

# Authority Form

## How to Nominate an Authorised Person



As a member of the co-operative, you might want to have someone else act on your behalf when dealing with us in regards to your Farmlands Co-operative Society Limited Account. This form allows you to provide another person (Authorised Person) with authority to deal with us on your behalf.

By completing and returning this form, we will accept instructions from the Authorised Persons(s) to act on your behalf for the Account specified by you below without reference to you, the Account holder(s).

535 Wairakei Road  
PO Box 271, Christchurch 8140  
New Zealand  
Freephone: 0800 200 600  
Email: [change@farmlands.co.nz](mailto:change@farmlands.co.nz)  
[www.farmlands.co.nz](http://www.farmlands.co.nz)

### Account Holder Details

Please complete in block letters

|                  |                              |                      |                       |
|------------------|------------------------------|----------------------|-----------------------|
| Account Name     | <input type="text"/>         |                      |                       |
| Account Number   | <input type="text"/>         | <input type="text"/> | <input type="text"/>  |
| Address          | <input type="text"/>         | <input type="text"/> | <input type="text"/>  |
|                  | Rapid, Road or Street Number | Road or Street Name  | Rural Delivery Number |
|                  | <input type="text"/>         | <input type="text"/> | <input type="text"/>  |
|                  | PO Box or Private Bag        | Town or City         | Postcode              |
| Telephone Number | <input type="text"/>         | Mobile Number        | <input type="text"/>  |
| Email            | <input type="text"/>         |                      |                       |

### Nominee Details (Please provide details of the person who will act on your behalf)

Please complete in block letters

Please enter the date you wish your nominee to begin acting on your behalf:  /  /

#### Section A:

Full Account Access  Order and cancel Farmlands and Fuel cards

Note that for these levels of access, Farmlands will require identification of the Nominee. See Identification of Nominee Section.

|   |  |   |  |
|---|--|---|--|
| Name  | <input type="text"/>   |   |  |
|   | (First Names)  | (Middle Name)                             | (Surname)  |
| Date of Birth                                   | <input type="text"/> / <input type="text"/> / <input type="text"/> | Driver's Licence No. <input type="text"/> | Version No. <input type="text"/> <small>Section 5b on Driver's Licence</small> |
|   | Please attach a copy of your photo ID                              |   |  |
| Passport Number                                 | <input type="text"/>   | Passport Expiry Date                      | <input type="text"/> / <input type="text"/> / <input type="text"/>             |
| Residential Address                             | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>   |
|   | Rapid, Road or Street Number                                       | Road or Street Name                       | Rural Delivery Number  |
|   | <input type="text"/>   | <input type="text"/>                      | <input type="text"/>   |
|   | Town or City   |   | Postcode   |
| Telephone Number                                | <input type="text"/>   | Mobile Number                             | <input type="text"/>   |
| Email   | <input type="text"/>   |   |  |
| Nominee's relationship to you/<br>position held | <input type="text"/>   |   |  |

#### Section B:

Request Account Information via phone or email  Update contact telephone and address details

|                  |                      |               |                      |
|------------------|----------------------|---------------|----------------------|
| Name             | <input type="text"/> |               |                      |
|                  | (First Names)        | (Middle Name) | (Surname)            |
| Telephone Number | <input type="text"/> | Mobile Number | <input type="text"/> |
| Email            | <input type="text"/> |               |                      |



## Identification of Nominee

Government legislation requires Farmlands Co-operative Society Limited ("Farmlands") to verify the identity of its customers and certain persons authorised to act on behalf of its customers. Please provide a verified copy of photo identification being either a current **Passport, New Zealand Firearms Licence or current New Zealand Driver's Licence**.

All documents must be verified (stamped and signed by):

- Face to face by a Farmlands employee
- Justice of the Peace
- Lawyer
- Chartered Accountant
- Member of Parliament
- Member of the New Zealand Police

### AND

one of the following forms of acceptable residential address verification dated within the last 12 months and addressed to the individual:

- Bank Account Statement
- Rates Bill
- Government Department Document
- IRD Tax Notice/Certificate
- Utility Bill

**In the event that Farmlands is unable to verify the identity of any individual, it reserves the right to seek any further information that it deems necessary to satisfy the requirements of the government legislation.**

## Terms and Conditions

The Terms and Conditions for use of your Farmlands Co-operative Society Limited Account apply to this authority form and are available through the Farmlands website.

This authority covers all divisions of Farmlands Co-operative, unless otherwise indicated.

## Nominee's Signature

I acknowledge and agree with the Terms and Conditions of this form and declare that the information I have provided is correct.

Nominee signature

Date  /  /

**SIGN HERE**

## Account Holder Signature(s)

All Account holders must sign this application below

I/We may terminate the granting of these rights at any time in writing or by phoning Farmlands Co-operative on 0800 200 600. The signatory/ies below hold authority from the Farmlands Account holder(s) to sign this application on the Account holders behalf.

Name

Date  /  /

**SIGN HERE**

Name

Date  /  /

**SIGN HERE**

Name

Date  /  /

**SIGN HERE**

Name

Date  /  /

**SIGN HERE**

Complete this form and send by email to [change@farmlands.co.nz](mailto:change@farmlands.co.nz), or post to Attn: Customer Specialist, PO Box 271, Christchurch 8140, New Zealand

