Applying for a Telegraphic Transfer



Transaction Date*		TRN (BANK USE ONLY)
Day Month	Year	
Applicant details * Compulsory fields that must be completed		Debit details
Full name (no initials, abbreviations or salutations)*		Tick appropriate account to be debited*
WAIKATO ANGLICAN COLLEGE TRUST		BNZ Account
		Bank Branch Account Suffix
Street address (no PO Box or Private Bag)*		0203200203376000
77 HUKANUE Road		Serial Number (if required)
Chartwell		
HAMILTON		
Amount		BNZ Foreign Currency Account
Currency*	Amount*	- 0 0
	A Comment of the Comm	If fees from another account, record account number here
Exchange rate	FEC Ref or Dealer Ref (if applicable)	
		Terms and Conditions of this transaction
Additional optional Charges Our fee to apply (this appears as part of the Telegraphic Transfer fee on your statement)	Conversion (excluding fees) NZD	Bank of New Zealand ('BNZ') recommends that you read all relevant terms and conditions that are provided to you and that you ask us about any issues that concern you.
		I/we acknowledge that I/we have read and understood and agree to be bound by the
	Fees	following terms and conditions (including those on the reverse of this form under the heading 'Application for Telegraphic Transfer Terms and Conditions').
	NZD	I/we warrant that I/we are acting on my/our own behalf in making this application. If the
	Total conversion (including fees)	payment requested by me/us is in United States dollars, to be cleared in the United States ('US') or to be made using a bank in the US, then I/we declare and undertake to BNZ that
	NZD	the beneficiary of the payment is not a person, group or entity, or in or associated with a country, sanctioned by US laws and regulations, including those administrated by the
		Office of Foreign Assets Control ('OFAC') of the US Department of Treasury.
Beneficiary Details		Account Name*
Full name (no initials, abbreviations or salutations)*		WAIKATO ANGLICAN COLLEGE TRUST
		Authorised signature* Print Name*
-		
Street address (no PO Box o	r Private Baq)*	
1		
		Authorised signature* Print Name*
+ Line of the state of the stat		
Country of Beneficiary's B		
Country of Beneviciary 3 B	alik	
Sort code/BSB/Transit/ABA Fedwire/Routing number		Telephone Fax
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The state of the s		Applicated in American
Beneficiary bank SWIFT code (if known) Applicant instructions		Applicant instructions
Beneficiary bank name*	Transfer and the second of the second	
Delienciary bank name		
U		
Beneficiary bank branch and address*		BANK USE ONLY
		Authority verified ID sighted and verified Call back actioned Signature verified Funds cleared
Panafisiany account number of IRANI*		Applicant ID details and number
Beneficiary account number or IBAN*		
		Signature Bank stamp
Information for Beneficiary (optional)		
- 1		
		Staff name
		Contact phone number
Committee (Automotive Committee)		