

Foreign Currency Account Payment Request Form

October 2025

Rabobank New Zealand Limited

To contact your nearest branch
please call 0800 500 933

www.rabobank.co.nz

The purpose of this form is to request a payment from your Foreign Currency Account to any other bank account that is not your Nominated Account. If you wish to transfer funds to your Foreign Currency Account, or make a payment to your Nominated Account, please call Client Services on 0800 500 933.

Once completed, please return to:

- Email: wellington@rabobank.com

For further assistance call our Client Services Team on 0800 500 933 Monday - Friday 8am - 5.30pm (NZT), excluding public holidays.

Section A: Account Details

Account Name

Foreign Currency Account Number

Currency (select one)

☐ AUD ☐ CAD ☐ CHF ☐ DKK ☐ EUR ☐ GBP ☐ HKD ☐ JPY ☐ NOK ☐ SGD ☐ USD

Section B: Payment Instructions

Amount in figures

(In currency
selected above)

Payment Date

 / /

Amount in words

(In currency
selected above)

Payee Details

Payee Bank Name

Country

Payee Bank Address/Location

SWIFT/BIC Code

Payee Name

Payee Residential/Registered Address

Payee Bank Account Name

Payee Bank Account Number or IBAN (Europe)

Please select one of the following options; (mandatory field)

- ☐ I have instructed Rabobank to convert funds and credit them to my Foreign Currency Account to cover this payment.
- ☐ I have sufficient funds in my Foreign Currency Account to cover this payment.

**To ensure your payment is processed securely, we may contact you beforehand to confirm your payment instructions.
Please make sure all account details are current and accurate.**

Section C: Authorisation and Acknowledgement

By instructing Rabobank New Zealand Limited ("Rabobank") to process this Payment Request Form ("Payment Request"), I/we agree and accept to be bound by the Foreign Currency Account Terms and Conditions (found on Rabobank's website: www.rabobank.co.nz) and the conditions set out below:

1. I/We confirm that the Payee details listed in the form are true and correct.
2. I/We confirm that I/we have authority to instruct Rabobank to make this Payment Request.
3. I/We authorise Rabobank to process this Payment Request in accordance with the payment instructions specified above.
4. I/We confirm that, at the time of submitting this Payment Request, the Foreign Currency Account specified above holds funds equal to or exceeding the amount to be paid under this Payment Request.
5. I/We acknowledge that additional charges may apply from overseas banks, which can reduce the amount received by the Payee.
6. Rabobank may decline to process a SWIFT payment if this Payment Request lacks any required information or contains incorrect details.
7. I/We must immediately notify Rabobank if I/we become aware that I/ we have made a mistake when authorising this Payment Request or if I/we or the Authorised Signatory/Authorised Officer/Authorised Person did not authorise the Payment Request or if I/we believe, a Payment Request was not processed in accordance with my/our authority.
8. In the absence of its proven negligence, Rabobank shall not be liable for any loss or damage suffered as a result of Rabobank acting on this Payment Request in good faith.
9. I/We agree to provide Rabobank with any information or documentation required by law, regulation, or Rabobank's internal guidelines for Know Your Customer ("KYC"), Anti-Money Laundering ("AML"), and Counter-Terrorism Financing ("CTF") purposes, including proof of identity, as reasonably requested from time to time. Failure to provide accurate or timely information may result in delays or cancellation of the Payment Request.

Signing

This Payment Request Form must be signed in accordance with your Account Signing Rules as recorded in your Account Operating Authority, Deed of Nomination, or Authority to Give Instructions (as applicable). If you are unsure of what your Account Signing Rules are, please contact your Account Manager.

Name of Authorised Signatory/Officer/Person	Date	Name of Authorised Signatory/Officer/Person	Date
<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>

Signature

Signature

Name of Authorised Signatory/Officer/Person	Date	Name of Authorised Signatory/Officer/Person	Date
<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>

Signature

Signature

Name of Authorised Signatory/Officer/Person	Date	Name of Authorised Signatory/Officer/Person	Date
<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>

Signature

Signature