

| Will you require | Domestic Payments International Payments | Foreig | estic Reporting gn Currency Repo | orting | | | |
|--|--|--|--|---|-----------|--|--------------|
| | Same Day Cleared Payments (SCF | P) Credi | Credit Card Reporting | | | | |
| . CUSTOMER | R DETAILS Please complete in BLC | OCK CAPITALS | | | | | |
| | (name of your organisation) | | | | | | |
| | | | | | | | |
| What is your phys | sical address? | | | can we contact with question ANZ Direct Online contact at your organ | | iis form? | |
| Site Address | | | Fam | nily Name | | | |
| Street | | | First | : Name | | | |
| Suburb | | | Ema | ail | | | |
| City | | | Pho | ne | | | |
| | | | | se Note: Your ANZ Direct Onli person. | ne Welcon | ne Pack will be | e emailed |
| The section belov | et Online User (System Administratory is required for your first log on. The rollins to be a senior staff member as this u | ole of the System | | · | _ | | |
| | ill not have access to approve paymen | | | Stern. This dact does not need | ده عار | grideory on the | e account |
| Family Name | | | User | r ID (e.g. staff number or surname. | | | |
| railing Ivaille | | | If fiold | | | | |
| | | | If field Ema | d is blank ANZ will allocate a User ID) | | | |
| First Name Mobile number 2. ANZ DOMI | ESTIC BANK ACCOUNTS the ANZ domestic accounts you wish t | to access via ANZ | Ema | | | | |
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| 3. ANZ BANK LOAN OR TERM DEPOSIT ACCOU | NTS | | | | | | |
|--|---|--|---|--|---------------------------------------|--------------------------------|---|
| Please list any ANZ Loans or Term Deposits you wish to view via Aldetailing those accounts to the back of this application. | NZ Direct Online. I | f you have | e more than se | ven accou | nts pleas | e attach | a separate sheet |
| Account Name | Account Nu Bank Bran | | Number | | | | Suffix |
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| 4. ANZ BANK CREDIT CARD REPORTING | s de la desada | 4517.6 | . N. I | / \ | V D | 1 | |
| If you'd like Users to view ANZ Credit Cards through ANZ Direct O Direct Business Banking team can confirm these numbers for you | | ne ANZ Cu | istomer Numb | er(s) belov | v. Your Re | elationsh | nip Manager or the |
| Please Note: All credit cards linked to these customer numbers w | vill be visible on Al | NZ Direct | Online. | | | | |
| Customer Number 1 | | | | | | | |
| Customer Number 2 | | | | | | | |
| Customer Number 3 | | | | | | | |
| Customer Number 4 | | | | | | | |
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| 5. ANZ FOREIGN CURRENCY ACCOUNTS You can choose to make payments and view balances and transact Account Name Account | ctions on ANZ Fore | _ | ency Accounts | by listing t Currency | | unt detai Suffix | ls below. View & View Transact Only |
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6. ANZ DIRECT ONLINE AUTHORISED SIGNATORIES (MUST BE ON ACCOUNT MANDATE)

Please list all individuals that will be authorising ANZ Direct Online transactions. Please specify whether an individual must authorise transactions with another individual (**Joint**) or can authorise transactions on their own (**Single**). If an individual signs jointly, they must be listed as Joint on all domestic and foreign currency accounts that they can authorise on. If an Authorised Signatory is to have access to all accounts listed in Section 2 and 5 of this application form, please tick **All Accounts** in the Accounts field. All future changes to the ANZ Direct Online Authorised Signatories must be advised via a secure mail request.

If you have Authorised Signatories who will need to approve credit card maintenance requests (but not have access to approve any payments) please insert 'credit cards only' in the Accounts field.

Each Authorised Signatory will be assigned the ANZ Direct Auth app (which is available on Google Play or the App Store¹) to authorise transactions. Additional licences issued may incur extra charges. Please refer to Section 7 of this application form for more information.

Authorised Signatories who already have an ANZ Authorisation Device and authorise transactions for another organisation using ANZ Direct Online can choose to use the same device by completing the last two fields in the table below.

Please Note: Authorised Signatories are added as Users on ANZ Direct Online and allocated the "Default – Authoriser" role. Your System Administrator will need to create a new temporary password, assign additional access (if required) and provide the User ID and Password to the Authorised Signatory.

| Authoriser 1 | | Authoriser 2 | | |
|--|------------------|---|---|----------------------|
| User ID (e.g. staff number or surname. If field is blank ANZ will allocate a User ID) | | User ID (e.g. staff num If field is blank ANZ will | | |
| Family Name | | Family Name | | |
| First Name | | First Name | | |
| Email | | Email | | |
| Mobile number | | Mobile number | | |
| All Accounts or specified Accounts (list below) | Authority | All Accounts | or specified Accounts (list below) | Authority |
| | Single | | | Single |
| | Joint | | | Joint |
| If you are already an Authoriser on another ANZ Direct Online s Client Code? | site what is the | If you are already ar Client Code? | n Authoriser on another ANZ Direct Online | site what is the |
| | | | | |
| | | | | |
| Authoriser 3 | | Authoriser 4 | | |
| User ID (e.g. staff number or surname. If field is blank ANZ will allocate a User ID) | | User ID (e.g. staff num If field is blank ANZ will | | |
| Family Name | | Family Name | | |
| First Name | | First Name | | |
| Email | | Email | | |
| Mobile number | | Mobile number | | |
| All Accounts or specified Accounts (list below) | Authority | All Accounts | or specified Accounts (list below) | Authority |
| | Single | | | Single |
| | Joint | | | Joint |
| | | | A | aita la at i a tla a |
| If you are already an Authoriser on another ANZ Direct Online s Client Code? | site what is the | If you are already ar Client Code? | n Authoriser on another ANZ Direct Online | site what is the |
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¹ Note: App Store is a service mark of Apple Inc., registered in the US and other countries. Google Play is a trademark of Google LLC.

| Authoriser 5 | | | Authorise | r 6 | | |
|--|--|---|---|--------------|--|-----------|
| User ID (e.g. staff number or surname. | | | User ID (e. | g. staff num | nber or surname. | |
| If field is blank ANZ will allocate a User ID) Family Name |) | | If field is blan | | allocate a User ID) | |
| First Name | | | First Name | | | |
| Email | | | Email | <u> </u> | | |
| Mobile number | | | Mobile nu | ımher | | |
| | fied Accounts (list b | elow) Authority | | | or specified Accounts (list below) | Authority |
| | rica / lecouries (list b | Single | | counts | or specifical recourtes (increasing) | Single |
| | | Joint | | | | Joint |
| If you are already an Authoriser or Client Code? | n another ANZ Direc | _ | If you are a Client Cod | | n Authoriser on another ANZ Direct Online s | _ |
| 7. CHARGES Please provide the account nur | nber to be debite | d for ANZ Direct Online | e monthly charges | (requirec | d) | |
| riease provide the account hur | nber to be debite | | | required | ری Suffix | |
| | | Bank Branch | Number | | SUIIIX | |
| Access Fee | | | | | | |
| Access Fee Transaction Fees | | | | | | |
| | e over-ridden in each bat | ch). | | | | |
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8. CUSTOMER ACCEPTANCE OF ANZ DIRECT ONLINE CONDITIONS OF USE

This Application and the ANZ Direct Online Conditions of Use apply to the ANZ Direct Online Services.

Declaration

Signature 1

By signing this Application, you:

- agree that ANZ Bank New Zealand Limited has given you the ANZ Direct Online Conditions of Use or you have accessed these online (via anzdirect.co.nz/terms/ANZDirectConditionsofUse.pdf);
- acknowledge that you have read and agreed to be bound by this Application, the ANZ Direct Online Conditions of Use and any other documents that
 apply to your ANZ Direct Online Services; and
- appoint the Initial ANZ Direct Online User and the ANZ Direct Online Authorisers listed in this Application with the relevant powers, authority and designation.

Signature 3

| Date D D M M 2 0 Y Y | Date D D M M 2 0 Y Y |
|---|---|
| Signature 2 | Signature 4 |
| | |
| | |
| Date D D M M 2 0 Y Y | Date D D M M 2 0 Y Y |
| For Company accounts, two directors or if there is only one director, that d | lirector and a witness must sign. |
| For Partnerships and Trust accounts, all partners or trustees (as applicable) |) must sign. |
| For Sole Trader accounts, the account holder must sign. | |
| Note: Where the Customer has previously executed a signing authority at those signatories may sign in accordance with that authority. | uthorising signatories other than those referred to above to open new accounts, |
| and a signature of the | |
| 9. ANZ BUSINESS SPECIALIST CHECKLIST (BANK USE OF | NLY) |
| Staff Member details | Customer Segment |
| Family Name | Institutional |
| First Name | Commercial |
| Email | Agri Private Banking |
| | Business Banking |
| Branch No. Set Set | Retail |
| | |
| Please tick the boxes and sign below. By signing you confirm that you have | e completed the required checks. |
| Customer Due Diligence requirements have been met. | |
| Accounts Checked (Please confirm that you have verified your Custom in the application). | ner's ability to access the Domestic, Foreign Currency and Credit Card accounts listed |
| Credit card customer number/s checked (Note - Please ensure the relected credit card number). | evant customer number for the required credit card/s is provided rather than the |
| Mandates Checked (Please confirm that you have verified the Authorise | ed Signatories listed in Section 6 against the Account Mandates). |
| Negotiated pricing – appropriate approvals have been given (see ANZ | Z Direct Online Fees and Charges page on Max for more information). |
| | |
| Relationship Manager Signature | |
| | |
| | |
| Date D D M M 2 0 Y Y | |

Once all checks are completed and you have signed above, please scan and email completed documentation to Customer Onboarding NZ.

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Important – this application will not be accepted until this section has been completed.