

BL Global Markets Limited

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BL
GLOBAL
MARKETS LTD

Change of Details Request Form

BLGM Account Details

➤ Client Name

➤ Account Number

➤ Account Currency

➤ Telephone Number

Contact Details

Please tick the square box if there is **NO** change to your default contact details. Otherwise, please complete this section if you would like to make changes to your contact details.

New Address and Contact Information:

➤ Residential Address (including country and zip code):

➤ Mailing Address (including country and zip code):

➤ Mobile Phone:

➤ Work Phone:

➤ Home Phone:

➤ Email Address:

Bank Account Details

Please tick the square box if there is **NO** change to your default bank account details. Otherwise, please complete this section if you would like to make changes to your bank account details (The bank account you nominated below must be in the same name as the Account Holder).

New Bank Account Information:

➤ Full Account Holder Name:

➤ Account Number:

➤ Bank Name and Branch Name:

➤ Bank Address:

➤ Please attach at least one of the following documents to verify your new bank account:

- Bank account statement
- Bank encoded deposit slip
- Bank confirmation letter with bank letterhead

Tax Details

Please tick the square box if there is **NO** change to your default tax details. Otherwise, please complete this section if you would like to make changes to your tax details.

New Tax Details:

Deduct tax at the rate of:

- 10.5% 17.5% 30% 33% Exempt¹ Non-Resident Withholding Tax²
- Approved Issuer Levy²

1. IRD Certificate of Exemption (or, for non-residents, IRD confirmation of exempt from NRWT) is required.
2. Your overseas address is required, along with the signed declaration below.

Declaration of non-residency for New Zealand Income Tax Purposes

I hereby declare:

- 1) that I am not resident in New Zealand for income tax purposes; and
- 2) that I am not engaged in business in New Zealand through a fixed establishment in New Zealand.

Signature: _____ Date: _____
Full Name DD/MM/YY

Signatures

By signing this form, please confirm that the information provided is accurate and correct to the best of your knowledge.

Signature: _____ Date: _____
Full Name DD/MM/YY

Signature of Joint Account Holder: _____ Date: _____
Full Name DD/MM/YY