ACCOUNT OPENING FORM

ACCOUNT OPENING AND AUTHORITY FOR COMPANIES, PARTNERSHIPS, TRUSTS AND OTHER ENTITIES





Legal name of Entity		
Select Entity type: Incorporated Association and Unincorporated Association and Unincorporated Association Partnership Trust Government Body and Intergovernmental Organisation Non-Government Organisation (Social and Charitable Company Multilateral Organisation Other (please specify)	on (Embassy / Consulate / Diplomatic Organisation)	
Country of Establishment	Registration/Incorporation Number	
Nature of business/activities		
Physical address of Entity		
Street		
Suburb		
City		
Country	Postcode	
Postal address of Entity (if different)		
Street	P.O. Box	
Suburb		
City		
Country	Postcode	
Business contact details		
Phone number		
Mobile number		
Email address		
Parent or ultimate owner of Entity 🔲 Local 📗 F	- Foreign	
	persons who ultimately own or control the Entity are required.	Customer identification and verification completed and copies o
Names of parent companies or natural persons		ID documents retained

Name of stock exchange	Stock code
Najority stakeholder(s) (For subsidiaries of pub	olicly listed stock exchange companies)
Company name	% owne
ACCOUNT INFORMATION	
Account number	Branch number
Account name	Didici Hamber
Account type	(e.g. Cheque, Savings)
	(e.g. cheque, savings)
Currency type (e.g. FJD, USD, AUD)	
WAYS TO BANK	
ANZ Internet Banking* ANZ Pacific App	■ ANZ Transactive ■ Cheque book
address to appear on cheques as: 🔲 Physical ac	ddress Postal address
Theque book size 25 50 100	200
Collection details (if applicable)	ed from branch 🔲 send by mail
STATEMENT BY CUSTOMER(S)	
I am/we are not commonly known by any nai	
I am/we are carrying on business under the b	ousiness name(s)
I am/we are also commonly known as	
The Account is held in trust for the beneficiari	ries named in the Trust Deed
The Account is not held in trust	

ACCOUNT OPENING FORM

Australia and New Zealand Banking Group Limited, Cook Islands Branch

PRIVACY ACKNOWLEDGEMENT

Information you provide to Australia and New Zealand Banking Group Limited, Cook Islands Branch (ANZ) will be kept strictly confidential and will be securely held by ANZ and/or by any ANZ Group Member which term includes ANZ's head office and its branches, agents, representative offices, regional offices or affiliates, or any related corporation of ANZ anywhere in the world (ANZ Group Member).

ANZ will collect and use some of your information, including details about your transactions, your financial conditions, your account relationship with ANZ and /or your accounts(s) (herein collectively referred to as **Information**).

ANZ may, to the extent permitted by law, collect your Information:

- to assist in providing Information about a product or service;
- to consider your request for a product or service;
- to enable ANZ to provide a product or service;
- to tell you about other products or services that may be of interest to you;
- to perform other administrative and operational tasks (including risk management, systems development and testing, credit scoring, staff training and market or customer satisfaction research);
- to prevent and investigate any fraud or crime (or a suspected fraud or crime); and
- as required by relevant laws, regulations and external payments systems, whether inside or outside the country where you live or where your account is held.

If you do not provide some or all of the information requested, ANZ may be unable to provide you with a product or service.

Disclosures by ANZ

To the extent permitted by law, by applying for a product or service, you agree that ANZ may use and disclose your Information to:

- · you, co-borrowers, your agents, authorised signatories, or customers you are an authorised signatory for;
- your parents or quardians if you're under 18 years old;
- guarantors of any money you owe us;
- · brokers, custodians and other parties who introduced you to ANZ, are acting on your behalf, or are otherwise financially advising you;
- · any ANZ Group Member;
- any service provider, agent or contractor which ANZ or any ANZ Group Member engages to carry out or assist its banking functions, activities and services for example, mail houses, market research companies, cloud-service providers or data analysis companies;
- · marketing companies;
- · supervisors and advisors of our schemes;
- any credit reporting company or debt recovery agencies;
- regulatory bodies, government agencies, law enforcement bodies, taxation authorities and courts whether inside or outside the country where you live or where your account is held;
- other parties ANZ is authorised or required to disclose information to by law of the country where you live or where your account is held or by law of another country;
- any reputable companies or organisations we have a continuing relationship with including those we jointly offer products and services with, or anyone who offers loyalty programmes or services related to our accounts, products, or services;
- other banks and financial institutions if required when you send money from your account or receive money into it, to confirm or investigate the transaction, and for verification and investigation of such transactions;
- · your authorised agents or your executor, administrator or legal representative;
- any person where in ANZ's view, disclosures are necessary or desirable for the purpose of allowing ANZ to perform its duties and exercise its powers and rights under the Terms and Conditions;
- any person or entity assisting us to investigate any concerns or complaints or manage any legal action; and
- any other person or organisation as allowed by applicable law.

You agree and acknowledge that any ANZ Group Member may, to the extent permitted by law, transfer any Information to any party referred to above to whom it is authorised to disclose the Information even though that party's principal place of business is outside the country where you live or where your account is held or that such information will be collected, held, processed or used by such party in whole or in part outside the country where you live or where your account is held.

To the extent permitted by law, you may access your Information by enquiring at any ANZ branch and you may also request that it be corrected. A fee may be payable if you ask us to do this.

ACCOUNT OPENING FORM

Australia and New Zealand Banking Group Limited, Cook Islands Branch

AUTHORITY DECLARATIONS BY ACCOUNT HOLDER(S)
To: Australia and New Zealand Banking Group Limited, Cook Islands Branch, (Bank)
1. I/we hereby request the Bank to open an Account in the name set out above.
2. In the case of a company or other business:
I/we certify that a resolution was passed in accordance with the Customer's constitution on
and that it has been recorded in the minute book of the Customer for an Account to be opened with the Bank at its branch situated at:
3. I/we confirm that I/we have authorised:

	Any 1	l sig	ınatc	ry;	or
--	-------	-------	-------	-----	----

Ш	Any 2 signatories, or;
П	Other (please specify)

to act fully and effectively in all dealings, matters and transactions (including withdrawals) in respect of the Account with the Bank.

- 4. I/we agree to be bound by this authority and the terms and conditions which govern the Account listed in this document notified by the Bank from time to time (Terms and Conditions).
- This authority is to remain in force and the Bank may rely on this authority in all dealings, matters and transactions between me/us and the Bank in respect of the Account, subject to any changes to the authority notified to the Bank in writing by me/us, or until written revocation of the authority by me/us is given to the Bank.
- 6. All previous authorities relating to the matters mentioned above are hereby superseded except as regards to any liabilities not yet determined and instruments drawn or executed thereunder but not yet presented and/or paid.
- 7. In the case of a partnership or joint trustee Account, I/we declare that we shall be jointly and severally responsible to the Bank for any liability incurred or to be incurred in respect of or arising from the above mentioned Account or any of the documents, acts, matters herein mentioned and such liability shall be payable to the Bank on written demand. If any one of us dies, the Bank will treat the balance of the Account as owned by the surviving Account holder(s), unless the Bank is required or permitted to do otherwise by law. Further this authority shall bind our respective executors, administrators, legal personal representatives and all persons, claiming from or under all documents, acts, matters done or executed under this authority before the Bank receives notice revoking this authority.
- 8. In the case of a company or other business, I/we declare that:
 - (a) the Customer is currently actively trading, is solvent, and is not in the process of being liquidated or dissolved;
 - (b) until written notice to the contrary is given to the Bank by the Board of Directors or the equivalent governing body of the Customer, the Bank is authorised to take lawful instructions from the authorised signatories of the Customer to open further accounts in any permitted currency in the name of the Customer;
 - (c) that the Bank is authorised to honour and comply with any instructions signed by the authorised signatories in accordance with the signature mandate, and such instructions duly signed by the authorised signatories shall be a sufficient authority and legally bind the Customer in all dealings, matters and transactions with the Bank, and the Customer is legally liable for all such instructions given by the authorised signatories; and
 - (d) a copy of this authorisation signed by an authorised representative of the Customer with the official seal of the Customer affixed (if applicable), shall as between the Bank and the Customer be conclusive evidence of the instructions and the Customer's acceptance of the terms and conditions set out in this authority.
- 9. All information on this form and any identification document provided with this document is true and correct.
- 10. I/we have read, understood and agree to the matters specified in this declaration.
- 11. Where this declaration is signed by two or more people, it is given by each individually.

Signatory 1		Signatory 2		
First name		First name		
Middle name(s) (if applicable)		Middle name(s) (if applicable)		
Surname		Surname	Surname	
Date of birth D D M M Y Y Y Y		Date of birth D D M M	YYYY	
Place of birth (town and country)		Place of birth (town and country	<i>'</i>)	
Nationality/Citizenship(s)		Nationality/Citizenship(s)		
Tax Identification Number		Tax Identification Number		
Full residential address (Do not provide a PO B Street	ox or in-care-of address)	Full residential address (Do not pr Street	rovide a PO Box or in-care-of address)	
Suburb		Suburb		
City		City		
Country	Postcode	Country	Postcode	
Phone number		Phone number		
Mobile number		Mobile number	Mobile number	
Email address		Email address	Email address	
Employment date D D M M Y Y Y	YY	Employment date D D M	MYYYY	
Employer name		Employer name	Employer name	
Employer address		Employer address		
Office/Title		Office/Title		
Signature		Signature		
Bank use only		Bank use only		
Signatory Customer Number		Signatory Customer Number		

Signatory 3		Signatory 4		
First name		First name		
Middle name(s) (if applicable)		Middle name(s) (if applicable)	Middle name(s) (if applicable)	
Surname		Surname		
Date of birth D D M M Y Y Y Y		Date of birth D D M M Y Y Y Y		
Place of birth (town and country)		Place of birth (town and country)		
Nationality/Citizenship(s)		Nationality/Citizenship(s)		
Tax Identification Number		Tax Identification Number		
Full residential address (Do not provide a PO B	ox or in-care-of address)	·	ox or in-care-of address)	
Street		Street		
Suburb		Suburb		
City		City		
Country	Postcode	Country	Postcode	
Phone number		Phone number		
Mobile number		Mobile number		
Email address		Email address		
Employment date D D M M Y Y Y	YY	Employment date D D M M Y Y , Y ,	YY	
Employer name		Employer name		
Employer address		Employer address		
Office/Title		Office/Title		
Signature		Signature		
Bank use only		Bank use only		
Signatory Customer Number		Signatory Customer Number		
· ·		·		

F		Signatory 6		
First name		First name		
Middle name(s) (if applicable)		Middle name(s) (if applicable	e)	
Surname		Surname		
Date of birth D D M M	YYYY	Date of birth D D M M	YYYY	
Place of birth (town and country	y)	Place of birth (town and cou	ntry)	
Nationality/Citizenship(s)		Nationality/Citizenship(s)		
Tax Identification Number		Tax Identification Number		
Full residential address (Do not p Street	rovide a PO Box or in-care-of address)	Full residential address (Do no Street	ot provide a PO Box or in-care-of address	
Suburb		Suburb		
City		City		
Country	Postcode	Country	Postcode	
Phone number		Phone number	·	
Mobile number		Mobile number		
Email address		Email address		
	M Y Y Y Y	Employment date D D	M M Y Y Y Y	
Employer name		Employer name		
Employer address		Employer address		
Employer address		Employer address		
Office/Title		Office/Title		
Signature		Signature		
5.g. aca. c		J.g. acare		
Bank use only		Bank use only		
Signatory Customer Number		Signatory Customer Number	er	
BANK USE ONLY Received by		Date re	eceived D D M M 2 0 Y	

• In the case of			ny secretary must sign.	
COMPANY	WITHOUT SEAL			
Dated this	day of	20		
SIGNED for and	on behalf of			by
Signature of Di	rector		Signature of Director/Secretary	
Name of Direct	or		Name of Director/Secretary	

COMPANY WITH SEAL			
ated this day of	20		
HE COMMON SEAL of			
as affixed in accordance with its Article	s of Association in the presence of:*		
ignature of Director	S	ignature of Director/Secretary	
lame of Director		lame of Director/Secretary	
	xed and attested in accordance with the cor		
		, party s / n deces of / issociation.	

PARTNERSHIP Dated this day of 20 EXECUTED by the PARTNERS OF	
Signature	Signature
Name of Partner	Name of Partner
Signature	Signature
Name of Partner	Name of Partner
Signature	Signature
Name of Partner	Name of Partner

TRUST Dated this day of 20 EXECUTED by the TRUSTEES OF		
Signature	Signature	
Name of Trustee	Name of Trustee	
Signature	Signature	
Name of Trustee	Name of Trustee	