

Additional Authorised Signatory(ies) Form for Organisation Accounts

1. Additional Authorised Signatory

The Customer acknowledges that additional Authorised Signatories are bound by the terms set out in the account opening form for Organisation Accounts, the General Account Terms and Conditions and other documents between China Construction Bank (New Zealand) Limited ("Bank") and the Customer. On request, the Bank can provide the Customer 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.

Authorised Signatory 1:

Customer name: ("Customer")		Phone: (home)	Phone:(mobile)
Title: Mr. Mrs. Ms. Miss.		Phone:(work)	Fax:
Other		Email:	
First name(s):		Residential Address:	
Surname:		Suburb:	Postcode:
Date of Birth		Town/City	Country
Relationship to organisation:		Mailing Address: (if different)	
Occupation:		Suburb:	Postcode:
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 3 below		Town/City	Country
Signature of Authorised Signatory:		ID Type:	
		ID No.:	
		Expiry of ID:	

Authorised Signatory 2:

Customer Number: (if existing customer)		Phone: (home)	Phone:(mobile)
Title: Mr. Mrs. Ms. Miss.		Phone:(work)	Fax:
Other		Email:	
First name(s):		Residential Address:	
Surname:		Suburb:	Postcode:
Date of Birth		Town/City	Country
Relationship to organisation:		Mailing Address: (if different)	
Occupation:		Suburb:	Postcode:
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 3 below		Town/City	Country
Signature of Authorised Signatory:		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 3 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 3 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)

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 3 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 6:

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 3 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:

2. 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 General 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 the Bank's ultimate parent bank, China Construction Bank Corporation, at its 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 of your personal information supplied to and held by the Bank (or any other member of the CCB New Zealand Group, including the Bank's ultimate parent bank, China Construction Bank Corporation in the People's Republic of China).

3. Declaration

By completing this application form, you agree to the Bank's General 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 General 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 form is true, correct, and complete in every respect.

You agree that the Account Owners and Authorised Signatories set out in this form may operate the Account in accordance with the signing requirements specified in the Account Operating Authority in the application form for the Account and in accordance with the Bank's General 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 form, 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 Organisation Account Opening 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.

The Account Owners of the Customer duly authorise the additional Authorised Signatories to be authorised to act in accordance with the Account Operating Authority for the Customer when interacting with the Bank.

Executed 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:

Executed 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:

Executed 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:

Executed 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).*

4. Bank Use Only

Client Number:

Bank Relationship Manager Name:

Wholesale Investor category reviewer(if applicable):

Notes and Comments (if any):