



WAIPAPA TRUST

BANK DEPOSIT AUTHORITY & CONFIRMATION OF IDENTITY

S/HOLDER NO: _____

FIRST NAMES: _____

SURNAME: _____ WHANAU NAME: _____

Other Names You are Known By: _____

MALE / FEMALE (PLEASE CIRCLE) _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

POST CODE: _____

PHONE NUMBER: _____ E-MAIL: _____

IRD NO:

B A N K A C C O U N T D E T A I L S

PLEASE ATTACH A PRE-PRINTED BANK DEPOSIT SLIP OR

FILL IN THE DETAILS BELOW AND HAVE YOUR BANK VERIFY THE SECTION BELOW:

New Zealand:

Bank	Branch	Account Number	Suffix
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

or

Australian:

<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Name Bank Account Held Under: _____

IF YOU HAVE AN OVERSEAS BANK ACCOUNT PLEASE INCLUDE THE PHYSICAL ADDRESS OF YOUR BANK.

FOR BANK USE ONLY:

Please verify that the above bank account details are correct.

BANK STAMP:

"I hereby authorise Strettons Chartered Accountants to deposit to the above account all distributions owing to me from all Maori Trusts and Incorporations under their accounting control":

Owners Signature:

Date:

Once you have completed this form please forward to:
STRETTON & CO LTD, CHARTERED ACCOUNTANTS, PO Box 214, 44 Heuheu Street, TAUPO