio"/> USD <input type="radio"/> RMB <input type="radio"/> Other, please specify <input type="text"/>	Fax: <input type="text"/>
	Email: <input type="text"/>
Purpose of Account: <input type="text"/>	Preferred method of contact <input type="radio"/> Mail <input type="radio"/> Email <input type="radio"/> Phone
Products: <input type="radio"/> Current Account <input type="radio"/> Savings Account <input type="radio"/> Term Deposit <input type="radio"/> Other, please specify: <input type="text"/>	

3. Privacy

This form collects personal information about you.

The information is being collected to enable you to open and operate an account with the Bank and to obtain the use of other Bank products and services and to enable the Bank to contact you 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.

The intended recipients of the information are the Bank, its related entities, agents, government departments, other providers of credit, credit reference agencies, third party service providers, previous and current employers, research firms and direct marketing firms engaged by the Bank.

The information is being collected by the Bank and held at Level 29, 48 Shortland Street, Auckland, New Zealand and such other places when that information has been passed onto another agency.

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.

You have the right to access and request correction of, personal information supplied to and held by the Bank.

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.

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

You agree that the account owners 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 further understand and agree that your signature below will be the specimen signature for the Bank to verify your identity and that you may operate the account by sending forms acceptable to the Bank via facsimile or email, in which case the Bank may choose to follow up by calling you on your phone number indicated in Section 2 herein to confirm your instructions. If the Bank is not satisfied with the forms, completeness, correctness or authenticity of your instructions, you agree that the Bank may, in its absolute discretion, decide not to carry out your instructions and will not assume any responsibility or liability.

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.

First Account Owner

Signature:

Name:

Date:

Second Account Owner

Signature:

Name:

Date:

Third Account Owner

Signature:

Name:

Date:

5. Checklist

- Application Form
- Identification – see below

Each Account Owner must verify their identity by:

1. (a) a copy of an original passport or id card; 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.

6. Witness

7. Bank use only

Client number:

Bank employee Number:

Date account opened:

Bank employee signature: