

To: China Construction Bank (New Zealand) Limited ("Bank")

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

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 Customer

\_\_\_\_\_

Joint Account or not: Yes \_\_\_\_\_ No \_\_\_\_\_

Current Address:

\_\_\_\_\_

Customer ID: \_\_\_\_\_

**Section 2 - Additional Authorised Signatory Changes**

**01 - Add an Authorised 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 Authorised Signatory's mobile and email, if applicable, are important should we need to contact anyone urgently regarding the account, so please ensure these fields are completed.
- If you are advising a change of Basic & contact details, please just complete the relevant fields in Part C of the Making Changes to Account form.
- If you are adding another Account owner, you need to make this clear on the form under Designation.
- We are, or may be, required to verify the identity of the extra Authorised Signatories listed in this form and certain other information provided in this form.
- For Account owners only: If you don't advise your IRD and/or tax rate we are obliged by the IRD to use the maximum tax rate.

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. _____		
	<b>Specimen Signature</b> _____		ID Expiry Date _____			IRD No. _____		
			RWT Rate	10.5%	17.5%	30%	33%	
	* Account owner		NRWT _____					
			Yes No		AIL _____			
			Exempt			Please Include a copy of your exemption certificate		
By signing you are bound by the conditions on the reverse and the Bank's General Terms and Conditions.								
<b>For Account owners only (please complete the following information)</b>								
	Are you a US Citizen?	Yes No	Additional Country(s) of Tax Residency (if any)			_____		
	Main Country of Tax Residency	_____	Foreign Tax Identification Numbers (FIN)			_____		

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. _____		
	<b>Specimen Signature</b> _____		ID Expiry Date _____			IRD No. _____		
			RWT Rate	10.5%	17.5%	30%	33%	
	* Account owner		NRWT _____					
			Yes No		AIL _____			
			Exempt			Please Include a copy of your exemption certificate		
By signing you are bound by the conditions on the reverse and the Bank's General Terms and Conditions.								
<b>For Account owners only (please complete the following information)</b>								
	Are you a US Citizen?	Yes No	Additional Country(s) of Tax Residency (if any)			_____		
	Main Country of Tax Residency	_____	Foreign Tax Identification Numbers (FIN)			_____		

**3** 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. \_\_\_\_\_

**Specimen Signature** ID Expiry Date \_\_\_\_\_ IRD No. \_\_\_\_\_

RWT Rate 10.5% 17.5% 30% 33%

NRWT \_\_\_\_\_

**\* Account owner** Yes No AIL \_\_\_\_\_

Exempt *Please Include a copy of your exemption certificate*

*By signing you are bound by the conditions on the reverse and the Bank's General Terms and Conditions.*

**For Account owners only (please complete the following information)**

Are you a US Citizen? Yes No Additional Country(s) of Tax Residency (if any) \_\_\_\_\_

Main Country of Tax Residency \_\_\_\_\_ Foreign Tax Identification Numbers (FIN) \_\_\_\_\_

**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. \_\_\_\_\_

**Specimen Signature** ID Expiry Date \_\_\_\_\_ IRD No. \_\_\_\_\_

RWT Rate 10.5% 17.5% 30% 33%

NRWT \_\_\_\_\_

**\* Account owner** Yes No AIL \_\_\_\_\_

Exempt *Please Include a copy of your exemption certificate*

*By signing you are bound by the conditions on the reverse and the Bank's General Terms and Conditions.*

**For Account owners only (please complete the following information)**

Are you a US Citizen? Yes No Additional Country(s) of Tax Residency (if any) \_\_\_\_\_

Main Country of Tax Residency \_\_\_\_\_ Foreign Tax Identification Numbers (FIN) \_\_\_\_\_

**02 - Remove an Authorised Signatory**

Account owners only:

- If any account has a lending or credit card facility, or is overdrawn, then the Bank's consent is required prior to removal of an Account owner.
- Account owners will also need to sign Part I (Authorising Changes) if they are being removed.

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 G of Making Changes to Personal Accounts](#).

- The signing rule does not determine how many Account Owners need to authorise these changes.
- 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.

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 G of Making Changes to Personal Accounts](#).

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 G of Making Changes to Personal Accounts](#).

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 G of Making Changes to Personal Accounts](#).

**Bank Use Only**

Signature Verified by:

Processor:

Authorizer:

Date: