Subsidiary Use - CCB NZ Ltd



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 "acount 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	er)	Residential address:	
Title: Mrs Mrs	Ms Miss	Suburb:	Postcode:
Other		Town/City:	Country:
First name(s):			
		Mailing address: (if different)	
Surname:		walling address. (ii different)	
		O. b. ab	Dtd
Date of birth:		Suburb:	Postcode:
Occupation:		Town/City:	Country:
Phone: (home)	Phone: (mobile)	Are you a US citizen? ¹ Yes) No ()
		Main country of tax residence:	
Phone: (work)	Fax:		
		Additional country(s) of tax resid	lence: (if any)
Email:		·	
		Foreign Tax Identification Numb	per(s) (FIN):
IRD number:		-	
TO Hambot.			
Resident Withholding Tax (RWT) rate:		Exempt (Please include	de a copy of your exemption certificate)
10.5% 17.5%	30% 33%	Non-resident withho	Iding tax Country of Residence
10.5% 17.5%	30% 33%		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
39%		Approved issuer levy	Y Country of Residence
Note: If the account you are opening is circumstances, the Bank may require y	related to any beneficial ownership (such you to disclose information relating to the s	as a trust), you must use the Organ source of your funds or wealth.	nisation Account Opening Form. In some
Signature:			
ID Type:	ID No.	Ехр	piry:
ID Type:	ID No.	Ехр	piry:
Note: The Bank is, or may be required	to verify your identity, the identity of the p	people named in this application form	n 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.

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Customer Number: (if existing custome	er)	Residential address:		
Title: Mr Mrs	Ms Miss	Suburb:	Postcode:	
Other		Town/City:	Country:	
First name(s):				
Surname:		Mailing address: (if different)		
		Suburb:	Postcode:	
Date of birth:		Cubuib.	i odicouc.	
Occupation:		Town/City:	Country:	
Occupation.				
Phone: (home)	Phone: (mobile)			
		Are you a US citizen? Yes	No O	
Phone: (work)	Fax:	Main country of tax residence:		
Email:		Additional country(s) of tax residence:	(if any)	
IRD number:		Foreign Tax Identification Number(s) (F	FIN):	
RWT rate:				
10.5% 17.5%	30% 33%	Exempt (Please include a copy of	f your exemption certificate)	
39%		Non-resident withholding tax	Country of Residence	
39%		Approved issuer levy	Country of Residence	
Note: If the account you are opening is circumstances, the Bank may require y		ch as a trust), you must use the Organisation e source of your funds or wealth.	Account Opening Form. In some	
Signature:				
<u>i</u>				
ID Type:	ID No.	Expiry:		
ID Type:	ID No.	Expiry:		

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

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Customer Number:	(if existing customer)			Resident	ial address:			
Title:	Mrs 💮	Ms ()	Miss	Suburb:				Postcode:
Other				Town/Cit	y:		Country:	
First name(s):								
Surname:				Mailing a	ddress: (if differe	ent)		
Date of birth:				Suburb:				Postcode:
Occupation:				Town/Cit	y:		Country:	
Phone: (home)	F	Phone: (mobile)						
				Are you a	a US citizen? Ye	es ()	No (
Phone: (work)	F	Fax:		7.10 ,00	200 011120111			
<u></u>	<u> </u>			Main cou	ntry of tax reside	ence:		
Email:				Additions	al country(s) of ta	av residence: (if	anv)	
				Additione	ii courii y(3) or te	ax residence. (ii	arry)	
IRD number:				<u> </u>				
				Foreign 7	Γax Identification	Number(s) (FIN	I):	
RWT rate:								
10.5%	17.5%	30%	33%		Exempt (Pleas	se include a copy o	f your exemption	certificate)
39%					Non-resident	withholding tax	Country o	of Residence
					Approved issu	uer levy	Country of	of Residence
		lated to any beneficial to disclose information					ccount Openin	g Form. In some
Signature:								
ID Type:		ID No.				Expiry:		
ID Type:		ID No.				Expiry:		

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

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2. Account Details

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

3. Privacy

The Bank is committed to your privacy. Please refer to the Bank's 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 your 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 CCB New Zealand Group at Level 29, Vero Centre, 48 Shortland Street, Auckland, New Zealand and/or the principal offices of the Bank's ultimate parent bank, China Construction Bank Corporation 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 have the right to access and request the correction of, all personal information about you (or your Related Persons) 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).

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

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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	Second Account Owner		
Signature:		Signature:		
Name:		Name:		
Date:		Date:		
Third Account	Owner			
Signature:				
Name:				
Date:				
5. Check	list			
	application Form dentification – 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.	and address given by the customer; or	n a registered bank addressed to the customer showing the name the customer and showing the name and address provided by the		
	Please note that in some circumstances, the Bank may need	further information and/or evidence of your identity.		
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7. Bank use only

Client number:	
Bank employee Number:	
Date account opened:	
Bank employee signature:	