

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.

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)

