

Organisation Details
 Company Trust Partnership Sole trader Other (please specify)

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

Company Number

Full legal name

Trading name (if different)

Annual turnover (gross)

Postal Address

Suburb

City of town

Postcode

Physical address (if different to above)

Suburb

City of town

Postcode

Email address

Ph

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

Tax Details

Tax Identification Number (TIN)

NZ IRD Number

NZ residents, please indicate your choice of RWT rate below. If exempt, please provide exemption certificate.

 10.5% 17.5% 30.0% 33.0%
 28.0% (Company) 39%

 Exempt

Non-residents, please indicate

 NRWT AIL

Authorised/ Controlling Person- 1
 Existing member- My member number is Designation

E.g. Director, treasurer, chairperson, sole trader, partner

Title

First name(s) in full

Date of birth

Surname

Occupation

 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 a tax resident in

If overseas tax residencies, a self-certification form must be completed

Physical address

Suburb

City of town

Postcode

Email address

Ph (hm)

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

Ph (wk)

Mobile

 Have you ever been declared Bankrupt, No Asset Procedure (NAP), or gone through a Debt Repayment Order (DRO), formally a Summary Instalment order)? Yes No

If yes, what year?

 Tick if you would like to set up Online Banking

Tax Details

IRD Number

NZ residents, please indicate your choice of RWT rate below. If exempt, please provide exemption certificate.

 10.5% 17.5% 30.0% 33.0%
 28.0% (Company) 39%

 Exempt

Non-residents, please indicate

 NRWT AIL

Additional Tax Identification Number

Additional country of tax residency

Authorised/ Controlling Person- 2
 Existing member- My member number is Designation

E.g. Director, treasurer, chairperson, sole trader, partner

Title

First name(s) in full

Date of birth

Surname

Occupation

 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 a tax resident in

If overseas tax residencies, a self-certification form must be completed

Physical address

Suburb

City of town

Postcode

Email address

Ph (hm)

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

Ph (wk)

Mobile

 Have you ever been declared Bankrupt, No Asset Procedure (NAP), or gone through a Debt Repayment Order (DRO), formally a Summary Instalment order)? Yes No

If yes, what year?

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 28.0% (Company) 39%

 Exempt

Non-residents, please indicate

 NRWT AIL

Additional Tax Identification Number

Additional country of tax residency

Authorised/ Controlling Person- 3

Existing member- My member number is Designation

Title First name(s) in full Date of birth

Surname Occupation

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 a tax resident in
If overseas tax residencies, a self-certification form must be completed

Physical address

Suburb City of town Postcode

Email address Ph (hm)

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

Ph (wk) Mobile

Have you ever been declared Bankrupt, No Asset Procedure (NAP), or gone through a Debt Repayment Order (DRO), formally a Summary Instalment order)? Yes No

If yes, what year?

Tick if you would like to set up Online Banking

Tax Details

IRD Number

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 28.0% (Company) 39%
 Exempt

Non-residents, please indicate
 NRWT AIL

Additional Tax Identification Number

Additional country of tax residency

Authorised/ Controlling Person- 4

Existing member- My member number is Designation

Title First name(s) in full Date of birth

Surname Occupation

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 a tax resident in
If overseas tax residencies, a self-certification form must be completed

Physical address

Suburb City of town Postcode

Email address Ph (hm)

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Ph (wk) Mobile

Have you ever been declared Bankrupt, No Asset Procedure (NAP), or gone through a Debt Repayment Order (DRO), formally a Summary Instalment order)? Yes No

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 28.0% (Company) 39%
 Exempt

Non-residents, please indicate
 NRWT AIL

Additional Tax Identification Number

Additional country of tax residency

Account Access

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

Anyone to sign by themselves All signatories must sign At least _____ must sign

Other (please specify)

Privacy Act Declaration

By signing this application, I confirm that I have read and understand First Credit Union's Privacy Policy and I agree that First Credit Union (FCU) may collect, use, and disclose my personal information for the purposes of assessing my application, managing my account, preventing fraud, and meeting legal obligations. By signing this application, I confirm that I understand and agree to how First Credit Union will collect, use, and disclose my personal information as outlined.

- This includes:
- information I provide directly, and
 - information FCU collects about me from other organisations, such as credit reporting agencies and government agencies.

- I understand that this may involve FCU:
- sharing my information with those organisations, and
 - collecting information about me from them.

- Where FCU collects my personal information from someone other than me, FCU will take reasonable steps to ensure I am informed about:
- what information has been collected,
 - why it has been collected,
 - who it may be shared with, and
 - my right to access and request correction of my information.

I also understand that FCU may contact me from time to time about products or offers I may be interested in, and that I can opt out at any time.
<https://www.firstcreditunion.co.nz/about/important-information/privacy-policy/>

Signed by the account holder or on behalf of:	<input type="text" value="Name"/>	<input type="text" value="Signature"/>	<input type="text" value="Date"/>
Signed by the account holder or on behalf of:	<input type="text" value="Name"/>	<input type="text" value="Signature"/>	<input type="text" value="Date"/>
Signed by the account holder or on behalf of:	<input type="text" value="Name"/>	<input type="text" value="Signature"/>	<input type="text" value="Date"/>
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