

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 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 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, each other person named in this application, each guarantor of any loan made to you and any authorised person or beneficial owner of the borrower or any guarantor of any loan made to you (as applicable). Heartland is collecting information about you in accordance with the Privacy Act 2020 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 for an account or service, including to establish and verify your identity and to assess your creditworthiness and financial position from time to time, and to consider any future application for products or services which involves you. We can also use it to administer, manage and monitor products or services provided to you, to comply with legal and regulatory requirements (including identity verification requirements), to provide you with information about other products or services, including those of selected third parties- you can opt out of receiving information about our other services and/or the services of selected third parties by telling us in writing, 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 related companies, existing and potential business partners, intermediaries and referrers, credit reporting agencies (who may also retain information (including default information) and provide it to other customers who use their credit reporting services), property and driver licencing registries, service providers (including data storage services), other financial and insurance institutions, government departments, your advisors (as authorised by you), emergency contacts named by you, 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), Heartland's approved dispute resolution scheme and other persons described in our Privacy Statement.

You have rights to access and request correction of your personal information under the Privacy Act 2020. You can do so by contacting us using the details provided on heartland.co.nz/contact-us

By proceeding, you confirm that:

- each person named in this application form has read and agrees to the terms above and our Privacy Statement;
- all information provided to us is correct, complete and not misleading; and
- none of those persons 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:				