

iii) Cheque, TranXact, EasyCard and ClassicSaver accounts only

Statement Frequency Cycle Day Copies

Statement delivery instructions
 Post Branch

How would you like your name(s) to appear on your chequebook?

For Bank Use only

Notice Indicator Mail Indicator Notice Customer Notice Process Indicator

iv) Term Deposits

Term Length Term Basis Term Value Interest Frequency

Interest Pay Method Transfer Account No

At maturity:

Renew Principal and Interest at Colonial National Bank's discretion for a like term **OR**

Pay:

CNB account number By Bank Cheque Payable to

Interest only to CNB Account number and re-invest principal for a like term

v) Nomination Form Completed Yes No

C. CUSTOMER DECLARATION AND ACKNOWLEDGEMENT

1. **I/We agree**
 - To be bound by the terms and conditions which apply from time to time to this account opened by me/us with Colonial National Bank.
 - Colonial National Bank may debit this or any other account(s) I/we may operate with Colonial National Bank, with any Bank fees, Government charges, taxes or duties imposed on transactions on or which relate to my/our account(s).
 - That Colonial National Bank has rights of access to, and variation of, personal information supplied in this form.
 - That this account is only available for my/our personal use and that Colonial National Bank reserves the right to withdraw benefits if my/our account is used for any other purpose.
2. **I/We authorise**
 - (a) any credit provider or credit reference agency to release to Colonial National Bank, at any time, all my/our credit information about me/us; and
 - (b) any previous or current employer to release to Colonial National Bank, at any time, all my/our employment history and income details; and
 - (c) Colonial National Bank to disclose to their credit reference agency and, any credit provider at any time, credit information about me/us.
3. **I/We authorise/do not authorise** the information contained in this application to be disclosed/accessible to other entities within, or managed by, the Colonial Group* for the purpose of marketing to me/us products offered from time to time by the Colonial Group*.
4. **I/We acknowledge** that I/we have received/not received a copy of:
 - The terms and conditions which apply to this account.
 - The fees and charges that apply to this account.
5. **I/We declare** that all details provided on this form are true and correct as at

Customer's Name Signature Day Month Year Date

Joint Customer's Name Signature Date

D. FOR BANK USE ONLY

Customer method of identification (Tick) Primary Secondary

Joint customer method of identification (Tick) Primary Secondary

Copies of ID documentation must be obtained and attached to the application form. Identification must be in line with Money Laundering Requirements.

Account Opening Officer's Declaration

I certify that this document was explained to Mr/Mrs/Miss/Ms in the English/Fijian/Hindustani language and he/she/they appeared to fully understand the nature and effect of this application.

• Affixed is his/her/their mark witnessed before me on the day of 20

• Verified and identified: Signature Checked and approved by: Signature

Name Designation Name Designation

Details on the system input by Signature Date Stamp

Name Designation

E. CENTRALISED OPERATIONS USE ONLY

Examined by Name Signature Date