






Personal Details and Tax Certification form

	Personal Details *denotes a mandatory field	Member Number
Title* Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please detail)		First name(s)*
Middle Name(s)		Surname*
Preferred Name		Gender* Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth*
New name First name(s)		Middle Name
Surname		
For name changes – please advise reason <input type="checkbox"/> Marriage <input type="checkbox"/> Statutory Declaration <input type="checkbox"/> Dissolution of Marriage <i>We'll need a copy of your Marriage Licence, Name Change Certificate (issued by Births, Deaths and Marriages or the Foreign equivalent) or a new Birth Certificate showing your new name. For Dissolution of Marriage, please provide a copy of Dissolution of Marriage Certificate as well as a Birth Certificate in your Maiden name</i>		
Occupation*		Country of birth*
Countries of citizenship* (list all) <i>United States citizens must provide tax number below</i>		
If you are not a New Zealand citizen, do you hold a NZ Permanent Resident Visa or Permit?* <input type="checkbox"/> Yes (provide copy) <input type="checkbox"/> No		
	Address Details*	<i>If you're changing your address and/or phone numbers, please write your new details below Please change these details <input type="checkbox"/> Now or on _____ (date)</i>
Current Residential Address*		
Country		Post Code
Current Postal Address (if different from residential)*		
Country		Post Code
Type of Address Verification provided (Refer to our website for acceptable forms of ID, www.sbsbank.co.nz)		
	Contact Details*	
At least one contact number is required. Tick your preferred contact number		Home phone <input type="checkbox"/>
		Mobile phone <input type="checkbox"/>
		Work phone <input type="checkbox"/>
Email		
Tax Details*		<i>Please tell us your tax details – if you're unsure please ask your accountant or visit www.ird.govt.nz</i>
<input type="checkbox"/> For joint applicants, please tick this box if this is the IRD number to be used for tax purposes.		
Countries of tax residency* (tick all that apply)		
<input type="checkbox"/> New Zealand	NZ IRD Number - -	(8/9 digits)
<input type="checkbox"/> Australia	Tax File Number - -	(8/9 digits)
<input type="checkbox"/> United States	Social Security/ITIN - -	(9 digits)
<input type="checkbox"/> United Kingdom	National Insurance Number - -	(9 characters)
<input type="checkbox"/> Other (specify)	Tax Identification Number	
Resident Withholding Tax*		
<input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 30% <input type="checkbox"/> 33%		<input type="checkbox"/> Exempt (attach exemption certificate)
<input type="checkbox"/> Non Resident Withholding Tax		
<input type="checkbox"/> NRWT exempt (attach exemption)		Country*
<input type="checkbox"/> AIL to apply (see declaration)		
	Identification*	
Please provide identification (refer to our website for acceptable forms of ID, www.sbsbank.co.nz)		
Choose an identifying password (to be used to validate identity)*		
Account role (if not already recorded) What is the role you have on your account/s with SBS Bank?		
<input type="checkbox"/> Owner <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Power of Attorney Other – please describe:		
Other products and services		<i>Please let us know if you need any of the following services replaced due to name change, or our subsidiaries notified.</i>
<input type="checkbox"/> FANZ <input type="checkbox"/> Southsure Insurance <input type="checkbox"/> Cheque/deposit books <input type="checkbox"/> New eftpos card <input type="checkbox"/> New Debit MasterCard®		
Signature		Date
		

STAFF USE ONLY		
If name change - has a copy of the documented name change been obtained?		Yes <input type="checkbox"/> N/A <input type="checkbox"/>
If name change – has a new AOA completed?		Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Identification obtained, updated in CRM and filed <i>(if applicable)</i>		Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Tax details changed in CRM <i>(If applicable)</i>		Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Foreign Tax Classification updated in CRM <i>(If applicable)</i>		Yes <input type="checkbox"/> N/A <input type="checkbox"/>
FANZ - KiwiSaver , TD, PIE & Lifestages	Please complete KS and/or Lifestages Change of Details form (If PIE Tax rate needs changed please complete LifeStages Change of Personal details form) KS/Portfolio # : _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
SBS Insurance - SBS Life - Lumley	Email copy to: ssadmin@sbs.net.nz and/or lbsenquiries@lumley.co.nz	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff Member	Name	
	Position	
	Branch	
	Date	