



Record Account Number				

APPLICATION FOR COMMERCIAL ACCOUNT

Account Name

Company

Full name as shown on Certificate of Incorporation

Trading As
(If applicable)

Registered Business Name (refer Cert. of Registration)

Nature of Business

Account Details

Existing Account Holder **Yes** - Nature of Business _____
 No - Complete below Details

Registered Office Address

<input type="text"/>	<input type="text"/>
Unit / St No.	Street Name
<input type="text"/>	
Other e.g. Property Name	
<input type="text"/>	<input type="text"/>
Suburb	State
<input type="text"/>	<input type="text"/>
Country (if outside New Zealand)	Postcode

Registered Details

Reg. No.	<input type="text"/>
Date Business Established	<input type="text"/>
Monthly FX Requirement	<input type="text"/>

Full Trading Address (if different from above)

<input type="text"/>
Unit / Street Number and Name
<input type="text"/>
Suburb / Town
<input type="text"/>
Postcode
Country (if outside New Zealand)

Contact Details

Mr	Mrs	Ms	Miss	<input type="text"/>
Contact Name				
<input type="text"/>	<input type="text"/>			
Telephone	Fax			
<input type="text"/>				
Email				
<input type="text"/>				

Account Type (select applicable) **→** Currency AUD USD GBP EUR CHF
 HKD CNY JPY SGD Other

Trade References

1	<input type="text"/>	Ph	<input type="text"/>	Years Trading with them	<input type="text"/>
2	<input type="text"/>	Ph	<input type="text"/>	Years Trading with them	<input type="text"/>
3	<input type="text"/>	Ph	<input type="text"/>	Years Trading with them	<input type="text"/>

Signatory Details			
1 Mr. / Mrs. / Ms. / Miss			
[]			
First Name(s) in full			
[]			
Last Name in full			
Residential Address			
[]			
Unit / Street Number and Name			
[]			[] [] []
Suburb / Town			State
[] [] [] []	[]		
Postcode	Country (if outside New Zealand)		
Contact Details			
Home	[]	Business	[]
Fax	[]	Mobile	[]
Email	[]		
Other Names used (if appl.) []			
Occupation	[]		
Employer	[]		

Signatory Details			
2 Mr. / Mrs. / Ms. / Miss			
[]			
First Name(s) in full			
[]			
Last Name in full			
Residential Address			
[]			
Unit / Street Number and Name			
[]			[] [] []
Suburb / Town			State
[] [] [] []	[]		
Postcode	Country (if outside New Zealand)		
Contact Details			
Home	[]	Business	[]
Fax	[]	Mobile	[]
Email	[]		
Other Names used (if appl.) []			
Occupation	[]		
Employer	[]		

Signatures

By a legally constituted meeting of the company, authority was given to the person(s) named to act in accordance with terms of this authority.

Date
1. Signature
Name and Title

Date
2. Signature
Name and Title

Method of Account Operation *(tick applicable)*

- Any one to operate severally
 Both to operate jointly
 Any
 of
 must authorise jointly

I / We undertake to settle all deals within 2 business days from the date of transaction or any other date that may be agreed upon. Transactions done via the telephone are considered as binding and good. All telephone conversations are recorded. In the event that I / We fails to settle by the stipulated date, I / We shall pay KVB Kunlun New Zealand Ltd any claims that KVB Kunlun may have. The amount of the claim shall be at the sole discretion of KVB Kunlun New Zealand Ltd.

Signed for and on behalf of the Applicant

Name Position Date

KVB Use only	
<input type="checkbox"/> Copy of Certificate of Registration/Incorporation on file	Account opened by
<input type="checkbox"/> PDS & Privacy Statement handed	Checked by
<input type="checkbox"/> FTRA 100 Point Identification completed for all entities	Date / /
<input type="checkbox"/> Customer ID copied and retained	
<input type="checkbox"/> Name Checker verification of all related entities	
<input type="checkbox"/> New account number recorded on application	