

Client Application Form: New Zealand

Payrix NZ Company # 3834196

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FOR MORE INFORMATION VISIT: P 0800 480 054 admin@payrix.com.au www.payrix.com/au



BUSINESS INFORMATION	Please ensure you complete all sections	or your implementation may be delayed	
Full Legal Name (including Truste	ee if applicable):		
Company Number:		Tax IRD Number:	
Trading Name:			
Registered Office Address:			
Suburb:	Pr	rovinces:	Postcode:
Business Location Address:			
Suburb:	Pr	rovinces:	Postcode:
Business Phone:		Fax number:	
Business Website : www.			
Business Email:			

PRIMARY CONTACT INFORMATION

Primary Contact:	Position / Title:
Phone:	Mobile:
Email:	

SECONDARY CONTACT INFORMATION

Secondary Contact:	Position / Title:
Phone:	Mobile:
Email:	

SETTLEMENT AND BILLING ACCOUNT DETAILS Where funds are to be credited and fees debited

NB: Payrix requires a copy of y	our bank statement or dep	osit slip to verify this ac	count.	
Financial Institution:			Branch:	
Account Name:				
Account Number:				
	BRANCH	ACCOUNT		SUFFIX



TRANSACTION INFORMATION

What are the transactions for:							
Estimated monthly value to be processed via Payrix:	\$						
Average single payment amount: \$		Highest	single transac	tion value:	\$		
**PLEASE NOTE: Highest single transaction value is a paym sales threshold. No payments above this value will be proce that will be processed.		0		-		0	
What percentage of your customers do you expect to pay l	by the	followin	g methods?	Credit Ca	rd %	Bank Acc	%
Do customers pay in arrears or in advance of services/good	ds pro\	vided?	ARREARS	ADVANC	E Day	s in advance:	

If you are collecting recurring fees, please provide an estimate below:

Number of WEEKLY payments:	Average WEEKLY payment amount:	\$
Number of FORTNIGHTLY payments:	Average FORTNIGHTLY payment	\$
Number of MONTHLY payments:	Average MONTHLY payment amount:	\$

PRODUCTS AND SERVICES All fees listed include GST

ECOMMERCE FEES Online, o	ne-off payments		Tick to pass fee to customer
Credit/Debit Card Transaction Fee	Per Transaction	\$0.46	
Credit/Debit Card Rejection Fee	Per Rejected Transaction	\$0.46	N/A
Visa/Mastercard	Calculated on transaction value*	2.76%*	
American Express	Calculated on transaction value	2.76%	

* Additional 1.15% may apply for international cards

Please see Payrix's FSG PDS and Terms & Conditions for a full list of product service charges.



APPLICANT ACCEPTANCE

By completing and submitting this Application Form, the Business (as well as Directors and Authorised Signatories) hereby acknowledges and agrees to be bound by all the Terms and Conditions set out therein, as well as in this Application Form. The Business acknowledges and agrees that Payrix may or may not, in its discretion, accept this Application. The Business requests and authorises Payrix to use the business trading name as indicated within this Application as the statement identifier for all transactions processed from customer banking and card accounts on its behalf.

Payrix has made available Tri-Party Agreement of our banking partners. Your account will be allocated by Payrix, at their discretion, to a banking partner. Payrix may move your account from one partner to another without notice.

Once you have logged into the Payrix Console or have completed your first transaction, Payrix will deem this to be your acceptance of the Tri-party Agreements.

The Tri-Party agreement may be read at https://www.payrix.com/au/payrix-terms-conditions/



Name of Business or Individual:

x	x
Signature of Director 1	Signature of Director 2 (if applicable)
Full Name	Full Name
Date of Birth	Date of Birth
Residential Address	Residential Address
Suburb:	Suburb:
Provinces:	Provinces:
PCode:	PCode:
In the presence of:	In the presence of:
x	x
Circulation of Without	Cinemature of Witnesse
Signature of Witness	Signature of Witness
Name of Witness (Please Print)	Name of Witness (Please Print)



SUPPORTING DOCUMENTS REQUIRED

Please provide supporting documents required for your application. All document requests are mandatory, unless specified below.

1. Verify bank account

Payrix need to verify your bank account details. Please provide a copy of ONE of the following

- a) A clear <u>colour</u> copy of a current Bank Statement (within the last 3 months) that identifies your BSB, Account Number and Legal Entity Name.
- b) A letter on a letter head from your bank, signed and stamped by the bank.

2. Identification

For all Directors & Beneficial Owners, provide a clear colour copy of ONE of the following:

- a) Current Drivers Licence both sides (Australian or New Zealand only) or
- b) Current Passport (Australian or New Zealand only)

We will then confirm identification with the Australian Government's Document Verification Service (DVS). This is a national online identification system, for more details visit the DVS website.

Before uploading, you must agree to the two points below for your application to proceed:

I am authorised to provide a copy of this identification.

I understand that this identification will be checked with the Australian Government's Document Verification Service.

For all Directors & Beneficial owners, provide a clear, colour and current copy of drivers licence (both sides) OR Passport here

3. Trust deeds (optional, unless you are a Trust)

If your organisation is a Trust, you will need to provide a copy of your Trust Deeds. Full Trust deed is not required, the front page, recitals and signing page of the trust deed is sufficient.

Upload a clear copy of your Trust Deed

4. Your logo (optional)

Provide an image file of your logo, which may be featured on your payment forms. Recommended for optimal display of your logo:

- Preferably in a JPEG or PNG format
- Rectangle is preferred recommended resolution at 150 pixels high x 300 pixels wide
- Image size should not be too low we recommend more than 0.1MB (100KB)

Upload a JPEG or PNG image file of your logo here

5. Extra document requirements for higher limit requests

\$5,000.00 to \$10,000.00:3 x Current itemised processed invoices (last 30 days).Over \$10,000.00:3 x Current itemised processed invoices + most recent bank statement/s with at least
3 months of transactions + 2 x most current BAS statements.

LODGEMENT PROCESS

- Forward the completed Application Form and other requested documentation to Payrix Australia Pty Ltd via email to **sales@payrix.com.au**
- If your Payrix Application is not fully completed or required documentation is not provided, there may be processing delays.
- Please contact Sales on 1300 592 283 for any enquiries relating to your Application.

GENERAL ADVICE WARNING

Provision of the services outlined is subject to the completion of our product documentation, including application form, any necessary formal credit approvals and any other documentation deemed necessary to deliver the services.



OWNERSHIP INFORMATION Name of Benef	ficial Owners or Perso	on Acting on Behalf of		
NOTE: The information below must be provided than 25%; Who has effective control of the bus				
First Beneficial Owner Full Name:				
Residential Address:				
City:		Province:	Postcode:	
Position / Title:		Email:		
D D M M Y Y Y	Phone:		Percentage Ownership:	
Second Beneficial Owner Full Name:				
Residential Address:				
City:		Province:	Postcode:	
Position / Title:		Email:		
D D M M Y Y Y	Phone:		Percentage Ownership:	
Third Beneficial Owner Full Name:				
Residential Address:				
City:		Province:	Postcode:	
Position / Title:		Email:		
D D M M Y Y Y	Phone:		Percentage Ownership:	
Fourth Beneficial Owner Full Name:				
Residential Address:				
City:		Province:	Postcode:	
Position / Title:		Email:		
D D M M Y Y Y	Phone:		Percentage Ownership:	



BENEFICIAL OWNER DECLARATION

WHY DO WE ASK FOR A BENEFICIAL OWNER DECLARATION?

The New Zealand Anti-Money Laundering and Countering Financing of Terrorism (AML/CFT) Act of 2009 requires us to identify the Beneficial Owners of our customers. Beneficial Owners could be anyone:

- Who owns more than 25% of the customer.
- Who has effective control of the customer.
- On whose behalf the customer is conducting a transaction.

WHO SHOULD COMPLETE AND SIGN THE DECLARATION?

In order to comply with our legal obligations, this declaration must be completed by the individual(s) authorised to represent the entity/organisation in accordance with its founding documents.

Directors, Trustees and Presidents/Chairpersons will already have been identified as part of our sign-up process and do not need to be recorded here,

Other than people already identified; Yes No Does anyone else own more that 25% of your entity/organisation? Yes No Does anyone else have control over your entity/organisation? (see Note 1 below) Yes No Does anyone else have transactions conducted on their behalf by your entity/organisation? Yes No Is this entity/organisation a Trust?

Please complete the Ownership Information sheet, if you have ticked 'Yes' to any of the questions above. Add an additional sheet if there is insufficient room for Beneficial Owners.

If you have ticked 'No' to all four of the questions above, all you now need to do is to is complete the Declaration.

Note 1. Any other individuals with effective control , who have not already been identified (but are not limited to):

- **Companies:** senior management with control (e.g. the CEO), shareholders with voting rights.
- Sole Traders/Partnerships: general/limited partners, the operator, individuals who may make decisions for the Business, etc.
- Not for profit organisations, such as Clubs/Societies: any board member with control.
- Trusts/Estates/Foundations, Executors, a protector or special Trustee, beneficiaries who exercise effective control of the Trust or its property (or can amend the Trust's deeds, or remove or appoint Trustees).

DECLARATION - TO BE COMPLETED IN ALL CASES

I/We certify that all the information supplied is true and complete. I/We hereby authorise Payrix to make any enquires it considers necessary for confirmation of the above. In addition, I/We confirm that we will immediately identify any change to the list of Beneficial Owner(s) of such legal entity and provide the corresponding identity document and proof of address for each new Beneficial Owner.

Name:	
Position:	
Signature:	х
Name:	
Position:	
Signature:	x
Name:	
Position:	
Signature:	x
0.9.1010101	~
Name:	
Position:	
Signature:	Х



DIRECT DEBIT REQUEST	Please use a black ink, print in capital letters and avoid contact with the edge of the box.
Customer Ref ID: (Office use only)	
Surname:	Given Name:
Site Address:	
Site Phone:	Work
Preferred Email:	
DIRECT DEBIT AUTHORITY	
BANK INSTRUCTIONS Name of Bank Account:	AUTHORITY TO ACCEPT DIRECT DEBITS (not to operate as an assignment or
Settlement Account Name:	AUTHORISATION CODE
Bank Branch	Account Suffix
BANK:	
BRANCH:	
TOWN/CITY:	
the registered initiator of the abo	ze you to until further notice debit my/our account with all amounts which Payrix NZ LIMITED /e Authorization Code, may initiate by Direct Debit. I/We acknowledge and accept, that the bank ots this authority only upon the conditions provided for in this form.
Authorised signature (s) of account	
Authorised signature (s) of account	
APPROVED 2353	FOR BANK USE ONLY : Original – Retain at Branch BANK
11 17	Date Received: Recorded By: Checked By: STAMP



PAYMENT AGREEMENT TERMS AND CONDITIONS

Payment Agreement Terms and Conditions

1. PARTIES

The "Facility Owner" means the organisation providing the service for which the Customer is paying. The "Customer" means the person or party signing this Direct Debit Authority and Agreement. "Payment Contract" means the contract in which the Customer has enter into to pay for the service provided by the Facility Owner to the Customer. "Payrix" is Payrix Limited, trading as Payrix, C/- 72-74 Main Street, Upper Hutt, New Zealand. Email support@ Payrix.co.nz The Customer acknowledges that Payrix has been contracted by the Facility Owner to collect the payments due under the Payment Contract in return for having an entitlement to use the services provided by the Facility Owner and the purpose of the Contracts Privacy Act 1982, you acknowledge that all rights of the Facility Owner pursuant to this Agreement may be enforced by Payrix under the Payment Contract, as if it were the Facility Owner, without requiring your consent or any involvement on the part of the Facility Owner. Nothing contained in the Payment Contract shall render Payrix, the agent of the Facility Owner, for any purpose other than the collection of payments due and payable under the Payment Contract. The Customer acknowledges that Payrix shall not in any way be liable to you for the provision of Services provided by the Facility Owner.

2. PAYMENTS

The Customer agrees to pay the instalments at the agreed payment frequency as set out in the Payment Contract with the Facility Owner until all obligations under the Payment Contract and this Agreement have been met or this Contract is terminated in accordance with clause 4 or by the Facility Owner. The Customer agrees that Payrix shall administer the collection of payments due by the Customer to the Facility Owner. All payments due by you shall be made directly to Payrix in the manner specified in the Agreement. The Customers obligations under this agreement is to ensure sufficient funds remain available to cover the instalment amount specified in the Payment Contract and this Agreement for at least three (3) days after the nominated instalment date. The Customers obligations under this Agreement shall continue for the Term as specified within the Payment Contract. Any failure by The Customer to avail the Services Provided by the Facility Owner does not absolve the Customer from obligations under the Payment Contract or this Agreement.

3. LATE PAYMENT FEE

A late payment fee may be payable by the Customer to Payrix for each reversal of a payment initiated by Payrix in accordance with the terms and conditions of this Agreement. The Customer authorises Payrix to direct debit any amount that falls due under this clause in order to bring The Customers account up to date.

4. TERMINATION

The Customer may terminate this Agreement before the Payment Contract has run its full term if all instalments and fees due under the Payment Contract have been paid and the Customer has met their obligations of termination as described within the Payment Contract with the Facility Owner. This Agreement may not be terminated before the Payment Contract has run its full term if all fees have not been paid or approved by the Facility Owner.

5. BREACH

If the Customer is in breach of any clause in this Agreement and remains in breach for a period of 5 business days following a notice to rectify issued by the Facility Owner, then the Facility Owner may elect to suspend entitlement to Services until such time as the breach is recertified to the satisfaction of the Facility Owner, (without affecting the Customers obligation to continue the Payment of the Payment Contract and associated costs).

6. LIABILITY

To the extent permitted by law, the Facility Owner and Payrix shall not be held liable or responsible to the Customer for any direct, indirect or consequential injury, loss or damage to the Customer or the property of the Customer whatsoever and howsoever arising. Nothing in this clause is intended to have the effect of contracting out the Consumer Guarantees Act 1993 except to the extent permitted by that Act.

7. PRIVACY

Your have the right under the Privacy Act 1993 to obtain access to and to request correction of any personal information concerning yourself held by the Facility Owner or Payrix.

8. JURISDICTION

This Agreement is governed by the laws of New Zealand. The parties submit themselves to the non-exclusive jurisdiction of the Courts of New Zealand.

9. SEVERABILITY

To the extent that any of the terms of this Agreement are prohibited, or unenforceable pursuant to or inconsistent with, any provisions at law those terms shall be excluded from this Agreement. The remainder of this Agreement and its application will not be affected and will remain enforceable.

10. AMENDMENTS

No amendments to this Agreement or alteration to the payment terms or billing arrangements contained herein can be made without the prior written agreement of the Facility Owner and Pavrix.

11. INTERPRETATION

A reference to a Statue includes a reference to a regulation made under that Statue and any amendment thereto; A reference to a party includes that party's executors, administrators, personal representative, successors and assigns; reference to the singular includes the plural and vice versa; Headings in this Agreement are for convenience and identification of clauses only and do not otherwise affect its interpretation.

Customer signature:



Conditions of this Authority to Accept Direct Debits

1. The Initiator:

(a) Has agreed to send Notice of the net amount of each Direct Debit no later than the day the Direct Debit is initiated. This notice will be provided in writing (including by electronic means and SMS where the Customer has provided prior written consent (including by electronic means including

SMS) to communicate electronically). The notice will include the following message:- "The amount of \$........., was Direct Debited to your Bank account on (initiating date)."

(b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:

(a) At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by means agreed by the customer, Bank and Initiator.(b) Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being

paid by the Bank.

(c) Where a variation to the amount agreed between the Initiator and the customer from time to time to be Direct Debited has been made without notice being given in terms of clause 1(a) above,

request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of

the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:

(a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.

(b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.

(c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct

Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the Initiator.

(d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:-

- the accuracy of information about Direct Debits on Bank statements; and - any variations between notices given by the Initiator and the amounts of Direct Debits. (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

(a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.

(b) At any time terminate this authority as to future payments by notice in writing to me/us.

(c) Charge its current fees for this service in force from time-to-time



FAQ

WHO CAN BE A TRUSTED REFEREE?

Approved trusted referees include the following:

- Member of the police.
- Justice of the Peace.
- Registered medical doctor.
- Kaumātua (as verified through a reputable source).
- Registered teacher.
- Minister of religion.
- Lawyer (as defined in the Lawyers and Conveyancers Act 2006).
- Notary public.
- NZ Honorary Consul.
- Member of Parliament.
- Chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996).
- A person who has the legal authority to take statutory declarations or the equivalent in New Zealand.
- Commonwealth representative (as defined in the Oaths and Declarations Act 1957).

WHAT DOES PROOF OF RESIDENTIAL ADDRESS MEAN?

When you bring in a document to verify your residential address, there are a number of options you can choose from. All documents listed below must:

- Display your name and residential address.
- Be dated within the last 12 months.
- · Not be targeted promotional or marketing material.
- Be translated where applicable.
- In the event that the documents have been sent to an address where you do not reside, you can use this provided that it includes your name and residential address. For example, mail sent to your PO Box which includes your residential address is acceptable.

WHAT CAN I USE AS A FORM OF ID?

Choose one of these forms of ID:

- NZ passport.
- NZ certificate of identity.
- NZ firearms licence.
- Emergency travel document.
- NZ refugee travel document.
- Overseas passport.
- National Identity Card

IF YOU HAVE RECENTLY ARRIVED IN NEW ZEALAND FROM OVERSEAS, WHAT DOCUMENTS CAN YOU USE?

- A bank statement showing your overseas residential address.
- · A utility bill from your power, gas, water, landline phone or internet service provider showing your overseas residential address



FAQ

WHAT DOES THE TRUSTED REFEREE DO?

If you are unable to meet with us face to face, you can choose to have your identification and proof of address documents

certified by an approved trusted referee.

Certification must:

- Include the name & signature of the trusted referee.
- Include the date of certification.
- Have been carried out in the 3 months preceding the presentation of the copied documents.

The trusted referees must:

- Be at least 16 years of age.
- Sight the original documentary identification.
- · Make a statement to the effect that the documents
- Provided are a true copy and represent the identity of the named individual (true likeness where photo ID is used).
- Specify their capacity to act as a trusted referee from the approved trusted referee list below.

Trusted referees must not be:

- Your spouse or partner.
- Related to you or living at the same address as you.
- A person involved in the transaction or business requiring this certification. (For example, if you visit your solicitor to set up a trust or register a mortgage you cannot use that same solicitor to certify your ID & proof of address documents. Another solicitor at the firm could be used as your trusted referee.)
- · Certified copies of the original documents can be sent to the bank from the trusted referee via email, post or courier or

from you via post or courier only.