

CHANGE OF SIGNATORY REQUEST

TELL US WHAT YOU WOULD LIKE TO DO

Add signatory Remove signatory Full replacement Change signing rules New contact person

CUSTOMER DETAILS

Name of Account (Full legal name)

Account details

 (Account numbers to which this request applies)

Bank	Branch	Account	All Suffixes	Specific Suffixes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

FULL REPLACEMENT OR ADDING SIGNATORIES

 (If you have more than 2 signatories complete a 'Schedule of Additional Signatories')

Additional signatory

Mr Mrs Ms Miss (please circle) Other _____

First name(s)	Surname
Date of birth / /	Country of birth <input type="checkbox"/> <small>If your country of birth, citizenship and tax residency are NZ please tick and move to tax identification number field.</small>
Countries you have residency or citizenship	Countries you are tax resident in <small>If any overseas tax residencies, a self-certification form must be completed</small>
Tax Rate <input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 30% <input type="checkbox"/> 33% <input type="checkbox"/> Other (specify)	Non-residents please indicate NRWT <input type="checkbox"/> AIL <input type="checkbox"/>
Tax Identification Number <input type="text"/>	Country of tax residency
Tax Identification Number <input type="text"/>	Country of tax residency

Postal address

Suburb _____ Town/City _____ Postcode _____

Physical address

 (if different from above)

Suburb _____ Town/City _____ Postcode _____

Email address _____ Occupation _____

Phone Home _____ Work _____ Mobile _____

Account Enquiry Password _____ Relationship to customer _____

Signature _____ Date / / _____ Customer Number _____

Additional signatory

Mr Mrs Ms Miss (please circle) Other _____

First name(s)	Surname
Date of birth / /	Country of birth <input type="checkbox"/> <small>If your country of birth, citizenship and tax residency are NZ please tick and move to tax identification number field.</small>
Countries you have residency or citizenship	Countries you are tax resident in <small>If any overseas tax residencies, a self-certification form must be completed</small>
Tax Rate <input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 30% <input type="checkbox"/> 33% <input type="checkbox"/> Other (specify)	Non-residents please indicate NRWT <input type="checkbox"/> AIL <input type="checkbox"/>
Tax Identification Number <input type="text"/>	Country of tax residency
Tax Identification Number <input type="text"/>	Country of tax residency

Postal address

Suburb _____ Town/City _____ Postcode _____

Physical address

 (if different from above)

Suburb _____ Town/City _____ Postcode _____

Email address _____ Occupation _____

Phone Home _____ Work _____ Mobile _____

Account Enquiry Password _____ Relationship to customer _____

Signature _____ Date / / _____ Customer Number _____

SIGNING RULES (How many people can operate the account)

Anyone to sign by themselves All signatories must sign At least _____ signatories must sign Other (specify) _____

REMOVING SIGNATORIES

Full Name _____ Full Name _____

Relationship to customer _____ Relationship to customer _____

Signature _____ Signature _____

Full Name _____ Full Name _____

Relationship to customer _____ Relationship to customer _____

Signature _____ Signature _____

REMAINING SIGNATORIES (Please provide an updated list of authorised signatories who remain on the account(s))

Full Name _____ Full Name _____

Relationship to customer _____ Relationship to customer _____

Full Name _____ Full Name _____

Relationship to customer _____ Relationship to customer _____

Full Name _____ Full Name _____

Relationship to customer _____ Relationship to customer _____

Full Name _____ Full Name _____

Relationship to customer _____ Relationship to customer _____

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 2003 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 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 purposes 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 can request the full details of every organisation or person to whom we have disclosed information about you. You have rights to access and request correction of your personal information under the Privacy Act 1993.

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.:

AUTHORISING SIGNATORIES (Please refer to existing signing rules to determine who must sign below to authorise these changes)

Important: I/We authorise and request that Heartland Bank Limited effect the following instructions on this change of details request form.

Full Name _____ Full Name _____

Signature _____ Signature _____

Date / / Customer Number _____ Date / / Customer Number _____

Full Name _____ Full Name _____

Signature _____ Signature _____

Date / / Customer Number _____ Date / / Customer Number _____

BANK USE ONLY	Branch:	Staff Member:	Date loaded:
	<input type="checkbox"/> CDD completed	<input type="checkbox"/> System changes completed	<input type="checkbox"/> Scanned and uploaded to customer's file
	<input type="checkbox"/> Cheque/Deposit book updated	<input type="checkbox"/> Internet/Phone banking updated	<input type="checkbox"/> Eftpos card updated <input type="checkbox"/> List of remaining signatories verified
	<input type="checkbox"/> Self Certification Form Completed (if applicable)		Checked by: _____