

Customer Details		
Legal Name:	Incorporation/Registration Number:	
Trading Name (if different):		
Customer Type: <input type="checkbox"/> Limited Company (NZ) <input type="checkbox"/> Non-NZ Company <input type="checkbox"/> Partnership / LLP <input type="checkbox"/> Club / Society <input type="checkbox"/> Co-operative <input type="checkbox"/> Other (please specify): _____ (For trust, please use the Trust Account Application Form)		
Brief description of customer's business and account activity (purpose of the account):		
Business Address:	Postcode:	
Postal Address (if different):	Postcode:	
Telephone Number:	Facsimile Number:	
IRD Number:	Tax Residence Status:	Withholding Tax Rate:
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident If non-resident, please provide country of residence:	
Tax exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please attach a copy of your certificate)		Resident Withholding Tax Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please attach a copy)

New Account Details	
Account Name:	Account type: <input type="checkbox"/> Current <input type="checkbox"/> Term Deposit
Currency required: <input type="checkbox"/> NZD <input type="checkbox"/> HKD <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> CNY <input type="checkbox"/> AUD	
For Term Deposit:	Investment amount:
	Term length:
	Bank Use Only: Interest rate:

Account Authority Rules	
Number of authorised persons required to operate your account:	<input type="checkbox"/> One person can sign alone
	<input type="checkbox"/> Two must sign together
	<input type="checkbox"/> Other (please provide details) _____

Authorised Person (extra authorised person forms are at the back if needed)		
First name(s):	Last name:	
Title (eg director, partner, sole trader, etc):	Date of birth:	
Email address:		
Daytime phone:	Evening phone:	Mobile:
Home Address:		Postcode:
Postal Address (if different):		Postcode:
ID type:	ID number	Expiry
ID type:	ID number	Expiry
Signature:		Date:
<i>By signing you agree to be bound by the conditions at the end of this form.</i>		

Authorised Person (extra authorised person forms are at the back if needed)		
First name(s):	Last name:	
Title (eg director, partner, sole trader, etc):	Date of birth:	
Email address:		
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Execution	
By signing, each of the following people agrees to be bound by the conditions at the end of this form, and agrees that the information provided in this form is correct: <i>(to be signed by two directors. For companies with a sole director, director to sign with a witness).</i>	
Full Name:	Title:
Signature: _____	Date
Full Name:	Title:
Signature: _____	Date
Witnessed by: (if sole director)	
Full Name:	Occupation:
Address:	
Signature: _____	Date

Terms and conditions
By signing, you acknowledge and agree the following.
<ol style="list-style-type: none"> 1. The information provided in this form is true and complete. 2. You have read and understood the ICBC General Terms and Conditions, and you agree to be bound by them. 3. In respect of Term Deposits denominated in NZD, you have read and understood the disclosure documentation made available by ICBC NZ from time to time (under the Securities Act 1978 and/or the Financial Markets Conduct Act 2013 and any regulations under such legislation) on ICBC NZ's website at www.icbcnz.com. 4. The authority granted to Authorised Persons by this form is to remain in force, and until revoked in writing by the required number of Authorised Persons specified in this form we may rely on the authority granted by this form in all dealings, matters and transactions we have with you or your business.

Authorised Person (photocopy extras if needed)		
First name(s):	Last name:	
Title (eg director, partner, sole trader, etc):	Date of birth:	
Email address:		
Daytime phone:	Evening phone:	Mobile:
Home Address:		Postcode:
Postal Address (if different):		Postcode:
ID type:	ID number	Expiry
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