

# Personal information 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 we hold about you. 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 you. For further information about your access rights to your information please visit [bnz.co.nz/privacy/rights](http://bnz.co.nz/privacy/rights). Please complete the following information (fields marked \* are mandatory):

## Your Name

First name*
Middle name
Last name*
Date of birth* D D M M Y Y

## Your current residential address\*

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

## Your contact details

Email address
Mobile
Telephone
Relationship to individual

(tick preferred)  Email  Mobile  Telephone

**What information format do you prefer?**  Electronic **OR**  Print

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

**Address** (if different from above)

Address
Suburb
Town/City Postcode
Country

Branch name
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**Is it urgent?** (fees may apply)

Reason for urgency
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## Enter 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

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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)


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

## What period does this information cover?\*

Start date* D D M M Y Y	End date* D D M M Y Y
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## Things to know

### Right to withdraw

You can 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 the individual named in the form;
- I authorise the BNZ and related companies to share information about me for the purpose of responding to this request and to provide me with information in the format requested or, if not feasible, then an alternative format considered appropriate; and
- I authorise the BNZ and related companies to contact me, including by email, phone, text or post, for notifying me about this request; and
- I confirm the above information is correct and that I have made this request of my own free will.

Name
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Signature
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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](mailto:privacy@bnz.co.nz)  
Post: BNZ, Private Bag 39806, Wellington Mail Centre.  
Lower Hutt 5045, New Zealand