

Electronic Verification Details Form



Please print, sign and return this document to us via post or email:
Post: Freepost Rabobank Online Savings, PO Box 38567, Wellington 5045
Email: ClientMaintenanceNZ@rabobank.com

Personal Details

Customer number

Account Name

Account name

Full name

First name

Middle name(s)

Last name

Date of birth

dd/mm/yyyy

Residential address

Street address

City/Town

Suburb

Country

Postcode

Identity Verification Details

New Zealand Passport

Passport Number

Expiry Date

New Zealand Driver's Licence

Licence Number

Expiry Date

Licence plate (on a vehicle registered in your name)

Licence version

Declaration

I give consent for Rabobank to verify my identity electronically using the details entered by providing those details to the NZ Transport Agency, the Department of Internal affairs or a credit reporting agency or other entity for that purpose.

Signature

Date

dd/mm/yyyy