

# 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

Place of Issue

Issue Date

Expiry Date

New Zealand Driver Licence

Licence Number

Place of Issue

Issue Date

Expiry Date

Licence plate (on a vehicle registered in your name)

Licence version (5b)

## 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