

RaboDirect account opening checklist

Dear Ms AMBER,

Thank you fo	or completing an online savings account application.
Documents	we require you to send us
	your application and activate your account we now need you to send us the following documents pelow as a checklist for yourself):
☐ TI	he signed Application Form. he signed Direct Debit Authority. onfirmation of your nominated bank account showing both the account name and account number. his can be in the form of: A copy of a recent bank statement (within 12 months) for the nominated bank account. (please don't send us originals). or An encoded bank deposit slip for the nominated bank account. or A printout of an online transaction summary that shows the account name and account number.
	or A bank stamped printout or confirmation from a branch of your nominated bank confirming the account name and number. Ithholding Tax Exemption Certificate (only if you are exempt from paying withholding tax). vidence of your current postal address, for example a utility bill or a bank statement showing your ame and postal address.
Without rece	eiving the above documents we will not be able to open your RaboDirect Account.
accounts. U	: Some bank accounts do not allow direct debits to be taken from them, these tend to be online call infortunately we cannot use an account that does not allow direct debits from it as your nominated u may wish to check with your bank first that your account accepts direct debits.
Please send	all your documents to:
P ⁽ W	reepost RaboDirect O Box 38567 /ellington 045
What happe	ns next?
Our staff will	check we have all the required documentation from you and activate your account.
	: The opening deposit will be taken from your nominated account when we activate your RaboDirect

When will you hear back from us?

You should receive your Welcome Pack containing your Digipass within 5-7 business days. Please keep your welcome letter in a safe place as it contains your customer number, which you will need to log in to your account.

If you do not receive your Welcome Pack, please call our Customer Contact Centre on 0800 22 44 33, 8am to 7pm, Monday to Friday.

On behalf of RaboDirect, thank you for your application. We look forward to receiving your details and opening your RaboDirect Account.

Regards,

The RaboDirect Team



Personal details

Email address:

Name: Date of birth:

Gender:



Application Date: 14-06-2012

Individual Account Application Form

Ms Mila AMBER

amber.mila@gmail.com

09-07-1970

Female

Marketing material consent: Mobile:	Yes 02108221518
Home:	039702226
Work:	035390605
Residential address:	46 Weka Street , The Wood
	Nelson , 7010
Postal address - Please note, all ma	il will be sent to this address
Address:	46 Weka Street
Address:	The Wood
Town/City:	Nelson
Postcode:	7010
Tax details	
IRD number:	089693217
Withholding tax rate:	10.5 %
Nominated account details	
Account number:	12-3165-025015900
Account name:	MS M AMBER
Bank name:	ASB
Branch:	Nelson
Address:	Trafalgar Street
Town/City:	Nelson
Opening deposit details	
Opening deposit:	\$1.00
Account to be credited:	Master Account
Particulars:	RaboDirect
Reference:	
Your feedback	
How did you hear about RaboDirect?:	Other
Promotional code:	50REASONS
Promotional reference:	3011 <u>2</u> 1133113
Referral ID:	
Comments:	Not applicable
Terms and Conditions:	Reviewed and accepted
Signature	
Please sign your acknowledgement of	acceptance of our Terms and Conditions and of authority to open your account.
Signature of Mila AMBER:	Please sign here Date:
-	.



Kadodank

Direct Debit Authority

Payer Reference

This form is required to be completed, signed and returned to Rabobank along with your application form, to enable the opening balance transfer of funds from your Nominated Account to your Savings Account, and/or any other transfers from your Nominated Account as requested by you.

Rabobank New Zealand Limited

Accessed Names		•	•			-							
Account Name	MS M AMBER												
Account Number	Bank Branch Number Account Number Suffix 1 2 3 1 6 5 0 2 5 0 1 5 9 0 0	Authority to Accept Direct Debits (Not to operate as an assignment or agreement) Authorisation Code											
Name of Bank	ASB	0	3	1	3	4	0	7					
Branch	Nelson												
Town/City	Nelson												
	until further notice, to debit my/our account with all amounts which Ral the Initiator) the registered Initiator of the above Authorisation Code, m						ted ((here	ein				

Nominated Account Details: This account must have the same Account Name (and postal address) as your Savings Account.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed below.

Information to appear on my/our bank statement:

Payer Particulars

R a b o D i r e c t	r	Ва	n k	U s	e							
Your Signature(s):												
Date: / / Date: /	1 1 .	prove 1340 2 0	Orig Date Reco	bank usinal- retained received by the control of th	ain at	_		/		3anl tam		

Payer Code

Conditions of this Authority to Accept Direct Debits

- 1. The Initiator:
- a. Will not initiate a direct debit on my/our account unless authorisation is received from me/us in accordance with the terms and conditions agreed between me/us and the Initiator of each amount to be debited from my/our account.
- b. Has agreed to send notice of the net amount of each Direct Debit and the due date of debiting after receiving authorisation from me/us under clause 1(a) but no later than the date the Direct Debit will be initiated. This notice must be provided either:
 - i. in writing; or
 - ii. by electronic mail where the Customer has provided prior written consent to the Initiator

The notice will include the following message:- "The amount \$....., was direct debited to your Bank account on (initiating date)."

- c. May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- 2. **The Customer** may:-
- At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- b. Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank **prior** to the Direct Debit being paid by the Bank.
- c. Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

- 3. The Customer acknowledges that:-
- a. This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- c. Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
- d. Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
 - the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits
- e. The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- 4. The Bank may:-
- a. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- At any time terminate this authority as to future payments by notice in writing to me/us.
- c. Charge its current fees for this service in force from time-to-time.