SCHOOL BOT ACCOUNT APPLICATION

Catholic Diocese of Hamilton Chanel Centre, 47 Clyde St, Hamilton 3216, PO Box 4353, Hamilton East 3247
Email cdf@cdh.org.nz Ph (07) 8566989 OR 0800 THE CDF (0800 843 233) www.cdfhamilton.org.nz

IMPORTANT NOTICE – please read:

This application is issued with the latest Product Disclosure Statement (PDS) for an offer of debt securities issued by the Roman Catholic Bishop of Hamilton, trading as the Catholic Development Fund (CDF). The latest PDS and the Trust Deed can be viewed on the following websites: www.cdfhamilton.org.nz or www.business.govt.nz/disclose or at the Chanel Centre: 47 Clyde Street, Hamilton East

PLEASE NOTE: Please complete and return this Account Application Form to the CDF either in person or by email. In accordance with its Legal requirements, the CDF will issue you with a Debt Instrument Certificate showing the opening balance of your account. In accordance with the account Terms and Conditions, you have 30 days from the date your account is opened, to cancel your Account Application without obligation or fee.

PLEASE COMPLETE ALL APPLICABLE BOXES

APPLICANT DETAILS

BOT Name			
BOT Address			
Contact Person (Title and Name)			
Email Address		**Contact phone Number**	
BOT IRD Number		**BOT Exemption Certificate not Provided** ☐ **Already Held by CDF** ☐	
Our Deposit Amount	$	**On –Call** ☐ **Term (min $100) 3 Mths** ☐ **6 Mths** ☐ **12 Mths** ☐	

On maturity, please:

☐ **reinvest the principal and interest for a further (same) term as above until further notice**

☐ **reinvest the principal only for the same term as above and credit the net interest to our bank account**

☐ **fully redeem to our bank account**

Bank A/C Name		**Bank A/C Number**	

HOW DO YOU WISH TO PAY

Online Payment ☐ **Please use BOT name as reference**	**Automatic Payment** ☐ **Please arrange this with your bank**

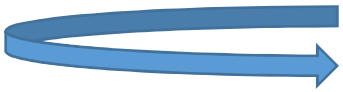
Account Name: R C Bishop of Hamilton

Account Number: 02 0342 0050008 06

Bank: BNZ Branch: Hamilton Branch

ACCOUNT SIGNATORIES: Please ensure that you also complete an **AUTHORISATION TO OPERATE DEPOSIT ACCOUNT.** We will provide this form for you. **IDENTIFICATION** for each signatory must be confirmed in accordance with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009. Please provide a copy of both sides of either their current NZ PASSPORT or their DRIVERS LICENCE AND one of birth cert/Super Gold Card/embossed bank card showing their name and signature. These copies must be verified in-person (please bring original documents) by authorised CDF staff OR certified by a trusted referee (please see over for details}

Continued overleaf…



SOURCE OF FUNDS: (Of applicant) e.g.: property sale, bequest, donations, grants fundraising, other (specify).
APPLICANTS PROPOSED RELATIONSHIP WITH THE CDF: e.g.: single/casual lump sum(s), low/ high transaction frequency or value
PURPOSE OF ACCOUNT:

DOCUMENT CERTIFICATION: Where the CDF is unable to certify original identity documents face-to-face, copies of identity documents **MUST be certified by a trusted referee. Examples of trusted referees are:** solicitor, Justice of the Peace, police officer, medical doctor, minister of religion, a member of parliament or registered teacher. NB: A trusted referee (certifier) must be over the age of 18 years, not be related to the customer in any way nor share the same address as the customer.

The trusted referee must sight the **ORIGINAL** identification documents and make a statement to the effect that the documents provided are true copies **and represent the identity of the named individual.** This wording is most important. **Certification must include** the name, signature and date of certification. The trusted referee must specify their capacity to act as a trusted referee, print their name and registration number (if applicable) and affix their signature.

Certification must be carried out in the three months preceding the presentation of the copied documents to the CDF.

Source: NZ Department of Internal Affairs; Financial Markets Authority, Reserve Bank of NZ

Certification When Overseas-when certification occurs overseas, copies of international identification provided by a customer resident overseas must be certified by a person authorised by law in that country to take a statutory declaration or equivalent in the customer's country.

Please check that you have:

1. **Completed ALL applicable boxes overleaf and below** ☐
2. **Signed and dated below** ☐

Privacy Act 2020

The personal information provided in this application is collected and held by the Catholic Development Fund, Catholic Diocese of Hamilton, Chanel Centre, 47 Clyde Street, Hamilton East, and may be used to offer you services and products from time to time. If you do not wish to receive such offers, please write 'No' here ☐ Certain information will be released to Inland Revenue to comply with tax requirements. You have the right under the Privacy Act to access any personal information held by the Catholic Development Fund and to request changes to your address or telephone number.

☐ The signatories of this account hereby consent to the Roman Catholic Bishop of the Diocese of Hamilton (trading as the Catholic Development Fund (CDF)) using and disclosing our personal information identified in this application and the associated Authority to Operate Deposit Account form to RealYou Limited (trading as RealAML) and any subsequent e-verification provider used by the CDF from time to time for the purpose of fulfilling CDF's obligations under the AML/CFT Act 2009, which may include matching your identity details against electronic data sources held by government agencies, credit reporting bureaus or independent databases. We each further acknowledge that, where applicable, our consent applies to one or more named account holders and/or their personal representatives.

☐*Please tick* We have read and retained a copy of the latest PDS for the offer of debt securities issued by the Roman Catholic Bishop of the Diocese of Hamilton. We have also read the CDF School BOT Account brochure (also incorporating Terms and Conditions relating to this investment). We agree to be bound by those Terms and Conditions, including the Release and Indemnity contained in those Terms and Conditions.

Authorised Signatory		**Date**	
Print name			
Authorised Signatory		**Date**	
Print Name			

FOR OFFICE USE ONLY:				
Checked by			TD Complete ☐	Address complete ☐
Date Received	/ /		Signing Authority ☐	PEP Checked ☐
Initial deposit			Source of F/W ☐	Certificate issued ☐
A/C number			Information loaded ☐	Account opened ☐