

Westpac use only Only for use with the account opening or making changes forms.

Authority no.

Date

This schedule is in addition to the following form (Please tick one)

Account Opening form Making Changes to Account form



Core Agency Schedule of Extra Signatories

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. Existing Details

Name of account

Account number

tick here for all suffixes OR for specific suffixes , , ,

B. Extra Signatories

Please complete all fields.

**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.*

***These details are optional.*

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

Signatory 3

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

C. 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
