

**Westpac use only**

Date           Account No.

Tick if a Schedule of extra signatories or a Schedule of extra account numbers is attached. If there is more than one schedule enter the number of schedules attached.



# Core Agency

## Making Changes to Accounts for Agencies

This Service Request is subject to, and forms part of, the Banking Services Order between Westpac New Zealand Limited (**Westpac**) and the Core Agency listed below (**Banking Services Order**) entered into under the Services Agreement relating to the supply of transactional banking services dated 24 September 2015 between the Ministry of Business, Innovation and Employment and Westpac (**Services Agreement**).

**A. Tell us your existing details**

Legal name of Agency account \_\_\_\_\_  
Trading name (if different from above) \_\_\_\_\_  
Account number           tick here for all suffixes  OR for specific suffixes      
Customer Foreign Currency Account       **A L L**         
This changes all CFCA accounts under this number \_\_\_\_\_ FCTD - Account Number \_\_\_\_\_

**B. Tell us what you want to do**

Please tick at least one box.

- Full replacement**
- Add a signatory**
- Remove a signatory**

**C. Full replacement or adding extra signatories**

Each signatory must complete all the fields.

Ask for a Schedule of extra signatories if there are more than two signatories.

\*If you are using a New Zealand Driver's Licence, please also supply the card version number. If you are using a passport, please supply the country of issue.

Westpac is, or may be, required to verify the identity of the extra signatories. Please refer to Westpac's list of acceptable verification documentation available at [westpac.co.nz/AML](http://westpac.co.nz/AML).

**Signatory 1**

Name FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
 Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_ Date of birth DD / MM / YYYY \_\_\_\_\_  
Job title \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email \_\_\_\_\_  
ID type \_\_\_\_\_ \*ID no. \_\_\_\_\_ Expiry DD / MM / YYYY \_\_\_\_\_  
ID type \_\_\_\_\_ \*ID no. \_\_\_\_\_ Expiry DD / MM / YYYY \_\_\_\_\_  
Work address NUMBER & STREET \_\_\_\_\_ SUBURB \_\_\_\_\_  
TOWN/CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_  
Signature \_\_\_\_\_ Date DD / MM / YYYY \_\_\_\_\_

**Signatory 2**

Name FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
 Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_ Date of birth DD / MM / YYYY \_\_\_\_\_  
Job title \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email \_\_\_\_\_  
ID type \_\_\_\_\_ \*ID no. \_\_\_\_\_ Expiry DD / MM / YYYY \_\_\_\_\_  
ID type \_\_\_\_\_ \*ID no. \_\_\_\_\_ Expiry DD / MM / YYYY \_\_\_\_\_  
Work address NUMBER & STREET \_\_\_\_\_ SUBURB \_\_\_\_\_  
TOWN/CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_  
Signature \_\_\_\_\_ Date DD / MM / YYYY \_\_\_\_\_

**D. Removing signatories**

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

**E. Declaration**

**I/We certify** that all information supplied in this application, including the Schedule of Extra Signatories (if any) is true, correct and complete in every respect and understand that if it is not true, correct and complete, this application may be declined and/or I/we may be liable to Westpac.

**I/We authorise**

- the signatories named in this authority and the Schedule of Extra Signatories (if any) to operate this account(s) and do everything relating to your relationship with Westpac for this account(s) (this is called the banker/customer relationship), and as provided in the Crown Transactional Services Agreement
- other signatories to be added to or removed from this authority
- this authority is to apply to the accounts overpage in Section A and in the Schedule of Extra Account numbers (if any) and nobody can delegate the authority you have given them.

**Adding or removing signatories to/from the authority**

Additional signatories may be appointed and any signatory may be removed only by notice in writing to Westpac signed in the same manner by the Account Holder(s) as this form.

**F. Authority**

I/We certify that all information supplied in this application is true, correct and complete in every respect. Must be signed by the Chief Executive (or equivalent) or two existing Authorised Signatories authorised to delegate authority.

Full Name \_\_\_\_\_ Job Title \_\_\_\_\_

Signature \_\_\_\_\_ Date DD / MM / YYYY \_\_\_\_\_

Full Name \_\_\_\_\_ Job Title \_\_\_\_\_

Signature \_\_\_\_\_ Date DD / MM / YYYY \_\_\_\_\_

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Branch to complete \_\_\_\_\_ Branch No. \_\_\_\_\_ Salary No. \_\_\_\_\_

(if CFCA or FCD involved) Once account details have been verified Scan and email form to NZIO Static Data

TDC to complete \_\_\_\_\_ Support centre salary no. \_\_\_\_\_

Date received 

D	D	M	M	Y	Y	Y	Y
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**Please tick when completed. Otherwise leave blank.**

All relevant sections have been completed

Sales Customer updated

Phone/Online Banking updated

Debit / Credit cards updated

Cheque/deposit book updated