



# Welcome to ASB

## New account and banking services application

Company

# Welcome to ASB

Thanks for choosing ASB for your banking. We want to help you achieve your business ambitions, through providing the best possible banking and financial management services.

## Regulatory requirements

We collect and use the information on this form about your business and its key individuals to meet both our regulatory requirements and responsibilities to you as our customer.

## The parts of this form

The first section is the products and services required list, to the right. Simply tick the products and services you'd like from us. Some of these products and services have applications as part of this form, and others are available from your Relationship Manager.

The other sections are:

- A. **Company information:** Your company's name, details and important information.
- B. **Direct ownership structure:** The people, companies and trusts who own your company.
- C. **Additional products and services:** This section covers FastNet Business, FastNet Classic and ASB Mobile, and Visa Business.
- D. **Company Declaration and Director Certificates:** This is your agreement to the terms of the products and services we provide to you, and confirms the authority of your designated team members to operate your accounts.
- E. **Tax residency self-certification information:** This section provides you with additional information on your company's tax residency to help you complete the table at Section A.

## What happens next?

We'll formally identify your company and key individuals. Once complete, we'll activate your accounts and any services you've requested.

## Which products and services do you need?

### Transaction and savings accounts

- Transaction accounts for day-to-day banking
- Savings accounts for cash reserves

### Managing cash flow

- Online and mobile banking for business
- Overdrafts for working capital and cash flow management
- Business credit cards for expense management
- Professional Trust services for managing trust funds
- Card Manager for online business credit card management

### Accepting payments

- EFTPOS terminals and online credit card sales
- Direct debit initiation for your customers
- Secure cash collection and float management

### Business growth

- Long-term lending to finance growth or transformation
- Asset Finance for purchasing plant, equipment and vehicles

### Investments

- Term deposits
- Managed funds

### International business tools

- Foreign currency accounts
- Financial Markets online FX management
- International payments online
- Trade finance lending services

### KiwiSaver

- KiwiSaver for your directors
- KiwiSaver for your employees

### Personal banking

- Personal banking services for your directors
- Personal banking services for business owners

## Office use only

ASB account number

1	2	3							
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(the "Account")

ASB account number

1	2	3							
---	---	---	--	--	--	--	--	--	--

(the "Account")

ASB account number

1	2	3							
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(the "Account")

# New account and banking services application - Company Business, Rural and Corporate Banking



This application is made subject to the Business, Rural and Corporate Banking Terms and Conditions including the ASB Guide to Business Banking Fees. You agree that these terms and conditions and the ASB Guide to Business Banking Fees will form the basis of your relationship with us and will apply to all banking accounts, facilities and services we provide to you. Additional terms and conditions may apply to specific products and services. We will provide those to you when you take the product or service. ASB's Business, Rural and Corporate Banking Terms and Conditions and the Guide to Business Banking Fees are available at [asb.co.nz](http://asb.co.nz)

## Section A: Your company information

This information gives us the basic details about your company. Please answer all relevant questions in full.

### 1. Your company details

a. What is the full name of your company?

b. Does the company have a document that provides information relating to the powers that bind and regulate the entity?  
(i.e. Constitution, Memorandum & Articles of Association, Shareholders Agreement)

Yes - please provide full copy of document/s     No

c. Is your company registered (or being registered) on the New Zealand Finance Service Provider register?

Yes     No

If "Yes", please provide details below of the financial service your entity provides. Further information may be requested

d. Is your company conducting transactions on behalf of other persons?

Yes     No

If "Yes" please provide details

e. Does your company (or any part of your company) offer Money Transfer Services or is your company/business operation an agent for a money transfer service?

Yes     No

f. Does your company offer foreign exchange services or is it registered to provide foreign exchange services?

Yes     No

g. Is your company a facilitator of digital/crypto currency or funded by digital/crypto currency (excludes accepting digital/crypto currency as a form of payment)?

Yes     No

**NOTE:** If you have answered Yes to any of the above (d-g), additional information may be requested/required prior to opening accounts.

h. Is your company a financial institution for the purposes of Common Reporting Standard and/or Foreign Account Tax Compliance Act?

Yes     No (go to k)

(If you are unsure or require clarification on what this means please refer to [ird.govt.nz](http://ird.govt.nz) or consult your Tax Advisor.)

i. Is your company a managed investment entity? i.e. the investment entity is managed by another financial institution

Yes     No

j. If a financial institution, please provide GIIN, if applicable

k. (i) Is your company's primary business selling goods or services?

**Please consider the 2 statements below**

- The company earns, or intends to earn more than 50% of its total income from these trading activities; **and**
- More than 50% of the company's assets produce or are held for producing this trading income.

(ii) Is your company a non-profit entity?

**Please consider the statement below**

- The company is non-profit entity and is exempt from income tax in its country/jurisdiction of residence

If your answer is 'Yes' to **either** of the above statements (parts (i) and (ii)), please select "Yes". Otherwise, please select "No".

Yes     No

l. What is the company's Registered/Incorporation number?

m. What is the incorporation date of your company?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

n. What is the annual balance date?

o. Are any of the registered shareholders of your company holding shares on behalf of a 3rd party, i.e. Nominee Shareholders?

Yes     No

If yes, please provide:

Nominee shareholder name	Nominator shareholder name

**Note:** Nominator shareholder(s) please also complete applicable fields in Section B2, B3, B4 and B5.

p. Are any of the registered directors of your company acting under the instruction of a 3rd party, i.e. Nominee Directors?

Yes     No

If yes, please provide:

Nominee director name	Nominator director name

**Note:** Nominator directors please also complete Section B8

q. Does your company have any unregistered shares (i.e. not registered on the company share register or listed at Companies Office), i.e. Bearer Shares?

Yes     No

r. Which country is your company registered/incorporated in?

NZ     Other (specify)

## Section A: Your company information (continued)

s. Does your company have any other banking relationships?

No       Yes (specify)

t. Telephone number

u. Registered address (if different from physical or postal address)

v. Physical address (e.g your company's trading location)

w. Postal address (if different from physical address)

## 2. Nature and Purpose of your banking relationship with ASB

### Nature of Business

What industry is your organisation in? (e.g. construction, commercial property investment, dairy farming)

What does your organisation do in the above industry?

Does your organisation have any significant changes planned to its business activity over the next 24 months? (e.g. expansion into new markets or diversification to another industry)

Yes (please give details below)       No

### Purpose of relationship

Why have you come to ASB? Please tick the below options that apply to your business/organisation.

Everyday business banking       Business borrowing       To save or invest money       International business tools  
 Other (please specify)

### Expected account behaviour

a. What do you expect the total credits or deposits into your ASB account(s) from all sources to be over the next 12 months?

Less than \$250K       \$250K-\$1M       \$1M-\$5M  
 \$5M-\$10M       More than \$10M

b. What are the sources of credits you intend to receive at ASB? (please tick all that apply)

Sales       Donations       Dividends from investments       Loans  
 Other (please specify)

### c. Cash deposits

Do you intend to make or receive cash deposits (**physical notes & coins**) into your accounts?

Yes - please complete below       No - tick **Never** and move to d

#### Frequency (tick one)

Frequently (daily/weekly/fortnightly)       Infrequently  
 Occasionally (monthly/quarterly)       Never

#### Average value per deposit

Less than \$1,000       \$1,000 - \$10,000       More than \$10,000

Please provide details of the activity  
**(Mandatory if answered "Yes" above)**

### d. International Money Transfers - In

Do you intend to receive payments from other countries?

Yes - Please complete below       No - tick **Never** and move to e

#### Frequency (tick one)

Frequently (daily/weekly/fortnightly)       Infrequently  
 Occasionally (monthly/quarterly)       Never

#### Average value per payment

Less than \$1,000       \$1,000 - \$10,000       More than \$10,000

Please provide details of activity (including countries involved) e.g. customers are based in Germany (**mandatory if answered "Yes" above**)

## Section A: Your company information (continued)

### e. International Money Transfers - Out (excludes card payments)

Do you intend to send payments to other countries?

Yes - please complete below     No - tick **Never** and move to f

#### Frequency (tick one)

- Frequently (daily/weekly/fortnightly)     Infrequently  
 Occasionally (monthly/quarterly)     Never

#### Average value per payment

- Less than \$1,000     \$1,000 - \$10,000     More than \$10,000

Please provide details of the activity (including countries involved)

e.g. suppliers are based in China

**(Mandatory if answered "Yes" above)**


## 3. Your company's tax details

### a. Does your company have, or will be applying for, a New Zealand IRD number?

Yes     No

What is your company's primary IRD number? (if applicable)

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### b. What is the company's withholding tax rate?

- 10.5%     17.5%     28%     30%     33%     39%

If no IRD number provided at this time, default tax rate will be 45% until advised otherwise.

### e. Please list all countries the entity is a tax resident of (including New Zealand). Please refer to the 'Tax residency self-certification' in section E of this form before completing the table below.

Country/Jurisdiction(s) of tax residence	Taxpayer Identification Number (TIN)	Enter Reason A, B or C if no TIN is available	If you have selected Reason B, please explain why a TIN was not issued to you

## 4. Your company's account operation

How many of your account operators (signatories) will be required to authorise transactions on your accounts?

**Note:** The same signing authorities apply to all suffixes under a unique number and to all foreign currency accounts, unless you nominate another unique number under which the foreign currency accounts are to operate.

Any one alone     Any two together     Any three together

List the names of all authorised signatories below.

**Note:** All signatories must complete a Key individuals involved with the organisation form (KI form)

Name	KI form completed	Name	KI form completed
1.	<input type="radio"/>	5.	<input type="radio"/>
2.	<input type="radio"/>	6.	<input type="radio"/>
3.	<input type="radio"/>	7.	<input type="radio"/>
4.	<input type="radio"/>	8.	<input type="radio"/>

## Section B: Your company's ownership structure

Evidence is required to verify the ownership structure of your company. If your company and/or shareholding entities are registered in a country other than New Zealand, reliable and independent evidence is required to verify the ownership of your company (e.g Companies Office extracts, or country equivalent).

### 1. Ownership

Is your company a Publicly Listed Company (or a Subsidiary of a Publicly Listed Company)?

Yes (provide details and then go to Section C)

No (go to 2)

A Publicly Listed Company is a company that is found on the NZX (or is found on an exchange that is a full member of the World Federation of Exchanges). A qualifying Subsidiary must be >50% owned by the Publicly Listed Company. If you have answered Yes above, please provide details of which exchange your company is listed on or the name of the parent company your company is a >50% subsidiary of and which exchange the parent company is listed on.

### 2. Individuals with a direct shareholding in your company

Complete this section if any of your company's shareholders are individuals.

a. Full name

KI form completed

Shareholding percentage

Less than or equal to 25% - no further action required unless also in Part 7 of this section

Greater than 25% (must complete a KI form)

b. Full name

KI form completed

Shareholding percentage

Less than or equal to 25% - no further action required unless also in Part 7 of this section

Greater than 25% (must complete a KI form)

c. Full name

KI form completed

Shareholding percentage

Less than or equal to 25% - no further action required unless also in Part 7 of this section

Greater than 25% (must complete a KI form)

d. Full name

KI form completed

Shareholding percentage

Less than or equal to 25% - no further action required unless also in Part 7 of this section

Greater than 25% (must complete a KI form)

If your company has more individual shareholders, please list them separately by requesting more company detail forms from your ASB staff member.

### 3. Entities (excluding trusts) with a direct shareholding in your company

Complete this section if your company has shareholders who are entities. If one or more shareholding entities is a trust, complete Part 4.

#### Shareholding entity 1

a. Entity name

Registered address

Registration/Incorporation Number

Date of registration/incorporation

**D D M M Y Y Y Y**

Country of incorporation

NZ

Other:

Shareholding percentage

Less than or equal to 25%  Greater than 25%

Are there shareholders in this entity who own greater than 25% of your company?

Yes - complete parts 5, 6 and/or 7  No

#### Shareholding entity 2

b. Entity name

Registered address

Registration/Incorporation Number

Date of registration/incorporation

**D D M M Y Y Y Y**

Country of incorporation

NZ

Other:

Shareholding percentage

Less than or equal to 25%  Greater than 25%

Are there shareholders in this entity who own greater than 25% of your company?

Yes - complete parts 5, 6 and/or 7  No

If your company has more entity shareholders, please list them separately by requesting more company detail forms from your ASB staff member.

## Section B: Your company's ownership structure (continued)

### 4. Trusts with direct shareholdings in your company

Complete this section if your company has shareholders who are trusts.

#### Shareholding Trust 1

Trust name

Date of trust deed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Shareholding percentage

- Less than or equal to 25% - no further action required  
 Greater than 25% - complete details below for all individuals who have effective control of the trust (this excludes those with effective control via a trustee company, see below). A copy of the Trust Deed (and latest amendment, if applicable) is also required.

#### Effective Controllers \* (Trust 1)

1. Full name

  KI form completed

2. Full name

  KI form completed

3. Full name

  KI form completed

4. Full name

  KI form completed

#### Shareholding Trust 2

Trust name

Date of trust deed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Shareholding percentage

- Less than or equal to 25% - no further action required  
 Greater than 25% - complete details below for all individuals who have effective control of the trust (this excludes those with effective control via a trustee company, see below). A copy of the Trust Deed (and latest amendment, if applicable) is also required.

#### Effective Controllers \* (Trust 2)

1. Full name

  KI form completed

2. Full name

  KI form completed

3. Full name

  KI form completed

4. Full name

  KI form completed

\* These are individuals who are Trustees and any other individual with the power to alter the trust deed. These individuals are required to fill out a KI form. If the Trust has more than 4 Effective Controllers please note the additional individuals on a separate page.

#### Trustee Company (Trust 1) - if applicable

Company name

Registered address

Incorporation number

  Date of incorporation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Country of incorporation

NZ  Other:

#### Trustee Company (Trust 2) - if applicable

Company name

Registered address

Incorporation number

  Date of incorporation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Country of incorporation

NZ  Other:

#### Individual/s who act for the Trustee Company\*

1. Full name

  KI form completed

2. Full name

  KI form completed

#### Individual/s who act for the Trustee Company\*

1. Full name

  KI form completed

2. Full name

  KI form completed

\*This is any Director of the trustee company, and/or any other individual, that can act as trustee on behalf of the trust. If there are more than 2 individuals required to be listed in this section (per Trustee Company), please note the additional individuals on a separate page. These individuals are required to fill out a KI form.

If your company has more trust shareholders, please list them separately by requesting more company detail forms from your ASB staff member.

## Section B: Your company's ownership structure (continued)

### 5. Entities (other than trusts) with more than 25% shareholding of your company through any entity in Part 3

#### a. Entity name

Registered address

Registration/Incorporation number

Date of incorporation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Country of incorporation

NZ     Other:

#### b. Entity name

Registered address

Registration/Incorporation number

Date of incorporation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Country of incorporation

NZ     Other:

#### c. Entity name

Registered address

Registration/Incorporation number

Date of incorporation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Country of incorporation

NZ     Other:

#### d. Entity name

Registered address

Registration/Incorporation number

Date of incorporation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Country of incorporation

NZ     Other:

### 6. Trusts with more than 25% shareholding of your company through any entity in Part 3

#### Shareholding Trust 1

Trust name

Date of trust deed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

A copy of the Trust Deed (and latest amendment, if applicable) is also required.

#### Effective Controllers of the Trust \* (Trust 1)

1. Full name

KI form completed

2. Full name

KI form completed

3. Full name

KI form completed

4. Full name

KI form completed

#### Shareholding Trust 2

Trust name

Date of trust deed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

A copy of the Trust Deed (and latest amendment, if applicable) is also required.

#### Effective Controllers of the Trust \* (Trust 2)

1. Full name

KI form completed

2. Full name

KI form completed

3. Full name

KI form completed

4. Full name

KI form completed

\*These are individuals who are Trustees and any other individual with the power to alter the trust deed (this excludes those with effective control via a trustee company, see below). These individuals are required to fill out a KI form.

If the Trust has more than four Effective Controllers please note the additional individuals on a separate page.

## Section B: Your company's ownership structure (continued)

### Trustee Company (Trust 1) - if applicable

Company name

Registered address

Incorporation number

Date of incorporation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Country of incorporation

NZ

Other:

### Individual/s who act for the Trustee Company\*

1. Full name

KI form completed

2. Full name

KI form completed

\*This is any Director of the trustee company, and/or any other individual, that can act as trustee on behalf of the trust. If there are more than 2 individuals required to be listed in this section (per Trustee Company), please note the additional individuals on a separate page. These individuals are required to fill out a KI form.

If your company has more trust shareholders, please list them separately by requesting more company detail forms from your ASB staff member.

## 7. Individuals who own more than 25% of your company, indirectly, through any entity in Parts 3 or 5

All individuals listed below are required to fill out a KI form.

a. Full name

KI form completed

Shareholding entity associated with

b. Full name

KI form completed

Shareholding entity associated with

c. Full name

KI form completed

Shareholding entity associated with

d. Full name

KI form completed

Shareholding entity associated with

## 8. Effective controllers of your company

Effective controllers of your company are **all** directors and any other individual that has a controlling influence over the company. Examples are Senior Managers and CEO's. All individuals listed below are required to fill out a KI form.

a. Full name

KI form completed

b. Full name

KI form completed

c. Full name

KI form completed

d. Full name

KI form completed

e. Full name

KI form completed

f. Full name

KI form completed

g. Full name

KI form completed

h. Full name

KI form completed

If your company has more effective controllers, please list them separately by requesting more company detail forms from your ASB staff member.

## Section C: Additional products and services

Office use only

FastNet Business fee deduction account

1	2	3																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please complete Section C1 if you are registering for FastNet Business, Section C2, if you wish for signatories to access entity information and accounts via their personal FastNet Classic and ASB Mobile access, and Section C1 and C2 for both.

### 1. FastNet Business

By registering for, and using, FastNet Business you accept and agree to be bound by the FastNet Business Terms and Conditions. ASB's FastNet Business Terms and Conditions are available at [asb.co.nz](http://asb.co.nz)

What modules do you require? (\*Note: Additional Global Markets documentation may be required)

Transactional Banking  Professional Trust  Financial Markets\*  International\*  Card Manager

You authorise us to provide all Authorised Signatories, Administrators and Users with access via FastNet Business to the accounts which will allow them to use all available functions and carry out transactions.

Add this new account(s) to existing FastNet Business?

No - **please continue to part 1.1**  Yes - Site number: 

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 - **please continue to part 1.6**

#### 1.1 Customer site preferences

##### Fee deduction

Transaction fees

Deduct from main transaction account

Deduct from account on which the transaction occurred

##### Security

Payroll lockdown enabled

Yes  No

Disable mobile access

Yes  No

#### 1.2 Contact person details

The contact person's details will be used for FastNet Business communication and Netcode token distribution.

Who will be the contact person for your company?

--

Contact person position

--

Phone

--

Email

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#### 1.3 FastNet Business Administrators

Please enter the names of your Administrator(s) for FastNet Business.

- Administrators have rights that enable them to add and remove Users and modify a User's profile (including the ability to reset a User password and select the permissions given to Users to operate the accounts), to use all functions and view or transact on the accounts via FastNet Business.
- If you have accounts which need more than one signatory to authorise a payment, you must have at least the same number of Administrators.
- Each Administrator will need to select a unique User ID that will allow sign-on to FastNet Business
- A Netcode token and an initial password will be supplied by ASB
- The User limit is the maximum dollar value an Administrator can authorise per day.
- If you do not specify a User limit, the same limit that applies to your main account will apply for each Administrator.

FastNet Business Administrator details (Administrators need to complete a KI form)

a. Administrator full name

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KI form completed

User ID (must be 8 characters long and include at least 2 letters and at least 2 numbers)

--	--	--	--	--	--	--	--

User limit (minimum \$250,000)

\$
----

Phone

--

Hours of access (tick one)

Full access (24 hours, 7 days)

Business hours (8am - 6pm, 7 days)

Extended business hours (7am - 7pm, 7 days)

User limit (minimum \$250,000)

\$
----

b. Administrator full name

--

KI form completed

User ID (must be 8 characters long and include at least 2 letters and at least 2 numbers)

--	--	--	--	--	--	--	--

User limit (minimum \$250,000)

\$
----

Phone

--

Hours of access (tick one)

Full access (24 hours, 7 days)

Business hours (8am - 6pm, 7 days)

Extended business hours (7am - 7pm, 7 days)

User limit (minimum \$250,000)

\$
----

c. Administrator full name

--

KI form completed

User ID (must be 8 characters long and include at least 2 letters and at least 2 numbers)

--	--	--	--	--	--	--	--

User limit (minimum \$250,000)

\$
----

Phone

--

Hours of access (tick one)

Full access (24 hours, 7 days)

Business hours (8am - 6pm, 7 days)

Extended business hours (7am - 7pm, 7 days)

User limit (minimum \$250,000)

\$
----

d. Administrator full name

--

KI form completed

User ID (must be 8 characters long and include at least 2 letters and at least 2 numbers)

--	--	--	--	--	--	--	--

User limit (minimum \$250,000)

\$
----

Phone

--

Hours of access (tick one)

Full access (24 hours, 7 days)

Business hours (8am - 6pm, 7 days)

Extended business hours (7am - 7pm, 7 days)

User limit (minimum \$250,000)

\$
----

## 1. FastNet Business (continued)

## 1.4 FastNet Business Users who authorise

Please enter the names of any Users who will authorise transactions on FastNet Business.

Users have rights to access the accounts and to use all functions and view or transact on the accounts via FastNet Business.

- This information will be used to issue the following User(s) with a Netcode token and an initial password.
  - Users who do not authorise transactions can be created and managed by the Administrators once FastNet Business is established. Please do not include Administrators or non-authorising Users in this section.

User details (Note: FastNet Business Users need to complete a KI form)

Names of Users who authorise	KI form completed	User ID (must be 8 characters long and include at least 2 letters and at least 2 numbers)
a.	<input type="radio"/>	
b.	<input type="radio"/>	
c.	<input type="radio"/>	
d.	<input type="radio"/>	

#### **1.5 IP address details - required if Approved Limit is greater than \$2,000,000.00**

If your company has one or more fixed IP addresses, you can limit FastNet Business access to those computers operating from that location, for added security.

- Only fixed (static) Internet-facing IP addresses can be IP address verified.
  - Your IT staff should be able to tell you whether you have a fixed (static) Internet-facing IP address, and its details.

### IP address(es)

Description (eg. Head Office)

## **1.6 Nominated account details**

Please list the ASB account(s) you would like to access on FastNet Business.

The Approved Limit is the maximum dollar value that could be paid from an account per day using FastNet Business.

A minimum Approved Limit of \$250,000 will be applied automatically. If a higher limit is required, please enter in Other.

### ASB Bank Limited account(s)

Account name	Account number							Approved Limit		
	Bank	Branch	Account					View Only	\$250k	Other
a.	1	2	3			0				\$
b.	1	2	3			0				\$
c.	1	2	3			0				\$
d.	1	2	3			0				\$
e.	1	2	3			0				\$

**1.7 FastNet Business International – only fill out if this module is required, or move onto the next section**

To add a new International Module to FastNet Business complete the following section.

- The following services will be loaded against your Division by default: Foreign Currency Account Balances and Transaction History, International Payments, Reports, and Secure Mail.
  - The Daily Limit - International Payments is the maximum NZD equivalent value that could be paid from the Division **per day**. It applies to Foreign Currency Accounts and the Financing option, but it does not impact your NZD account limits. If you do not specify a Daily Limit, NZD250,000 will be loaded against your Division.

Division name

**ANSWER** **ANSWER** **ANSWER**

### Daily limit - international payments

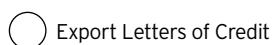
NZD\$

### New Zealand Dollar account(s)

1	2	3			0				
1	2	3			0				
1	2	3			0				

#### **Optional International Module Services Required:**

- If you require the optional services below please tick the appropriate boxes.
  - To help decide which International Module services are right for you, talk to your International Trade Services Manager or Financial Markets Dealer.



## 1. FastNet Business (continued)

### 1.8 Financial Markets - only fill out if this module is required, or move onto next section

The Financial Markets Deal Limit is the maximum NZ Dollar amount that can be transacted per deal.

Division Name

Please load the following Financial Markets Deal Limit for the following Administrator(s):

Name of Administrator	Financial Markets Deal Limit
	NZD\$
	NZD\$
	NZD\$

International Trade Services Manager/Financial Markets Dealer: A completed FastNet Business - Financial Markets Module Checklist must also be submitted.

### 1.9 Additional/New Card Manager Module (only complete this module if required)

Please complete this section to add the Card Manager Module to FastNet Business.

Enter the Business Number(s) for the cards that you would like to manage within the Card Manager Module below.

- You can find the Business Number displayed on Visa Business reports (Business Account Budgetary Control Report or Business Account Cost Analysis Report).
- Only list the Business Number(s) for which you are the signatory/ies.

Business name	Business number	Number of authorisers		
		One	Two	Three
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2. FastNet Classic and ASB Mobile

By completing this section, the below Authorised Signatory/ies will be able to access your accounts and documents via their FastNet Classic and ASB Mobile access. Any restrictions that have been selected to apply to FastNet Business access above will not apply to FastNet Classic or the ASB Mobile Banking app, both of which are available at any time from a suitable device with an active internet connection.

As documents are not currently available through FastNet Business, Authorised Signatory/ies with document access selected below will be able to access and download statements and other documents they do not currently have access to through FastNet Business.

### FastNet Classic and ASB Mobile Access

Enter the name of each signatory and select the type of access you would like them to have to your entity's accounts:

Authorised Signatory/ies	Tick for access to	
	View & Transact	Documents
1.	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>

If you tick the:

**View and Transact option.** The Authorised Signatory/ies will be able to view accounts and information, including loan details and balances, via their personal FastNet Classic and ASB Mobile access. The Authorised Signatory/ies can transact on accounts with limits that they have nominated, across all accounts they have access to, without further reference to the Account Owners.

**Document Access option.** The Authorised Signatory/ies will be able to view and download statements, agreements and other documents for any account they have access to via their personal FastNet Classic and ASB Mobile access. They will be able to download statements and agreements that they do not currently have access to through FastNet Business.

**If the account requires two-to-sign,** the Authorised Signatories will be able to view account information and/or make certain approved payments, via their personal FastNet Classic and ASB Mobile access, provided the View and Transact option is selected.

### Acknowledgements

You (the Company) acknowledge that:

- The above Authorised Signatory/ies have been consulted and understand that they will be able to access your accounts via their personal FastNet Classic and ASB Mobile access.
- The FastNet Classic and Mobile Banking Terms and Conditions set out the terms on which the bank makes the FastNet Classic and ASB Mobile services available to individuals.
- If you have selected **view and transact** access, you are responsible for all transactions authorised in accordance with your account operating instructions and you indemnify ASB for any cost, damage, loss or expense suffered or incurred by ASB as a result of it providing the access requested in the section above.
- By completing this section, your accounts and/or information will appear in the personal FastNet Classic and ASB Mobile app of the abovenamed signatories alongside other personal and business accounts and information to which the signatory has access.



## Section D: Company declaration and director certificate

### 1. Company Declaration

The Company declares that:

- (a) The persons listed in Part 4 of Section A are the persons authorised by the Company to give any instructions and other communications, to operate the accounts and other services provided to the Company by ASB, and take any other actions required under or in connection with this document and the transactions contemplated by this document, on behalf of the Company.
- (b) It agrees to the Business, Rural and Corporate Banking Terms and Conditions, and (where applying for these products and services):
  1. the FastNet Business Terms and Conditions,
  2. the Foreign Currency Account and Global Markets Term Deposit Terms and Conditions, and
  3. Credit Card Conditions of Use,each of which are available at [asb.co.nz](http://asb.co.nz)
- (c) All information provided to ASB is complete and accurate and no information has been withheld on the Company's financial position or commitments that might affect ASB's decision to provide accounts, facilities and services to the Company.

Dated the \_\_\_\_\_ day of \_\_\_\_\_

Signed on behalf of the Company by:

Name of Director/Authorised Signatory

Position/Designation

Signature



Name of Director/Authorised Signatory

Position/Designation

Signature



Name of Director/Authorised Signatory

Position/Designation

Signature

Name of Director/Authorised Signatory

Position/Designation

Signature

NOTE - To be signed:

- (a) by one director if there is only one director;
- (b) by two directors, if there are two or more directors; or
- (c) by authorised signatory/signatories of the company.

## Section D: Company declaration and director certificate (continued)

### 2. Director Certificate

TO: ASB Bank Limited ("ASB")

RE: New account and banking services application – Company (the "Document")

I/We

a Director and

a/both Director(s)

of (Specify the name of the Company)

(the "Company")

certify after having made all due and proper enquiries as follows:

**1. Authority for Certificate**

I am authorised by the board of directors of the Company (the "Board") to enter into this certificate and provide the information contained in the Document.

**2. Authorised Signatories**

The persons listed in Part 4 of Section A are the persons authorised by the Company to give any instructions and other communications, to operate the accounts and other services provided to the Company by ASB, and take any other actions required under or in connection with this document and the transactions contemplated by this document ("Transactions"), on behalf of the Company.

The signatures of these authorised signatories captured on the key individual forms provided with this directors certificate are the true signatures of these individuals.

**3. Corporate Resolutions/Approvals**

All corporate resolutions and approvals required by law and pursuant to the constitution (if the Company has one) necessary to approve the Transactions and to authorise execution of the Document have been passed or given, and remain in force.

**4. Board Compliance**

The Board in approving the Transactions has acted in compliance with its duties at law and within its powers and acknowledges and agrees that ASB is not obliged to check or verify that the Company is acting in accordance with the constitution (if the Company has one).

**5. Validity of Transactions**

The Transactions have been validly entered into by the Company, and are binding on the Company. The Document is enforceable against the Company.

**6. Execution of Documents**

The Company has properly signed the Document.

**7. Corporate Benefit**

In approving the Document and the Transactions, the Board, after taking into account all relevant factors, has resolved that the Company's entry into and performance of the Document and the Transactions are for the benefit, in the best interests and are for the proper purposes of the Company.

Dated the \_\_\_\_\_ day of \_\_\_\_\_

This Certificate signed by:

Name of Director

Name of Director

Name of Director

Signature



Signature



Signature

## Section E: Tax residency self-certification information

Please read the following information before completing the "Country/Jurisdiction(s) of Tax Residence" details on page 5.

### Why do you need to provide this information?

The Tax Administration Act 1994 supports the implementation of the Common Reporting Standard (CRS) and the Foreign Account Tax Compliance Act (FATCA) in New Zealand. CRS and FATCA require certain New Zealand Financial Institutions to collect and report particular information about an Account Holder's tax residence.

### What is tax residence? Please note that as a Financial Institution, we are not allowed to give tax advice.

**For entities:** Your tax advisor can assist you in answering specific questions on this form. The OECD and IRD websites can provide guidance regarding how to determine the tax residence of your entity.

**For key individual(s):** Each country/jurisdiction has its own rules to define tax residence. Generally your jurisdiction of tax residence is the country where you have a permanent place of abode. Special circumstances may cause you to be tax resident elsewhere or tax resident in more than one country at the same time.

If you are a United States (US) citizen or a Green Card holder, you must indicate that you are a US tax resident on this form.

If the tax residence of the entity or the key individual(s) related to it is located outside of New Zealand, we may be legally obliged to pass on the information in this form and other information with respect to your financial accounts to the IRD. The IRD may then exchange this information with tax authorities of another country/jurisdiction. If you are unsure about your tax residence, please contact your tax advisor. Alternatively you can check the OECD website, which includes tax residence information for a number of countries or the Inland Revenue website for further information on NZ tax residence.

### What is a taxpayer identification number (TIN) or functional equivalent?

The TIN or its equivalent is a unique combination of letters or numbers assigned by a country/jurisdiction to an individual or an entity and used to identify the individual or entity for the purposes of administering the tax laws of such jurisdiction. In New Zealand the TIN is equivalent to the IRD number. Some examples of a TIN or its equivalent for an entity includes a business/company registration code/number. For an individual this includes a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.

### Completing the tax residence table (Section A)

In this table, please list all applicable country/jurisdiction(s) where your company is tax resident, including New Zealand. For each country/jurisdiction, except New Zealand, you will need to provide a taxpayer identification number (TIN) or equivalent.

If a TIN is not available for that country/jurisdiction, use the appropriate reason A, B or C. See below for details on each reason.

**Reason A:** The country/jurisdiction where the company is tax resident does not issue a TIN to its residents

**Reason B:** The company has not been issued a TIN by its country/jurisdiction of tax residence (please include an explanation as to why a TIN was not issued to the company in the "Explanation for Reason B" column for the corresponding entry number)

**Reason C:** The domestic law of the country/jurisdiction where the company is tax resident does not require the collection of a TIN.

### Completing the tax residence table in the KI form

In this table, please list all applicable country/jurisdiction(s) where you (as the Key Individual) are a tax resident, including New Zealand. For each country/jurisdiction, except New Zealand, you will need to provide a taxpayer identification number (TIN) or equivalent.

If a TIN is not available for that country/jurisdiction, use the appropriate reason A, B or C. See below for details on each reason.

**Reason A:** The country/jurisdiction where the Key Individual is tax resident does not issue a TIN to its residents

**Reason B:** The Key Individual has not been issued a TIN by his/her country/jurisdiction of tax residence (please include an explanation as to why a TIN was not issued to the Key Individual in the "Explanation for Reason B" column for the corresponding entry number)

**Reason C:** The domestic law of the country/jurisdiction where the Key Individual is tax resident does not require the collection of a TIN.

### Additional information

Based on the information you provide us, we may contact you for further information.