



You have a choice of several ASB account options, which can be set up before your arrival in New Zealand. To find out which product is best suited to your needs, please visit www.asb.co.nz.

Please note: applicants on a Work Visa or a Working Holiday Visa will only be eligible to apply for Streamline or FastSaver accounts.

Applying for a new bank account with ASB is a simple procedure. This checklist has been assembled to help you through the process.



1. Submit an Account Application Form

READ, COMPLETE, and SIGN the Application Form and READ the Personal Banking Terms and Conditions which govern the operation of the ASB accounts.

SUPPLY the following:

- > **Certified Photocopy of your Passport(s)** – information page including photo and Visa (if approved)
- > **Certified Photocopy of a second form of identification** - i.e. International Drivers Licence, Bank Card or Birth Certificate.
- > **Certified Photocopy of your current home address** - if your address is not included in one of the above forms of identification, you must also provide a certified copy of a recent utility bill which details your current home address.

Please note: Certifications must be in English, and can **only** be obtained from a Solicitor, Justice of the Peace, Notary Public, Embassy, Consulate, or High Commission of the country of issue. All Certifications must record the full name, occupation, telephone number and address of the person certifying the documents and include an official stamp.

BE PREPARED to supply a minimum account opening deposit of at least NZD 500 by International Money Transfer within one month of notification that the account has been opened and provision of the new account number.

Post the completed and signed Application attached with the required documentation to:
ASB Migrant Banking
PO Box 4294,
Auckland 1140, New Zealand.

Please note: Attach a photocopy of your Immigration Papers of Entry Permit/Visa (if applying for an Omni/Unlimited cheque account.)



2. Confirmation of your application

- > Once ASB Migrant Banking has received your completed and signed Application Form with all appropriate documents enclosed, it will take 3 working days to open your account.
- > Incomplete applications will take longer to process as further information will have to be obtained from you. Please retain this check list and the Terms and Conditions for your reference.
- > You will be notified by email or by post of your ASB account number and that your account has been opened.



3. Activating and Using your new account

- > Your New Zealand based account will not be available for withdrawals or cheque book issue (if applicable) until:
 - > your arrival in New Zealand; and
 - > original identification has been presented in person at an ASB branch; and
 - > a signature card has been completed and an online signature is held at an ASB branch.
- > You may apply for an ASB FastCash Card and/or Visa Debit Card and register for ASB FastPhone telephone banking and FastNet Classic Internet banking services when you arrive in New Zealand.
- > Any interest paid on your account is subject to New Zealand withholding tax rules. The withholding tax to be deducted is dependent on your individual tax status, which should be confirmed to the Bank in writing. To ensure that you are taxed at the correct rate, we recommend that you confirm your tax status by contacting the Inland Revenue Department or visit their website on www.ird.govt.nz

There are numerous other products and services not listed here that are also available through ASB and may suit your needs once you arrive in New Zealand. Your nominated Personal Banking Consultant will be able to discuss these with you.

Please note:

- > For joint applications we require the above documentation for both parties. All original documents will be returned to you once the account has been opened.
- > A copy of ASB Bank Limited's current Disclosure Statement is available free of charge at www.asb.co.nz
- > For further assistance or more information, please contact the ASB Migrant Banking Division on +649 448 4340 or migrantbanking@asb.co.nz

**FOR BANK USE ONLY**

NEW ASB Account No.

1	2	3																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Omni	Unlimited	Streamline	FastSaver
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be completed by Applicant(s) and returned at least 2 weeks prior to departure.

**1. Account Information: Please open the following accounts (Please indicate with a ✓)**

- OMNI*** (Statement)
 UNLIMITED* (Statement)
 STREAMLINE* (Statement)
 FASTSAVER* (Statement)

*Only available to non residents who hold a visitor or temporary work visa of 6 months or more.

*Only available to non residents who hold temporary work visa of 0-6 months or more.

Number to sign on your account (e.g. 1 or 2):

If applying for a Streamline, Omni or Unlimited account, how would you like your name/s to appear on your chequebook?

Expected date of arrival in New Zealand	Approximate funds for transfer	Expected transfer date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. Customer Information: This information will be treated in the strictest confidence.**

1 Surname

2 First Names

3 Sex (please circle) Title Other

M	F	4 Mr	Mrs	Miss	Ms	<input type="text"/>
---	---	------	-----	------	----	----------------------

5 Date of Birth

Day Month Year

6 Current Occupation

7 Name of Current Employer

8 New Zealand Employer (if known)

9 Password (must contain a minimum of 6 alpha and 2 numeric and cannot contain your first, middle or surname or full birth year)

10 Home Address

11 Mailing Address (if different from home address)

12 Telephone Home Work Mobile

13 Email Address Fax

You may be interested in receiving marketing or promotional information relating to non-financial products or providers. If you would like to receive this information from any ASB group company electronically, please tick this box.

14 Passport Number

15 Passport Expiry Date

Day Month Year

16 Country of Issue

17 Existing Bank

18 Branch or sort code (if known)

**3. Joint Customer Information: This information will be treated in the strictest confidence.**

19 Surname

20 First Names

21 Sex (please circle) Title Other

M	F	22 Mr	Mrs	Miss	Ms	<input type="text"/>
---	---	-------	-----	------	----	----------------------

23 Date of Birth

Day Month Year

24 Current Occupation

25 Name of Current Employer

26 New Zealand Employer (if known)

27 Password (must contain a minimum of 6 alpha and 2 numeric and cannot contain your first, middle or surname or full birth year.)

28 Home Address

29 Mailing Address (if different from home address)

30 Telephone Home Work Mobile

31 Email Address Fax

You may be interested in receiving marketing or promotional information relating to non-financial products or providers. If you would like to receive this information from any ASB group company electronically, please tick this box.

32 Passport Number

33 Passport Expiry Date

Day Month Year

34 Country of Issue

35 Existing Bank

36 Branch or sort code (if known)

4. Declaration of New Zealand Tax Status

Please tick:

- Non-resident – for tax purposes only
- Resident – for tax purposes only

I/We _____ confirm that in accordance with Section YD1 of the Income Tax Act 2007, I am/We are or will be non-resident(s) for New Zealand tax purposes only as from _____ / _____ / _____ (date)

My address for tax purposes is/will be:

IRD Number (optional)

--	--	--	--	--	--	--	--	--	--

Joint customer IRD Number (if applicable)

--	--	--	--	--	--	--	--	--	--

If you have ticked non-resident, please select:

- A. To have a non-resident levy deducted and paid over to the New Zealand Inland Revenue Department by ASB on my/our behalf based on gross interest paid or credited to me/us in respect of deposits held in my/our accounts with ASB, or
- B. To have non-resident withholding tax at the relevant country rate deducted and paid over to the New Zealand Inland Revenue Department by ASB on my/our behalf based on gross interest paid or credited to me/us in respect of deposits held in my/our accounts with ASB.

ASB disclaims all further tax obligations in relation to deductions, returns and payments required of me/us by the income tax laws of either New Zealand or my/our country of residency.

I/We agree to advise ASB as soon as my/our tax residency status changes for any reason whatsoever.

Customer Signature:

Date:

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

Day Month Year

Joint Customer Signature

5. Privacy

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- a. This application collects personal information about you.
- b. This information is being collected to determine your suitability as an account holder and for the specific purposes set out in the Personal Banking Terms and Conditions.
- c. The intended recipients of the information are;
 - ASB, and its subsidiaries and its agents and other third parties (whether in New Zealand or overseas) that provide services to ASB. Express consent is also granted for ASB to disclose your information to other companies within the ASB Group of Companies.
 - Research firms engaged by ASB to carry out customer surveys and conduct market research.
 - Other banks (including overseas banks), agents, contractors or other financial services providers assisting with international transactions and same day cleared payments.
 - Other providers of credit and credit reference and collection agencies.
 - (Certain laws require us to disclose your personal information.) Overseas banks, agents, contractors or financial services providers who assist with international transactions and same day cleared payments will be subject to the laws of that jurisdiction which may require them to disclose your personal information.
- d. The information will be collected and held by ASB, P O Box 35, Auckland 1140.
- e. You agree that when you telephone us your conversation with us may be recorded.
- f. Failure to provide information requested or provision of incorrect information may result in your application being declined.
- g. You do have rights of access to, and correction of, this information.

We will endeavour to ensure that your information we hold is accurate. Prompt advice of any changes in your personal contact details such as residential or email address, or telephone or facsimile numbers will help us do this.

Declaration and Authorisation

I/We authorise the disclosure and release to ASB at any time of my/our personal information held by:

- a. any other credit providers and credit reference and collection agencies; and
- b. any previous or current employer regarding my employment history and income.

I/We consent to the collection, use and disclosure of my/our personal information on the terms set out above.

I/We authorise ASB to obtain a personal credit and fraud check.

I/We authorise ASB to disclose to other credit providers, credit reference and collection agencies and any other party expressly authorised by me/us, at any time, my/our personal information held by ASB.

ii/We authorise ASB's credit reference agency to:

- i. hold my/our personal information on its systems and use my/our personal information to provide its credit reporting services;
- ii. provide my/our personal information to its customers when they use its credit reporting services.

I/We authorise ASB to use its credit reference agency in the future for purposes related to the provision of credit to me/us.

Migrant Banking Division Personal Account Application Form - continued

I/We authorise:

- i. ASB to give its credit reference agency information about any default in my/our payment obligations to ASB;
- ii. ASB's credit reference agency to give information about my/our default to its other customers.

If I/We do not want to receive promotional material from ASB at any time, I/We will advise ASB.

I/We have read, understand and accept ASB's Personal Banking Terms and Conditions which will form the basis of my relationship with ASB and will apply to all personal accounts I/we may open or operate with ASB, together with any product or service specific terms and conditions.

If the application is for a FastSaver account I/we acknowledge and agree that the account can only be accessed through phone and internet banking.

ASB's current disclosure statement is available free of charge at www.asb.co.nz

Customer's Signature

Date

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Day Month Year

Joint Customer's Signature

Bank Use Only

Method of Identification – Customer

1.
2.

Customer Internal Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signatures Verified by – User ID

Introduced by – User ID

Accepted by – User ID

Method of Identification – Joint Customer

1
2

Joint Customer Internal Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date Stamp