

# 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 \_\_\_\_\_

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 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.)

