



Rabobank

April 2010

Account Operating Authority

Talk to the world's leading food and agribusiness bank

Rabobank New Zealand Limited

For more information please call
0800 500 933

www.rabobank.co.nz

Indicate your option:

- Open a new All In One account with a credit balance. Complete all sections.
- Create an Account Operating Authority for an Account Owner or add a new Signatory. Complete Section A and Sections D to J and Section L.
- Amend the existing Account Operating Authority on your existing Client Number. Only complete the sections where details are to be amended.
Mandatory fields to be completed – Section A (Client Number), Section E (the Signatory being amended must sign this section),
Section L (ALL the Account Owners must sign this section).

Please read the following access level information before completing the Account Operating Authority, it contains important information on the terms referred to in this form.

Account Owners can operate accounts under the Client Number this application relates to, by phone and by written instruction, including facsimile and secure message, through Rabobank Internet Banking.

Account Owners may also nominate individuals who are not Account Owners to operate accounts under the Client Number (Authorised Signatories or Signatories). Signatories can operate the account(s) at the access level chosen.

1. Signatory access level

Unrestricted – Signatories can make payments from the account(s) as if they are an Account Owner (including to an account other than the Nominated Account).

Restricted to Nominated Accounts – Signatories can make payments from the account(s) but only to the Nominated Account(s) specified in this Account Operating Authority (or for Rabobank Internet Banking, an account on the Accounts Payee List).

No Access – Signatories can not make any payments from the account(s).

2. Internet access level

Account Owners have Full Access via Rabobank Internet Banking to all accounts under the Client Number (i.e. Account Owners can make payments and rate bookings via Rabobank Internet Banking without restriction). Account Owners may also nominate Signatories to operate the account(s) on Rabobank Internet Banking individually, according to the access level chosen.

To use Rabobank Internet Banking one of the Account Owners or Signatories must be nominated as the **Nominated Internet Banking Administrator** (see Section D), with Full Access. The Nominated Internet Banking Administrator is responsible for setting and controlling the access of the Delegated User(s) for any accounts under the Client Number.

Rabobank Internet Banking access levels include:

- **Full Access** – Access to all accounts under the Client Number and the ability to make payments without restriction.
- **Delegated User** – Access limited by restrictions (as determined by the Nominated Internet Banking Administrator). Restrictions may apply to viewing accounts and/or making payments using Rabobank Internet Banking for the Client Number the authority relates to.

3. Card Access

If a Signatory has card access to the account(s) under a Client Number, the Account Owner(s) must nominate which account(s) the card is linked to.

4. Cheque Access

Account Owners may also nominate Signatories to sign any cheque issued on accounts under the Client Number. Also if the Signatory(ies) requires a cheque book, the Account Owners will need to nominate the account(s) the cheque book will draw funds from. Legal responsibility for any cheque book personalisation is the Account Owner(s).

Section A Rabobank Client Number

If you are an existing Rabobank client, please provide your Rabobank Client Number to open a new All In One account or amend the details of an existing Account Operating Authority under this Client Number.
(If provided you do not need to complete Sections B and C)

Section B Name and details of account

Account name (if applicable)

Residential/Registered address (MANDATORY)

Postcode

Postal address

Postcode

Account type Individual Company Trust Partnership Joint Body Corp (other than a company) Unincorp Assoc

Telephone (work)

Telephone (home)

Fax

Mobile

Email

1st contact (name)

Telephone

2nd contact (name)

Telephone

Section C Details of Account Owner(s) – Each account owner to complete

1. Mr/Mrs/Miss/Ms Given names Surname Date of birth/incorporation

/ /

Non-individual Account Owner name (if applicable)

Postal address

Postcode

Entity type Individual Company Trustee Body Corp (other than a company)

2. Mr/Mrs/Miss/Ms Given names Surname Date of birth/incorporation

/ /

Non-individual Account Owner name (if applicable)

Postal address

Postcode

Entity type Individual Company Trustee Body Corp (other than a company)

3. Mr/Mrs/Miss/Ms Given names Surname Date of birth/incorporation

/ /

Non-individual Account Owner name (if applicable)

Postal address

Postcode

Entity type Individual Company Trustee Body Corp (other than a company)

4. Mr/Mrs/Miss/Ms Given names Surname Date of birth/incorporation
 / /

Non-individual Account Owner name (if applicable)

Postal address Postcode

Entity type Individual Company Trustee Body Corp (other than a company)

If any Account Owner is operating as a Company please provide details of Company Directors.

| Full name | Company name |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Section D Nominated Internet Banking Administrator

The Nominated Internet Banking Administrator is the user nominated to be responsible for setting and controlling the access restrictions of current and future Delegated Users for any accounts under the Client Number. The Nominated Internet Banking Administrator must be a Signatory with Full Access to Rabobank Internet Banking.

Mr/Mrs/Miss/Ms Given names Surname

Section F Nominated Accounts to be credited from this account

Restricted Signatories can make payments from the account(s) under the Client Number, but only to the Nominated Account(s) listed below. Unless otherwise indicated, the first account listed below will be the default Nominated Account. All accounts must be New Zealand bank accounts.

| | | |
|---------------------------------|------------------------------------|----------------------|
| 1. Account name | Account number | |
| <input type="text"/> | <input type="text"/> | |
| Bank/Financial institution name | Bank/Financial institution address | Bank/Branch no. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Account name | Account number | |
| <input type="text"/> | <input type="text"/> | |
| Bank/Financial institution name | Bank/Financial institution address | Bank/Branch no. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Account name | Account number | |
| <input type="text"/> | <input type="text"/> | |
| Bank/Financial institution name | Bank/Financial institution address | Bank/Branch no. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Section G Minors

If any Account Owner or Authorised Signatory is under 18 years of age, the Account Owner(s) fully indemnify Rabobank for any loss it may suffer due to the minor's age. If the minor is the sole Account Owner, a parent or guardian who is 18 years of age or over must sign below and thereby give the same indemnity. Any person giving such an indemnity may become liable under that indemnity instead of, or as well as, the minor. Independent legal advice should be sought before giving such an indemnity.

| | | |
|----------------------------------|-----------------------------------|-------------------------------|
| Mr/Mrs/Miss/Ms | Given names of parent or guardian | Surname of parent or guardian |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residential address (not PO Box) | | Postcode |
| <input type="text"/> | | <input type="text"/> |
| Full name of minor | Date of birth of minor | |
| <input type="text"/> | <input type="text"/> | |
| Signature of parent or guardian | Date | |
| <input type="text"/> | <input type="text"/> | |

Section H Account Owner(s) tax options

Without an Inland Revenue Department (IRD) number tax may be deducted, at the maximum rate by Rabobank from interest paid on any credit balance at the time it is paid. The IRD Number required is that of the Account Owner or one of the Account Owners if there is more than one. If tax exempt, please provide a copy of the Certificate of Exemption. Quotation of your IRD Number/Exemption will automatically apply to any present and future accounts under this Client Number unless you notify Rabobank otherwise.

If the Account Owner(s) has selected "Non Resident" as their tax status, the Account Owner(s) declares that any person beneficially entitled to the Account(s) (and any interest) held by Rabobank in the Account Owner's name is not a tax resident of New Zealand at the time the Account(s) is opened with Rabobank. The Account Owner(s) irrevocably and unconditionally agrees that if the person beneficially entitled to the Account(s) (and any interest) becomes a tax resident of New Zealand, the Account Owner(s) will notify Rabobank immediately. The Account Owner(s) irrevocably and unconditionally agrees to indemnify Rabobank for any losses, costs, penalties and other expenses, which Rabobank might incur or suffer arising directly or indirectly out of the Account Owner's failure to comply with the terms of this clause.

| | |
|---|--|
| Name of Account Owner | IRD Number |
| <input type="text"/> | <input type="text"/> |
| Tax Rate <input type="checkbox"/> 12.5% <input type="checkbox"/> 21% <input type="checkbox"/> 30% <input type="checkbox"/> 33% <input type="checkbox"/> 38% | <input type="checkbox"/> Non Resident or <input type="checkbox"/> Tax Exempt |

Section I Signing rule for cheques

Please note: If you do not tick any box, we will assume that anyone can sign by themselves. Also note: Where more than one person is required to sign together access to debit cards, telephone or Internet Banking is not available. Please tick ONE box only.

Anyone can sign by themselves All Signatories must sign together At least two Signatories must sign together

Other (please specify) _____

Section J Identification

One of the following three options must be completed to identify each Account Owner and/or Authorised Signatory:

1. Provide one of the following documents (which must contain photo ID) to a Rabobank staff member: Passport, driver's licence and/or a New Zealand bank credit/debit card.
2. Provide your Rabobank Client Number or related Account Number if you are an existing Account Owner or Authorised Signatory.
3. Officer Certification (as set out below).

1. Name of Account Owner/Authorised Signatory

| | | | |
|---|---|--|---|
| <input type="text"/> | | | |
| <input type="checkbox"/> Identification sighted | ID type <input type="text"/> | ID ref. No. <input type="text"/> | ID expiry date <input type="text"/> |
| <input type="checkbox"/> Existing Account Owner and/or Authorised Signatory | Related Client/Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | | |
| <input type="checkbox"/> Officer certification | I certify that | <ul style="list-style-type: none">• I have known the Account Owner/Authorised Signatory for more than 12 months• I have established the Account Owner/Authorised Signatory's identity• The details of the Account Owner/Authorised Signatory in this operating authority are correct | |
| | Officer name <input type="text"/> | Officer code <input type="text"/> | Officer signature <input type="text"/> |

2. Name of Account Owner/Authorised Signatory

| | | | |
|---|---|--|---|
| <input type="text"/> | | | |
| <input type="checkbox"/> Identification sighted | ID type <input type="text"/> | ID ref. No. <input type="text"/> | ID expiry date <input type="text"/> |
| <input type="checkbox"/> Existing Account Owner and/or Authorised Signatory | Related Client/Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | | |
| <input type="checkbox"/> Officer certification | I certify that | <ul style="list-style-type: none">• I have known the Account Owner/Authorised Signatory for more than 12 months• I have established the Account Owner/Authorised Signatory's identity• The details of the Account Owner/Authorised Signatory in this operating authority are correct | |
| | Officer name <input type="text"/> | Officer code <input type="text"/> | Officer signature <input type="text"/> |

3. Name of Account Owner/Authorised Signatory

| | | | |
|---|---|--|---|
| <input type="text"/> | | | |
| <input type="checkbox"/> Identification sighted | ID type <input type="text"/> | ID ref. No. <input type="text"/> | ID expiry date <input type="text"/> |
| <input type="checkbox"/> Existing Account Owner and/or Authorised Signatory | Related Client/Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | | |
| <input type="checkbox"/> Officer certification | I certify that | <ul style="list-style-type: none">• I have known the Account Owner/Authorised Signatory for more than 12 months• I have established the Account Owner/Authorised Signatory's identity• The details of the Account Owner/Authorised Signatory in this operating authority are correct | |
| | Officer name <input type="text"/> | Officer code <input type="text"/> | Officer signature <input type="text"/> |

4. Name of Account Owner/Authorised Signatory

| | | | |
|---|---|--|---|
| <input type="text"/> | | | |
| <input type="checkbox"/> Identification sighted | ID type <input type="text"/> | ID ref. No. <input type="text"/> | ID expiry date <input type="text"/> |
| <input type="checkbox"/> Existing Account Owner and/or Authorised Signatory | Related Client/Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | | |
| <input type="checkbox"/> Officer certification | I certify that | <ul style="list-style-type: none">• I have known the Account Owner/Authorised Signatory for more than 12 months• I have established the Account Owner/Authorised Signatory's identity• The details of the Account Owner/Authorised Signatory in this operating authority are correct | |
| | Officer name <input type="text"/> | Officer code <input type="text"/> | Officer signature <input type="text"/> |

Section K Privacy act acknowledgement

Each of us who have signed this Loan Application understands the following:

- I have provided personal information to Rabobank to enable Rabobank to use the credit reporting service of a credit reporting agency (e.g. Baycorp Advantage) for the purpose of receiving a report on my credit history.
- The agency may give Rabobank information about me for that purpose.
- Rabobank will give my personal information to the agency.
- The agency will hold my personal information on its systems and use it to provide its credit reporting service.
- When other customers of the agency use the agency's credit reporting services, the agency may give my personal information to those customers.
- If Applicant(s) becomes a client of Rabobank, Rabobank may continue to use the agency's credit reporting services, including the agency's monitoring services to receive updates if there are any changes in any of the information that the agency holds about me.
- If I default in my payment obligations to Rabobank, Rabobank may give information of the default to the agency and the agency may give information about my default to other customers of the agency.

Section L Execution and Declaration (all Account Owners must sign this section)

I/We, the Account Owner(s), by signing below :

- Agree to the operation of the account(s) under this Client Number as set out in this form;
- Request that access to Rabobank Internet Banking be granted to the persons nominated in Section E and consent to them having access in accordance with the Rabobank Internet Banking Conditions of Use (if relevant);
- Acknowledge that it is an offence to open or operate an account in a false name and understand that I/We must specify all the names by which I/we are commonly known; and
- Certify that all the information provided in this application is true and complete.

This Account Operating Authority is not effective until it is received and accepted by Rabobank. It supersedes any prior contradictory authority.

Amendments can be made to any of the people nominated and options chosen in the preceding sections – Contact Rabobank on 0800 722 622.

Signing of Account Operating Authority

Individuals: All individuals to sign personally. **Partnership:** All partners to sign personally. **Company:** Two directors or the sole director (with a witness) to sign. Other Bodies Corporate in accordance with relevant authority. Please note that the Account Operating Authority must be completed in the name(s) of the trustee(s) personally, but may include the name of the trust. **Attorney(s):** Where the Account Operating Authority is signed by an attorney(s), a copy of the original power of attorney and Certificate of Non-Revocation must be attached.

Individuals

1. Signature of Account Owner

Name of Account Owner

Date

2. Signature of Account Owner

Name of Account Owner

Date

3. Signature of Account Owner

Name of Account Owner

Date

4. Signature of Account Owner

Name of Account Owner

Date

Companies

Signature and names of Company Applicant's Directors

1. Signature of Director

Name of Director

Date

2. Signature of Director

Name of Director

Date

3. Signature of Director

Name of Director

Date

4. Signature of Director

Name of Director

Date

5. Signature of Director

[Signature box]

Name of Director

[Name box]

Date

[Date box / /]

6. Signature of Director

[Signature box]

Name of Director

[Name box]

Date

[Date box / /]

Witnesses

1. Signature of Witness

[Signature box]

Name of Witness

[Name box]

Date

[Date box / /]

2. Signature of Witness

[Signature box]

Name of Witness

[Name box]

Date

[Date box / /]

Branch Use Only

Branch [] Branch code [][][][] CMS no. [] Workflow no. []

Account Manager name [] Account Manager code [][][][]

Bank Officer name [] Bank Officer code [][][][]

Bank Officer signature []

Client Number [][][][][][][] Account type Individual Company Trust Partnership Joint

All ID's checked Certificate of Incorporation Business Name Registration Trust Deeds

Employee Yes No Employee name []

SIC cat [] SIC code (refer to CMS) [] Bus std Bus all Pers std Pers all

NOTES

[Horizontal lines for notes]

