

Personal information Agent: Request for access form



Please use blue or black pen and write in BLOCK LETTERS

Before completing this form, please check if the information is available online via Internet Banking or alternatively call us on 0800 ASK BNZ (0800 275 269) or +64 4 494 09098 from overseas) or visit a BNZ Branch to best assist you to obtain the information.

When to use this form? To request personal information about an individual you legally represent. You have rights under the privacy laws in New Zealand and if applicable, the European Union General Data Protection Regulation (GDPR), to access personal information that we hold about the individual you represent. For further information on your rights to access personal information please visit bnz.co.nz/privacy/rights.

Please complete the following information (fields marked * are mandatory):

Your Name (note: a copy of your authority must be attached)

First name*	
Middle name	
Last name*	
Authority type*	

Your contact details

Email address	
Mobile	
Telephone	
Relationship to individual	

(tick preferred) Email Mobile Telephone

Name of the individual the request relates to:

First name*	
Middle name	
Last name*	

Date of birth*

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Individual's current residential address:

Address*	
Suburb*	
Town/City*	Postcode*
Country*	

What information format do you prefer? Electronic OR Print

If post, deliver by: Post Courier (fees apply) To branch

Address (if different from above)

Address	
Suburb	
Town/City	Postcode
Country	

Branch name

Is it urgent? (fees may apply)

Reason for urgency

Enter the account details relating to the information your requesting (complete at least one):

Access number

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Account type Personal Trust Joint Other

BNZ account number

0	2																		
Bank	Branch	Account number										Suffix							

Insurance policy number

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Other (enter the organisation and account/policy number)

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What information is requested?

What does it relate to?* e.g employment, matrimonial, insurance, other

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What specific information is requested?* (Please do not include highly sensitive information)

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Important: Request only information about the individual. If another person is involved, each person will need to complete a separate request

What period does this information cover?*

Start date*	End date*
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Things to know

Right to withdraw

You have the right to withdraw your request at any time by contacting us.

Fees may apply

In some circumstances fees may apply. If so, we will discuss this with you before proceeding with the request.

When to expect a confirmation

Usually within 20 working days from the date we receive your request.

Declaration and Authority

By signing this form:

- I declare that I am legally authorised to represent the individual named in the form;
- I authorise the BNZ and related companies to share information about the individual for the purpose of responding to my request and to provide me with information in the format requested or, if not feasible, then in an alternative format considered appropriate.
- I authorise the BNZ and related companies to contact me, including by email, phone, text or post, to update me about this request; and
- I confirm the above information is correct.

Name

Signature

Date signed

D	D	M	M	Y	Y
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Please send this form to

Branch: Your nearest BNZ branch. Email: privacy@bnz.co.nz
Post: BNZ, Private Bag 39806, Wellington Mail Centre.
Lower Hutt 5045, New Zealand