

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)

Trading Name (if different from Above)

Certificate of Incorporation:

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

Full Replacement

All Accounts

The Following Account(s) Only (Please Specify)

Account Name (if different from Above)

Account Number List

Home Address

Email

Occupation

ID Type

Date of Signing

Relationship to Organisation

Details:

Mr.

Mrs.

Miss.

Ms.

Other (Please specify)

Full Name

Phone No.

Date of Birth

ID No.

Expiry of ID

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

Full Replacement

All Accounts

The Following Account(s) Only (Please Specify)

Account Name (if different from Above)

Account Number List

Home Address

Email

Occupation

ID Type

Date of Signing

Relationship to Organisation

Details:

Mr.

Mrs.

Miss.

Ms.

Other (Please specify)

Full Name

Phone No.

Date of Birth

ID No.

Expiry of ID

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

Full Replacement

All Accounts

The Following Account(s) Only (Please Specify)

Account Name (if different from Above)

Account Number List

Home Address

Email

Occupation

ID Type

Date of Signing

Relationship to Organisation

Details:

Mr.

Mrs.

Miss.

Ms.

Other (Please specify)

Full Name

Phone No.

Date of Birth

ID No.

Expiry of ID

By signing below, the Authorised Signatory agrees to the statement in Part H of the Making Changes to Organisation Accounts Form.

Specimen Signature

4 Add Full Replacement		Details: Mr. Mrs. Miss. Ms. Other (Please specify) _____					
All Accounts		Full Name					
The Following Account(s) Only (Please Specify)							
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		Details: Mr. Mrs. Miss. Ms. Other (Please specify) _____					
All Accounts		Full Name					
The Following Account(s) Only (Please Specify)							
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		Details: Mr. Mrs. Miss. Ms. Other (Please specify) _____					
All Accounts		Full Name					
The Following Account(s) Only (Please Specify)							
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 :	
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 :	
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 .	

Bank Use Only

Signature Verified by:	
Processor:	
Authorizer:	
Date:	