

# APPLICATION FORM

# Gold Band Finance



ESTABLISHED 1986

**FOR SECURED DEBENTURE STOCK  
& UNSECURED DEPOSITS**

## INVESTOR DETAILS

Surname: \_\_\_\_\_ Mr/Mrs/Miss/Ms/Dr/Trustee \_\_\_\_\_  
First Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Joint Surname: \_\_\_\_\_ Mr/Mrs/Miss/Ms/Dr/Trustee \_\_\_\_\_  
Joint First Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Daytime Phone No. ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ City or Town: \_\_\_\_\_  
Postal Address (if different from above) \_\_\_\_\_ City or Town: \_\_\_\_\_

## IRD DETAILS

IRD No.  12.5%  21%  33%  38%  30%\*  Non-resident

Please indicate your preferred withholding tax rate

(If you have an exemption from Resident Withholding Tax, please attach a copy of your Certificate of Exemption). \* Applies to Company taxpayers only.

## INVESTMENT INFORMATION

Please select investment option

**SECURED DEBENTURE STOCK**

**UNSECURED DEPOSIT**

Enter the amount you wish to invest and the interest rate\* from our current rate chart (enclosed or available at [www.goldbandfinance.co.nz](http://www.goldbandfinance.co.nz)) beside your selected term. Minimum investment \$500.

Amount	Term	Interest Rate*
\$		
Years / Months / Days / On Call (Please select)		

Or nominate maturity date: \_\_\_\_\_

## INTEREST PAYMENT OPTIONS

Interest on amounts invested for a fixed term of 6 months or greater is paid or credited quarterly on the last day of the months of March, June, September and December.

Please select one of the following options

Compound Interest Quarterly  
 Pay Interest to bank account

### How did you find out about Gold Band Finance Ltd?

Newspaper  Word of mouth  Other publication  From street signage   
Financial Adviser  Company website  Other

## SIGNATURES

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

For further information please refer to the Investment Statement that can be downloaded from our website. Post with cheque to: Gold Band Finance Limited, Freepost No. 149666, P O Box 713, Christchurch

PLEASE READ THIS BEFORE SIGNING

Terms and Conditions of Application

I/We herby apply for Secured Debenture Stock/Unsecured Deposit of Gold Band Finance Limited as set out on this Application Form upon the terms and conditions of the Trust Deed dated 30 June 1993, as amended, and as set out in the Investment Statement and the Registered Prospectus.

I/We acknowledge receipt of the Investment Statement prior to signing this Application Form.

I/We agree to accept the Secured Debenture Stock applied for or any lesser amount that may be allocated to me/us.

I/We acknowledge that information about me/us will be held by Gold Band Finance Limited and that such information will be used to report details of my/our investment to me/us. I/We understand that the information is available to me/us on request and may be corrected by me/us. I /We will advise Gold Band Finance Limited of any changes to the information provided on this Application Form.

I/We agree that the information held by Gold Band Finance Limited may be used for the purpose of sending me/us information about Gold Band Finance or its subsidiaries and or investment products. (Please delete this section if you do not wish to receive such information)

I/We authorise Gold Band Finance Limited to disclose information held about me to my/our solicitor or financial adviser. (Please delete this section if you do not wish information to be disclosed to your financial advisers)

In the case of joint applicants, the joint applicants agree that, unless otherwise expressly indicated on this Application Form, the Secured Debenture Stock will be held jointly as joint tenants.

PLEASE COMPLETE THIS SECTION ONLY IF YOUR INVESTMENT APPLICATION IS MADE UNDER A POWER OF ATTORNEY

Certificate of Non-Revocation of Power Of Attorney

I .....

of .....

Certify

1. That as Attorney of .....

Under a deed dated .....

Day Month Year

Given to me by him / her / them / the Company.

2. That I have executed the application for Secured Debenture Stock/ Unsecured Deposit on the face hereof as Attorney under the said Power of Attorney and pursuant to the powers hereby conferred on me.

3. That at the date hereof I have not received any notice of information of revocation of the said Power of Attorney by death or otherwise.

Signed .....

.....  
Day Month Year

Signed .....