Heretaunga Building Society

NEW ACCOUNT APPLICATION AND SIGNING AUTHORITY FORM

I/We request you to open the following account/s with the Society (indicate by ticking the appropriate box)

☐ **ON CALL** **TERM INVESTMENT:** ☐ **3 MONTHS** ☐ **6 MONTHS** ☐ **12 MONTHS**

ACCOUNT TYPE: Individual / Joint / Trust / Partnership / Estate / Company / Club / Society

SURNAME/S: _____

FULL GIVEN NAMES: _____

BUSINESS NAME: _____

NATURE OF BUSINESS: _____

ADDRESS: _____ **PHONE NO:** **(HOME)** _____

_____ **(WORK)** _____

_____ **(FAX)**_____

(EMAIL)_____

DATE OF BIRTH: ____/____/____ **DATE OF BIRTH:** ____/____/____

SEX: Male / Female **SEX:** Male / Female

MARITAL STATUS: _____ **MARITAL STATUS:** _____

IRD NUMBER: _____-_____-_____ **IRD NUMBER:** _____-_____-_____

TAX CLASS:

☐ Resident 10.5% / 17.5% / 30% / 33% ☐ Exempt (Please attach copy of certificate)

☐ Non-Resident Country of residence_____

TERM INVESTMENT INTEREST PAYMENTS:

☐ Direct Credit to _____(Please provide a Deposit Slip)

Compounded ☐ At Maturity ☐ 6 Monthly (available on 12 month term)

METHOD OF SIGNING:

☐ Any of the person/s listed may act alone

☐ All of the persons listed must act together

☐ Any _____of the persons listed must act together (Insert 2 or other number)

FULL NAME (S) OF ACCOUNT HOLDER (S)	DESIGNATION	SPECIMEN SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOCIETY USE ONLY CHECK LIST

☐ IDENTIFICATION: Drivers Licence / Passport #s _____

☐ Other form of ID _____

☐ Certificate of Incorporation

☐ Will or Probate

☐ Trust Deed

☐ Address Confirmation

☐ Account Number _____