



Austraclear New Zealand System Application Pack - Branch Membership

As at 03 December 2007

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Any queries should be directed to:

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Austraclear New Zealand System Branch Application Procedure

The following information is provided to assist with an application for Branch Membership of the Austraclear New Zealand System.

Please complete this document in full and return with the following supporting documents and supporting information with your application:

- 1 **Pro-forma Confirmation of a Cash Account – [Appendix I](#)**

Please provide written confirmation from your bank that it is prepared to conduct an Austraclear New Zealand cash dealings account on your behalf.

- 2 **Notification of Authorised Signatories – [Appendix II](#)**

This form should be completed and signed, or in a mutually acceptable format.

- 3 **Anti-Money Laundering Questions – [Appendix III](#)**

Member Information

Member Details

Branch Name	
Branch Mnemonic ¹ <i>RBNZ ONLY</i>	
Current Member Mnemonic	

Member Contacts *(if different from current member mnemonic)*

Principal Contact Name	
Position within Company	
Phone & Mobile number	
Fax number	
Email Address	
Settlements Contact	
Phone & Mobile number	
Fax number	
Email Address	
Group Email Address ²	

¹ 6 character unique Austraclear code used to identify Member as assigned by RBNZ.

² We recommend that either a group or multiple addresses to ensure that message notifications are received by more than one recipient in each institution. Broadcast emails are our primary method of communication for urgent notifications.

**Member Billing
Information***(if different from current member mnemonic)*

Contact Person	
Phone Number	
Fax Number	
Email address	
Preference method of receiving invoices <i>(please circle)</i>	<p style="text-align: center;">Email Fax Mailed</p>

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Bank Account Details:

Please indicate which Bank Account number that transactions are to be cleared through.

Bank/Branch	Account

Is this member the sole owner of this account?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	=	Owned by Mnemonic
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Modules Required *(please tick)*

<input type="checkbox"/>	Cash Transfer	<input type="checkbox"/>	Fixed Interest
<input type="checkbox"/>	Equities	<input type="checkbox"/>	Foreign Exchange
<input type="checkbox"/>	Tender	<input type="checkbox"/>	Corporate Actions

Requires Authorisation *(please tick)*

<input type="checkbox"/>	CASH Payments	<input type="checkbox"/>	Fixed Interest Entry	<input type="checkbox"/>	Equity Entry
<input type="checkbox"/>	CASH Receipts	<input type="checkbox"/>	Foreign Exchange Entry	<input type="checkbox"/>	Corporate Action acceptance

Appendices

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Appendix I Pro-Forma Confirmation of a Cash Account

(to be on Clearing Bank letterhead)

[Date]

Chief Financial Officer
Financial Services Group
Reserve Bank of New Zealand
P O Box 2498
WELLINGTON

Dear Sir

BANK ACCOUNT FOR [NEW MEMBER/NEW MEMBER BRANCH]

We advise we will be the clearing bank for the following client:

[Name of Member (mnemonic)]

The account number will be [account number].

Yours sincerely

[Title]

Appendix III Notification of Authorised Signatories

**Payments & Settlements Services
Financial Services Group
Reserve Bank of New Zealand**

Rule 16.6 - Authorised Signatories

(This form pertains only to and is to be used only for the Austraclear New Zealand system)

Each Member shall notify the Reserve Bank of New Zealand of its Authorised Signatories in the following form:

NOTIFICATION OF AUTHORISED SIGNATORIES	
To	Financial Services Group Reserve Bank of New Zealand P O Box 2498 WELLINGTON
Member Name	
Place of Incorporation	
Registered Office Address	
Facsimile	

The above named Member **AUTHORISES** the persons listed below (a specimen of each of whose signature appears in the following Schedule) in the name and on behalf of that Member.

- 1 To have access to any record, printout, or account maintained by the Reserve Bank of New Zealand relating to the Member;
- 2 To enter into any arrangements with the Reserve Bank of New Zealand required for the maintenance of the Member's Security Account or Member's Cash Account;
- 3 To give, sign, or execute any authority, direction, notice, document, instrument, or thing whatsoever required to be given, signed, or executed by the Member relating to the Member's Security Account or Member's Cash Account or any Securities or other instruments held by the Reserve Bank of New Zealand.
- 4 Bind the member for the purpose of Austraclear New Zealand Rules.

This authority continues in force until the Reserve Bank of New Zealand receives notification in writing from the Member of its cancellation. A later Notification by the Member of Authorised Signatories shall automatically cancel any previous notification.

Names of Authorised Signatories	Specimen Signatures

FOR AND ON BEHALF OF

(Name/Title)

(Signature)

(Name/Title)

(Signature)

(Date)

Appendix III Anti-Money Laundering Questionnaire

1. Does your financial institution/bank prohibit accounts/relationships with shell banks (a shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group?)

- Yes they are prohibited
 No they are not prohibited

2. Does your Financial Institution/Bank prohibit customers from maintaining anonymous accounts (ie, accounts for which your financial institution/bank does not know the owner?)

- Yes they are prohibited
 No they are not prohibited

(Authorised Signatory)

(Authorised Signatory)

(Date)