

Application for a Partnership Card



How to complete this application form

Application Information:

- If entering the name of an individual the complete legal name (first name, all middle names, surname) must be set out.

Address Details:

- If the postal address is a PO Box or Private Bag please complete the commercial address.

Signing of the Application:

- Every Applicant who has completed the Application information section must sign.
- Any director/trustee/partner listed must be a signatory.
- Any Company, Trust, Partnership applying must have the signatures of at least two directors/trustees/partners.

Guarantee and Indemnity:

- This section must be completed if the Application includes the name of a company, trust or partnership. The company's/trust's/partnership's full legal name must be written in the 'Card Partner' line.

Farmlands Card Order Form:

- This section must be completed for the issue of every Farmlands Card.
- If an additional Farmlands Card is required for any person who has not already signed the Application then they must sign as a Card Holder.
- The Applicant must sign authorising the issue of every Farmlands Card.

Have you:

- ☐ Provided all the information asked for in the Application
- ☐ Signed the Application (including the Guarantee and Indemnity in front of a witness if required) and initialled each page
- ☐ Enclosed the latest Financial Statement (if required)
- ☐ Enclosed a verified copy of photo ID for each Applicant (see section D for requirements)
- ☐ Completed and enclosed the direct debit form (if wanted)

A. Application Information



A. COMPANY APPLICANTS

Legal Name	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
		(Company Number)									
Trading Name (if different from above)	<input type="text"/>										
Name of Director (1)	<input type="text"/>						<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>
	(First Names)	(Surname)			(Preferred Name)		Date of Birth				
Name of Director (2)	<input type="text"/>						<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>
	(First Names)	(Surname)			(Preferred Name)		Date of Birth				

(Additional Directors need to be completed on a separate sheet of paper)



B. INDIVIDUAL, JOINT, PARTNERSHIP OR TRUST APPLICANTS

Name of Individual/ Partner/Trustee (1)	<input type="text"/>						<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>
	(First Names)	(Surname)			(Preferred Name)		Date of Birth				
Name of Individual/ Partner/Trustee (2)	<input type="text"/>						<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>
	(First Names)	(Surname)			(Preferred Name)		Date of Birth				
Name of Individual/ Partner/Trustee (3)	<input type="text"/>						<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>
	(First Names)	(Surname)			(Preferred Name)		Date of Birth				
Name of Individual/ Partner/Trustee (4)	<input type="text"/>						<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>
	(First Names)	(Surname)			(Preferred Name)		Date of Birth				

Trading As	<input type="text"/>
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(Additional Partners/Trustees need to be completed on separate sheet of paper)

B. Address Details

Postal	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Rapid, Road or Street Number	Road or Street Name	Rural Delivery Number
	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	PO Box or Private Bag	Town or City	Postcode
Commercial (If different from above)	<input type="text"/>		
	<input type="text"/>		

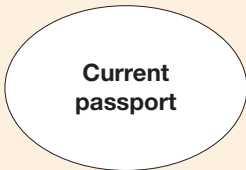


C. Contact Details

Telephone Number (residential)	<input type="text"/>	Telephone Number (business)	<input type="text"/>
Facsimile Number	<input type="text"/>	Mobile Number	<input type="text"/>
Email	<input type="text"/>		
Do you want your Farmlands statement emailed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, do you still require a paper copy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever held or applied for an account with Farmlands or CRT before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you associated with any other Farmlands shareholder(s)?	<input type="checkbox"/> Yes (please specify below)	<input type="checkbox"/> No	
Name	<input type="text"/>	Relationship	<input type="text"/>
		Shareholder Number	<input type="text"/>
Name	<input type="text"/>	Relationship	<input type="text"/>
		Shareholder Number	<input type="text"/>

Initial Here

D. Identification

New government legislation requires Farmlands Co-operative Society Limited ("Farmlands") to verify the identity of its customers. Please provide, for each person completing this form, a verified copy of photo identification. The following options are available:

Option A	Option B	Option C
		
<p>Plus any of the following proof of address:</p> <ul style="list-style-type: none">• Rates Notice• Utility Notice (power, telephone)• Bank Statement• Insurance Certificate• Bank Credit or Debit Card signed with the applicant's name		

All documents must be verified (stamped and signed by):

- Face to face by a Farmlands employee
- Justice of the Peace
- Member of the New Zealand Police
- Lawyer
- Chartered Accountant
- Member of Parliament

Please contact our Share Registry team on 0800 200 600 if this Application is for a company or trust as further information may be required

E. Business Areas of Interest

Tick the circles of all the areas of business you could do with Farmlands below.

- | | | | | | | | |
|--|---|---------------------------------------|-------------------------------------|---|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Farm Supplies | <input type="checkbox"/> Grain and Seed | <input type="checkbox"/> Horticulture | <input type="checkbox"/> Fertiliser | <input type="checkbox"/> Bulk Fuel | <input type="checkbox"/> Livestock | <input type="checkbox"/> Gulf Lubricants | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Telecommunications (landline, mobile, internet) | <input type="checkbox"/> Electricity | <input type="checkbox"/> Insurance | <input type="checkbox"/> Card Fuel | <input type="checkbox"/> Card (General) | <input type="checkbox"/> Finance | | |

Which Farmlands branch will you mostly trade with?

F. Credit Limit Request

Credit limit requested

Note: If credit limit requested is greater than \$50,000 you must attach your latest financial statements.

ACCOUNT TERMS

I/We hereby undertake:

1. To abide by the rules of Farmlands Co-operative Society Limited ("Farmlands"), as applicable to me/us as a Farmlands account holder (noting that I/we am/are not a Farmlands shareholder and am/are not entitled to any benefits reserved to Farmlands shareholders (under such rules or otherwise) other than the benefit of receiving the same pricing for goods, products and services purchased using my/our account as applicable to shareholders from time to time ("Price Rebates"). I acknowledge in particular that "Bonus Shares" will not be earned on any of my/our account transactions).
2. To make my/our payment promptly on or before the 20th of each month for purchases made or debts incurred during the previous month by me/us in the name of Farmlands or by Farmlands on my/our behalf. I/We understand that should I/we default in any such payment by the due date, I/we forego all rights to any Price Rebates to which I/we might otherwise be entitled (as noted above).
3. I/We understand that Farmlands may deduct any amount owed by me/us to Farmlands at any time from any amount payable by Farmlands to me/us.
4. To abide by the Farmlands Co-operative Society Limited Terms and Conditions (available online), as amended from time to time ("Terms and Conditions"), and acknowledge that

interest may be charged on any outstanding balance on my/our account not received by Farmlands on or before the 20th of the month following purchase and that I/we will be liable as principal cardholder(s) for all debts incurred through the use of additional cards issued in my/our name(s) or trading name(s) or linked to my/our account.

5. I/We are not less than 18 years of age and have read and understood this application. I/We confirm that the information supplied by me/us is true and complete and may be relied on by Farmlands, Farmlands Finance Limited and their subsidiaries in considering this application. I/We authorise you to obtain credit reports about me/us and make any other inquiries you think appropriate so you can confirm the information is true and correct and to decide whether to accept this application. I/We will tell you if any of the information changes or is no longer true and complete. I/We authorise you to obtain and exchange financial and other information about me/us as part of your account monitoring procedures and in deciding whether to continue to make the Farmlands card and/or any discretionary benefits related to the card or Farmlands account (such as Price Rebates) available to me/us. I/We authorise any person to complete and furnish to Farmlands, Farmlands Finance Limited and their subsidiaries any information in response to your credit or other inquiries.
6. I acknowledge receipt of a Disclosure Statement from Farmlands in respect of this account and applicable fees.

IMPORTANT! To allow us to process your application all applicants must sign below.

Print full Card Partner name

Signature

Date / /

Sign Here

Once completed you can drop off this application at your nearest Farmlands branch or post to:-
Farmlands Co-operative Society Limited, PO Box 271, Christchurch 8140.

Initial Here

G. Deed of Guarantee and Indemnity in Favour of Farmlands and Farmlands Finance Ltd

Definitions of words are set out in the Terms and Conditions

Card Partner; (Print the full names including company/trust and individual names as listed in Section A on page 3 of this application)

Guarantor(s); (Print the full names of the legal entity or individuals)

By signing this guarantee and indemnity you become personally liable for all amounts that are payable to Farmlands Co-operative Society Ltd ("Farmlands") or Farmlands Finance Ltd by the Card Partner. You should seek legal advice before signing.

In consideration of Farmlands, at my/our request, accepting the applicant as a Card Partner of Farmlands and, as the case may be, issuing a Farmlands Card to the Card Partner, or Farmlands Finance Ltd advancing credit to the Card Partner.

I/we personally, jointly and severally, unconditionally and irrevocably:

1. guarantee the due and punctual observance and performance by the Card Partner of all its financial and other obligations to Farmlands or Farmlands Finance Ltd.
2. agree that, without limiting clause 1 in any way, this Guarantee:
 - 2.1 is a continuing guarantee and applies in respect of all present and future financial and other obligations of the Card Partner to Farmlands or Farmlands Finance Ltd, however they arise, including, without limitation:
 - 2.1.1 payment by the Card Partner for goods and services supplied to, for or at the request of the Card Partner;
 - 2.1.2 payment by the Card Partner for purchases made or debts incurred by the Card Partner in the name of Farmlands or Farmlands Finance Ltd or by Farmlands or Farmlands Finance Ltd on behalf of the Card Partner; and
 - 2.2.3 compliance by the Card Partner with the financial and other obligations of the Terms and Conditions issued to the Card Partner.
 - 2.2 applies even where there is a change in the Rules of the Society, the Terms and Conditions and/or any other arrangements between Farmlands or Farmlands Finance Ltd and the Card Partner.
3. agree that my/our guarantee and indemnity binds my/our personal representatives and will

continue to be binding and at all times enforceable by Farmlands or Farmlands Finance Ltd even if the Card Partner dies, becomes insolvent or is placed in liquidation.

4. covenant with Farmlands or Farmlands Finance Ltd that:
 - 4.1 no release, delay or other indulgence given by Farmlands or Farmlands Finance Ltd to the Card Partner or any other thing whereby I/we would have been released had I/we been merely a surety shall abrogate, release, prejudice or affect the liability of me/us as a guarantor or as an indemnifier;
 - 4.2 as between me/us and Farmlands or Farmlands Finance Ltd, I/we may for all purposes be treated as the Card Partner and Farmlands or Farmlands Finance Ltd shall be under no obligation to take proceedings against the Card Partner before taking proceedings against me/us;
 - 4.3 I/we will not prove in any bankruptcy or liquidation of the Card Partner in competition with Farmlands or Farmlands Finance Ltd; and
 - 4.4 any concession, grant of time, waiver, variation or otherwise shall not release me/us from liability.
5. indemnify Farmlands or Farmlands Finance Ltd against any loss or liability (including costs), which Farmlands or Farmlands Finance Ltd may suffer or incur as a result of the Card Partner failing to duly and punctually observe and perform all its financial and other obligations to Farmlands or Farmlands Finance Ltd, regardless of whether the Card Partner's liability is or has become void or unenforceable for any reason and regardless of whether the above guarantee shall be void or unenforceable against me/us, or any of us, for any reason.
6. I/We authorise Farmlands or Farmlands Finance Ltd to obtain credit reports about me/us and make any other enquiries it thinks appropriate so it can confirm information provided is true and complete, decide whether to accept the application, decide whether to continue to make the Farmlands Card/goods and services and other discretionary benefits available to the Card Partner. I/We authorise any person to complete and furnish any information in response to your credit or other enquiries.

Guarantor 1

Full Name:

Address for Service:

Date of Birth / /

Signature:

Sign Here

Witness

Name of Witness:

Present Address:

Occupation:

Signature of Witness:

Sign Here

Guarantor 2

Full Name:

Address for Service:

Date of Birth / /

Signature:

Sign Here

Witness

Name of Witness:

Present Address:

Occupation:

Signature of Witness:

Sign Here

I/We acknowledge that Farmlands or Farmlands Finance Ltd has recommended that I/we obtain independent legal advice as to the effect of this Guarantee and Indemnity and the potential liability faced by me/us as guarantor(s) and indemnifier(s). I/We confirm that I/we have obtained, or elected not to obtain, such independent legal advice and have agreed to provide the Guarantee and Indemnity.

Guarantor 1 Signature:

Dated as a deed on / /

Guarantor 2 Signature:

Dated as a deed on / /

Initial Here

H. Statement of Financial Position

This document completed for:

ASSETS (what is owned)

Land	Legal Owner	Purchase Year	Rateable Value	Market Value
Address			\$	\$
			\$	\$
			\$	\$
			\$	\$

Bank Account/s	Bank Name:	Balance	\$
Vehicles:		Value	\$
Plant and Equipment:		Market Value	\$

Other assets, investments, shares etc. more than \$1,000

	Market Value	\$
	Market Value	\$
	Market Value	\$

TOTAL ASSETS (a) **\$**

LIABILITIES (what is owed)

Overdraft:	Bank	Limit	Interest Rate	Amount Owning
		\$		\$

Mortgage/s:	Lender	Borrowing Entity	Interest Rate	Amount Owning
				\$
				\$

Hire purchase/s:	Item	Lender	Interest Rate	Amount Owning
				\$
				\$

Credit Card/s:	Lender	Limit	Interest Rate	Amount Owning
		\$		\$
		\$		\$

Other Liabilities
(more than \$1,000, include personal loans, trading/credit accounts, personal guarantees provided)

		\$
		\$

TOTAL LIABILITIES (b) **\$**

NET WORTH (a) - (b) **\$**

Have proceedings for the recovery of debt, bankruptcy or insolvency ever been brought against you?

No ☐ Yes ☐

If yes please provide details

Initial Here

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I. Statement of Financial Position

Accountant's Name (if self employed)	<input type="text"/>	Accountant's Phone No. (if self employed)	<input type="text"/>
Gross business income (last financial year)	\$ <input type="text"/>	Total gross income	\$ <input type="text"/>
Other income or annual salary	\$ <input type="text"/>	Net profit after tax	\$ <input type="text"/>
If salary earned: Name of employer	<input type="text"/>	Position held	<input type="text"/>
Length of time business has been in operation	<input type="text"/>		
Length of time with current employer:	Less than six months <input type="text"/>	6 - 12 months <input type="text"/>	1 - 3 years <input type="text"/> 3+ years <input type="text"/>

J. Trade References

Please supply details of businesses with whom you operate or have operated a major trading account
(please do not include credit card companies or utility companies e.g. telephone, power, gas).

NAME OF SUPPLIER	TELEPHONE NO.	AVERAGE MONTHLY PURCHASES
(1) <input type="text"/>	() <input type="text"/>	<input type="text"/>
(2) <input type="text"/>	() <input type="text"/>	<input type="text"/>
(3) <input type="text"/>	() <input type="text"/>	<input type="text"/>

Declaration

I/we confirm that the above information is true and correct and can be relied on by Farmlands or Farmlands Finance Ltd for credit approval

Print full Card Partner names and Surname

Signature

Sign Here

Date / /

Confidentiality Statement

Farmlands and Farmlands Finance Limited and their subsidiaries agree not to use any confidential Information disclosed for its own benefit or disclose it to any other party without the approval of the Applicant, unless required by order of a valid legal authority.

Return once completed to Share Registry.

Mail: Farmlands Co-operative Society Limited, PO Box 271, Christchurch 8140.

Fax: 0800 200 600

Initial Here

Farmlands Card Order Form



Please Note: For Account identification at least one Farmlands Card must be issued to the Account

Note: Send this Document as original signatures are required

Farmlands Co-operative Society Limited
PO Box 271, Christchurch 8140

Farmlands Account Number (if known)

Name of Applicant

Card 1
Signatory's Name

Title	First Name	Middle Name	Surname

Email Address

Contact Address Details

Date of Birth

Drivers Licence No.

Version No.

Section 5b on
Drivers Licence

PIN

Please attach photo ID

Card 2
Signatory's Name

Title	First Name	Middle Name	Surname

Email Address

Contact Address Details

Date of Birth

Drivers Licence No.

Version No.

Section 5b on
Drivers Licence

PIN

Please attach photo ID

Please Note: The Card Partner is responsible for each Farmlands Card issued to the Account and shall pay for all goods purchased with a Farmlands Card.

By signing this page each Card Signatory confirms and acknowledges that:

- a) the information provided is true and correct and,
- b) once the Card Signatory uses the Farmlands Card they are bound by the conditions of use set out in Farmlands "Terms and Conditions",
- c) in the event the Card Partner does not pay for the purchases incurred by the Card Signatory using the Farmlands Card the Card Signatory shall pay Farmlands for such purchase.

CARDHOLDER 1 SIGNATURE

CARDHOLDER 2 SIGNATURE

Farmlands Cards Authorised by:

(Signature of each Card Partner/Applicant)

Sign Here

Farmlands Card Order Form

Card 3
Signatory's Name

Title	First Name	Middle Name	Surname

Email Address

Contact Address Details

Date of Birth / / Drivers Licence No. Version No. Section 5b on Drivers Licence

PIN

Please attach photo ID

Card 4
Signatory's Name

Title	First Name	Middle Name	Surname

Email Address

Contact Address Details

Date of Birth / / Drivers Licence No. Version No. Section 5b on Drivers Licence

PIN

Please attach photo ID

Card 5
Signatory's Name

Title	First Name	Middle Name	Surname

Email Address

Contact Address Details

Date of Birth / / Drivers Licence No. Version No. Section 5b on Drivers Licence

PIN

Please attach photo ID

Please Note: The Card Partner is responsible for each Farmlands Card issued to the Account and shall pay for all goods purchased with a Farmlands Card.

By signing this page each Card Signatory confirms and acknowledges that:

- a) the information provided is true and correct and,
- b) once the Card Signatory uses the Farmlands Card they are bound by the conditions of use set out in Farmlands "Terms and Conditions",
- c) in the event the Card Partner does not pay for the purchases incurred by the Card Signatory using the Farmlands Card the Card Signatory shall pay Farmlands for such purchase.

CARDHOLDER 3 SIGNATURE

CARDHOLDER 4 SIGNATURE

CARDHOLDER 5 SIGNATURE

Farmlands Cards Authorised by:

(Signature of each shareholder/Applicant)

Sign Here

Authority to Accept Direct Debits



FARMLANDS ACCOUNT NUMBER
(as it appears on your statement)

TRADING NAME
(as it appears on your statement)

Farmlands Co-operative Society Limited
84 Cumberland Street
Private Bag 1968, Dunedin 9054
Freephone: 0800 200 600
www.farmlands.co.nz

Incorporated under the Industrial and Provident Societies Act 1908

BANK INSTRUCTIONS

NAME OF BANK ACCOUNT (from which payments are to be made)

Bank No

Branch No

Account Number

Suffix

(Please attach an encoded deposit slip to ensure your number is loaded correctly)

TO THE BANK MANAGER

BANK

BRANCH

TOWN

I/We authorise you until further notice in writing, to debit my/our account with all amounts which FARMLANDS CO-OPERATIVE SOCIETY LIMITED (hereinafter referred to as the Initiator) the registered initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the Bank accepts this authority only upon the conditions listed on this form.

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or agreement)

AUTHORISATION CODE

MY/OUR SIGNATURE(S)

PLEASE PRINT NAME

DATE

Sign Here

TO BE COMPLETED BY THE CUSTOMER

BANK STATEMENT REFERENCE

Information to appear on the customer's bank statement. Your Farmlands account number will automatically appear on your bank statement (e.g. 123456789). Please only fill in the BANK STATEMENT REFERENCE if you require any additional information on this.

PAYER REFERENCE

OFFICE USE ONLY

OFFICE

DATE

INITIALS

FOR BANK USE ONLY

0296

10

13

DATE REC'D

RECORDED BY

CHECKED BY

BANK STAMP

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator

- Has agreed to give advance Notice of the net amount of each Direct Debit and the due date of the debiting at least two business days before the date when the Direct Debit will be initiated. This advance notice must 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 advance notice will include the following message:- "The amount of \$....., will be Direct Debited to your Bank account on (initiating date)."
- 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 in writing to me/us.

2. The Customer may:

- 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.
- Stop payment of any direct debit to be initiated under this authority by the Initiator or by giving written notice to the Bank prior to the direct debit being paid by the Bank.

3. The Customer acknowledges that:

- 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.
- 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.
- 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 its authority. Any other dispute lies between me/us and the Initiator.
- 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
- 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:

- 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.
- At any time terminate this authority as to future payments by notice in writing to me/us.
- Charge its current fees for this service in force from time-to-time.