

Electronic Verification Details Form

Please fax, email* or post this form to:
Freepost RaboDirect, PO Box 38567, Wellington 5045

Fax: 0800 22 88 66 Email: info@rabodirect.co.nz*

All forms that are emailed will need to be printed out, signed and then scanned due to signature requirements.

Personal Details

Customer number

Account Name

Account name

Full name

First name

Middle name(s)

Last name

Date of birth

dd/mm/yyyy

Residential address

Street address

City/Town

Suburb

Country

Postcode

Identity Verification Details

New Zealand passport number

e.g. LN654123

Passport expiry date

dd/mm/yyyy

New Zealand driver's licence number

e.g. BT 123456

Licence version (5b)

e.g. 123

Licence plate (on a vehicle registered with your name)

e.g. ABC123

Declaration

I give consent for RaboDirect to verify my identity electronically using the details entered by providing those details to the NZ Transport Agency, the Department of Internal affairs or a credit reporting agency or other entity for that purpose.

Signature

Full name (no initials or abbreviations)

First name

Middle name(s)

Date

dd/mm/yyyy

Last name