Full name of Student (as shown on passport):

Date of birth (day/month/year):

Email Address:

Signature:

Date Today:

We have obligations under domestic legislation to gather information to better understand the nature and purpose of our customer relationship and need for accounts.

Please provide the following information as part of the account opening procedure

A. Transactional Activity

1. Purpose of accounts to be held with ANZ:_____
2. Expected amount to be transferred to your ANZ account **before** your arrival in New Zealand: $NZD_____
3. Source of Wealth– Please tick your answer(s) below

   - Employment
   - Business activity
   - Investment returns
   - Student allowance / scholarship
   - Gift / Inheritance
   - Windfall earnings / Winnings
   - Other income

B. Expected number of transactions in your new ANZ account per month:

Please select from the below options an approximate figure based on your current banking transactions in your country of residence. Please tick your answer below:

- 0-10 transactions
- 10-20 transactions
- More than 20 transactions