

Account Name

Accounts covered by this authority

      -         -   
      -         -   
      -         -   

I/We,

Names of account holders in full

**A**

**B**

- 1 Appoint the following person as an authorised signatory to operate my/our accounts listed above in accordance with my/our account operating authority and subject to the following acknowledgements.
- 2 Acknowledge that:
  - a) any operation on my/our account(s) in accordance with this authority shall bind me/us jointly and severally to HSBC
  - b) this authority shall remain in force until I/we have expressly revoked it by notice in writing and delivered to HSBC
  - c) HSBC shall not be obliged to enquire into the circumstances of any instructions given to it in accordance with this authority.
  - d) this authority only applies to the operation of the account(s) listed above in accordance with the Personal Financial Services Terms & Conditions and does not extend to the closing of the account(s).
  - e) this authority does not extend to the opening of additional accounts.

Person given authority to operate

Name (in full)

Will sign as

**Important:** Ensure the additional signatory to the account completes the Additional Signatory KYC Form.

Account Holder Signature (A)

SV

Account Holder Signature (B)

SV

**Important:** Ensure all account holders sign the Authority to Operate, even if 'one to sign' authority applies to the account.

Date  /  /

Date  /  /

**BANK USE ONLY**

Signature verified by name (stamp)

Signature

One to sign:  Yes  No

Date  /  /

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

Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Home phone number	( <input type="text"/> ) <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Work phone number	( <input type="text"/> ) <input type="text"/>	Mobile number	( <input type="text"/> ) <input type="text"/>
Residential address (not P.O. Box)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Nationality	<input type="text"/>		
Occupation	<input type="text"/>		
Job Title	<input type="text"/>		
Email address (if available)	<input type="text"/>		
Employer's name	<input type="text"/>		

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
- 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);
  - 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;
  - 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 <input type="checkbox"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="checkbox"/>		

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
<input type="text"/>	<input type="text"/>
	Date
	<input type="text"/> / <input type="text"/> / <input type="text"/>

### 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.