

# Heartland account application Organisations

All accounts and services are provided by Heartland Bank Limited (Heartland Bank).

By completing and signing this application form, you acknowledge that you have received and read:

- Heartland Bank Limited's current Account and Service General Terms and Conditions; and
  - the Heartland Term Deposits Fact Sheet and Heartland Savings Account Fact Sheet (as applicable);
- and agree they will be binding on you.

A copy of these documents and Heartland Bank's latest Disclosure Statement can be obtained from our Investment Team on 0800 85 20 20 or at [www.heartland.co.nz](http://www.heartland.co.nz).

Company     Trust     Partnership     Club     Other (please specify) \_\_\_\_\_

Please state why you are opening this account and how you intend to fund it

## Organisation details

Existing customer – My customer number is \_\_\_\_\_ Company number \_\_\_\_\_

Full legal name \_\_\_\_\_

Trading name (if different) \_\_\_\_\_ Annual turnover (gross) \_\_\_\_\_

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ City or town \_\_\_\_\_ Postcode \_\_\_\_\_

Physical address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_ City or town \_\_\_\_\_ Postcode \_\_\_\_\_

Country of Registration/Incorporation \_\_\_\_\_ Countries the entity is tax resident in \_\_\_\_\_  
If any overseas tax residencies, a self-certification form must be completed

Email address \_\_\_\_\_  
Please note that, by providing an email address, you consent to receiving communications in electronic form

Ph (hm) ( ) \_\_\_\_\_ Ph (wk) ( ) \_\_\_\_\_ Mob ( ) \_\_\_\_\_

## Tax details

Tax Identification Number \_\_\_\_\_

NZ IRD Number

or country of tax residency \_\_\_\_\_

NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.  
 10.5%     17.5%     30.0%     33.0%     39.0%  
 28.0% (Company)     Exempt

Non-residents please indicate  
 NRWT     AIL

Additional Tax Identification Number \_\_\_\_\_

Additional country of tax residency \_\_\_\_\_

Fax ( ) \_\_\_\_\_

## Authorised person – 1

Existing customer – My customer number is \_\_\_\_\_ Designation \_\_\_\_\_  
e.g. Director, treasurer, chairperson, sole trader, partner

First name(s) in full \_\_\_\_\_ Date of birth \_\_\_\_\_

Surname \_\_\_\_\_ Occupation \_\_\_\_\_ Country of birth \_\_\_\_\_

If your country of birth, citizenship, residency and tax residency are all NZ please tick and move to the next section

Countries you have residency or citizenship \_\_\_\_\_ Countries you are tax resident in \_\_\_\_\_  
If any overseas tax residencies, a self-certification form must be completed

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ City or town \_\_\_\_\_ Postcode \_\_\_\_\_

Physical address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_ City or town \_\_\_\_\_ Postcode \_\_\_\_\_

Email address \_\_\_\_\_  
Please note that, by providing an email address, you consent to receiving communications in electronic form

Ph (hm) ( ) \_\_\_\_\_ Ph (wk) ( ) \_\_\_\_\_ Mob ( ) \_\_\_\_\_

## Tax details

Tax Identification Number \_\_\_\_\_

NZ IRD Number

or country of tax residency \_\_\_\_\_

NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.  
 10.5%     17.5%     30.0%     33.0%     39.0%  
 28.0% (Company)     Exempt

Non-residents please indicate  
 NRWT     AIL

Additional Tax Identification Number \_\_\_\_\_

Additional country of tax residency \_\_\_\_\_

Fax ( ) \_\_\_\_\_

## Authorised person - 2

Existing customer – My customer number is \_\_\_\_\_ Designation \_\_\_\_\_  
e.g. Director, treasurer, chairperson, sole trader, partner

First name(s) in full \_\_\_\_\_ Date of birth \_\_\_\_\_

Surname \_\_\_\_\_ Occupation \_\_\_\_\_ Country of birth \_\_\_\_\_

If your country of birth, citizenship, residency and tax residency are all NZ please tick and move to the next section

Countries you have residency or citizenship \_\_\_\_\_ Countries you are tax resident in \_\_\_\_\_  
If any overseas tax residencies, a self-certification form must be completed

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ City or town \_\_\_\_\_ Postcode \_\_\_\_\_

Physical address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_ City or town \_\_\_\_\_ Postcode \_\_\_\_\_

Email address \_\_\_\_\_  
Please note that, by providing an email address, you consent to receiving communications in electronic form

Ph (hm) ( ) \_\_\_\_\_ Ph (wk) ( ) \_\_\_\_\_ Mob ( ) \_\_\_\_\_

## Tax details

Tax Identification Number \_\_\_\_\_

NZ IRD Number

or country of tax residency \_\_\_\_\_

NZ residents, please indicate your choice of RWT rate below. If exempt, please provide copy of exemption certificate.  
 10.5%     17.5%     30.0%     33.0%     39.0%  
 28.0% (Company)     Exempt

Non-residents please indicate  
 NRWT     AIL

Additional Tax Identification Number \_\_\_\_\_

Additional country of tax residency \_\_\_\_\_

Fax ( ) \_\_\_\_\_

If you have more than 2 Authorised People complete a 'Schedule of Additional Authorised People'

## Account details

Account Type:     Term Deposit     Business Call Account     Notice Saver 32 days  
 Everyday Account     Direct Call Account     Notice Saver 90 days

Amount: \$ \_\_\_\_\_  
(No minimum amount except \$1,000 for Term Deposit accounts. \$5,000,000 maximum deposit limit applies to each account)

**Term deposit details**

**Term:**  days  months  years **Interest Rate:** \_\_\_\_\_ % per annum

Interest payment method:  Compounding  Paid to bank account below

Interest payment frequency:  Monthly  Quarterly  On Maturity

**Opening balance** Please select one of the following options for transferring your opening balance amount to Heartland Bank.

Cash  Direct  Credit – Heartland: 03-1783-0500515-00  Direct debit (please call us for a direct debit form, or go to 'documents and forms' page on www.heartland.co.nz)

Transfer from existing Heartland account:

**Account nominated**

Nominated account for interest payments and withdrawals:

Account name \_\_\_\_\_

Bank	<input type="checkbox"/> <input type="checkbox"/>	Branch	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Account	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Suffix	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**Signing rules**

Anyone to sign by themselves  All signatories must sign  At least \_\_\_\_\_ must sign  Other (Please specify) \_\_\_\_\_

Note: For clubs, charities and not-for-profit organisations at least 2 signatories must sign.

**Account services** (Please tick the options you would like)

EFTPOS Card for all signatories  Other (please specify) \_\_\_\_\_

**Mobile app access**

Please tick if you would like access to the Heartland Mobile App

**How did you hear about us?**

Online/digital/social media e.g. interest.co.nz, Facebook, Google, outdoor advertising (please specify) \_\_\_\_\_

Radio  Newspaper (please specify) \_\_\_\_\_

Word of mouth  Branch \_\_\_\_\_

Club or event (please specify) \_\_\_\_\_  Other (please specify) \_\_\_\_\_

**Further information** If you have any additional comments or further information please add here:

**Privacy** – In this declaration, "Heartland", "we" or "us" means Heartland Bank Limited, and its related entities, successors, assigns, agents and associates, and "you" means the person completing this application and each other person named in this application. Heartland is collecting information about you in accordance with the Privacy Act 2020 and our Privacy Statement, and we may not be able to provide you with products or services if you do not provide that information. That information may be used by us to consider this application for an account or service, including to establish and verify your identity and to assess your creditworthiness and financial position from time to time, and any future application for products or services which involves you. We can also use it to administer and monitor products or services provided to you, to comply with legal and regulatory requirements (e.g. identity verification requirements and tax reporting), to provide you with information about other products or services, including those of selected third parties, generally to develop and run our business, and as otherwise described in our Privacy Statement. You agree that – for those purposes – we can provide information about you to, and obtain information about you from, other organisations or people we consider appropriate. Those organisations might include our service providers, other financial and insurance institutions, government departments, your employer or accountant, third parties for the purposes of fraud prevention, identity verification, and any other purpose relevant to those purposes (those third parties may retain information and use it for identity verification and fraud detection purposes), and other appropriate persons. We may also exchange information about you (including default information) with credit reporting agencies on an ongoing basis. Those agencies may retain that information and provide it to other customers who use their credit reporting services. You have rights to access and request correction of your personal information under the Privacy Act 2020. You can do so by contacting us using the details provided on heartland.co.nz/contact-us. By proceeding, you confirm that:

- each person named in this application form has read and agrees to the terms above;
- all information provided to us is correct, complete and not misleading; and
- none of those people is an un-discharged bankrupt.

**Signed by the account holder or on behalf of**

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signed by the account holder or on behalf of**

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Bank use only:** opened by: \_\_\_\_\_ verified by: \_\_\_\_\_

CDD checklist completed  EFTPOS card/s ordered  Originator: \_\_\_\_\_

Self-certification form completed (if applicable)

Account number

Account manager: \_\_\_\_\_ Cost centre: \_\_\_\_\_

Internet banking limit approved by: \_\_\_\_\_ Sales channel: \_\_\_\_\_