

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

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

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

<b>4</b>	<b>Add</b> <span style="float:right">Full Replacement</span>	<b>Details:</b>	<b>Mr.</b>	<b>Mrs.</b>	<b>Miss.</b>	<b>Ms.</b>	<b>Other (Please specify)</b> _____
	All Accounts						
	The Following Account(s) Only (Please Specify)	<b>Full Name</b>	_____				
	Account Name (if different from Above)	<b>Home Address</b>	_____				
	Account Number List	<b>Email</b>	_____	<b>Phone No.</b>	_____		
		<b>Occupation</b>	_____	<b>Date of Birth</b>	_____		
		<b>ID Type</b>	_____	<b>ID No.</b>	_____		
		<b>Date</b>	_____	<b>Expiry of ID</b>	_____		
		<b>Relationship to Organisation</b>	_____				
	<i>By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.</i>						
	<b>Specimen Signature</b>						

<b>5</b>	<b>Add</b> <span style="float:right">Full Replacement</span>	<b>Details:</b>	<b>Mr.</b>	<b>Mrs.</b>	<b>Miss.</b>	<b>Ms.</b>	<b>Other (Please specify)</b> _____
	All Accounts						
	The Following Account(s) Only (Please Specify)	<b>Full Name</b>	_____				
	Account Name (if different from Above)	<b>Home Address</b>	_____				
	Account Number List	<b>Email</b>	_____	<b>Phone No.</b>	_____		
		<b>Occupation</b>	_____	<b>Date of Birth</b>	_____		
		<b>ID Type</b>	_____	<b>ID No.</b>	_____		
		<b>Date</b>	_____	<b>Expiry of ID</b>	_____		
		<b>Relationship to Organisation</b>	_____				
	<i>By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.</i>						
	<b>Specimen Signature</b>						

<b>6</b>	<b>Add</b> <span style="float:right">Full Replacement</span>	<b>Details:</b>	<b>Mr.</b>	<b>Mrs.</b>	<b>Miss.</b>	<b>Ms.</b>	<b>Other (Please specify)</b> _____
	All Accounts						
	The Following Account(s) Only (Please Specify)	<b>Full Name</b>	_____				
	Account Name (if different from Above)	<b>Home Address</b>	_____				
	Account Number List	<b>Email</b>	_____	<b>Phone No.</b>	_____		
		<b>Occupation</b>	_____	<b>Date of Birth</b>	_____		
		<b>ID Type</b>	_____	<b>ID No.</b>	_____		
		<b>Date</b>	_____	<b>Expiry of ID</b>	_____		
		<b>Relationship to Organisation</b>	_____				
	<i>By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.</i>						
	<b>Specimen Signature</b>						

**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.

<b>1. Full Name</b>	: _____	<b>Email Address</b>	_____
<b>2. Full Name</b>	: _____	<b>Email Address</b>	_____
<b>3. Full Name</b>	: _____	<b>Email Address</b>	_____

**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**

<b>Account Owner's Full Name :</b>	_____	
<b>Account Owner's Signature :</b>	_____	<b>Date:</b> _____
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 <b>Part H of Making Changes to Organisation Accounts.</b>		

<b>Account Owner's Full Name :</b>	<input type="text"/>
<b>Account Owner's Signature :</b>	<input type="text"/>
	<b>Date:</b> <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 <a href="#">Part H of Making Changes to Organisation Accounts</a> .	

<b>Account Owner's Full Name :</b>	<input type="text"/>
<b>Account Owner's Signature :</b>	<input type="text"/>
	<b>Date:</b> <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 <a href="#">Part H of Making Changes to Organisation Accounts</a> .	

**Bank Use Only**

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