

As a minimum, the following information must be obtained from the additional signatory:

Name

Date of Birth / /

Home phone number ()

Gender Male Female

Work phone number ()

Mobile number ()

Residential address (not P.O. Box)

Nationality

Occupation

Job Title

Email address (if available)

Employer's name

If you are a business owner or self employed, nature of business?

Primary Source of Income	Salary/ Drawings <input type="checkbox"/>	WINZ Payments <input type="checkbox"/>	Student Allowances <input type="checkbox"/>	Superannuation Payments <input type="checkbox"/>	Investment Income <input type="checkbox"/>	
Types of Expected Account Activity	Telegraphic Transfer in/out <input type="checkbox"/>	Cash Deposit <input type="checkbox"/>	Cash Withdrawals <input type="checkbox"/>	Cheque Deposits <input type="checkbox"/>	Cheques Issued <input type="checkbox"/>	Transfer in/out <input type="checkbox"/>

IMPORTANT INFORMATION

- I
- a) confirm that I have been given a copy of the Personal Financial Services Terms & Conditions and Your Guide to Banking with HSBC New Zealand and agree that these terms and conditions will continue to apply to the operation of the account(s);
 - b) acknowledge that my personal information may be collected, used, stored and disclosed by HSBC (including its related companies in other countries) and other specified third parties for the purposes and upon the terms set out in the Privacy Act 1993/Personal Information section of the Personal Financial Services Terms & Conditions;
 - c) acknowledge that I have the right to access and correct personal information collected subject to the provisions of the Privacy Act 1993.

Additional Signatory

SV Date / /

Important: Ensure the additional signatory to the account completes the Authority to Operate (or Mandate as appropriate).

BANK USE ONLY

Signature verified by name (stamp)

Signature

Date / /

Additional Signatory Checklist

This application completed <input type="checkbox"/>	Passport Identification <input type="checkbox"/>	Proof of address* <input type="checkbox"/>
Proof of Identity Form (if applicable) <input type="checkbox"/>	Power of Attorney (if applicable) <input type="checkbox"/>	

*Verification must be less than three months old and confirm signatory's residential address.