

## OWNER CONTACT & BANKING DETAILS – NEW ZEALAND

Please complete all required sections in full and  relevant boxes. Please make sure you fill in Section 3.

### SECTION 1: CLIENT DETAILS

Please only complete **one** of the below options (either I or II) and then go to **SECTION 2**

#### OPTION I) INDIVIDUAL

Mr  Mrs  <sup>1</sup> Miss  Ms

Mr  Mrs  <sup>2</sup> Miss  Ms

Surname

Surname

Given Name/s

Given Name/s

If more than one applicant, please cross  the relevant box:

Joint Tenants

Tenants in Common

#### OPTION II) NON-INDIVIDUAL ENTITY

Company/Partnership/Superannuation Fund/Trust/Club/Charity/Unincorporated Association

Contact Name

ABN

### SECTION 2: CONTACT DETAILS

Address:

State  Post Code

Postal Address:

State  Post Code

Home  (Area Code)

Email 1

Work  (Area Code)

Email 2

Fax  (Area Code)

\*Mobile

### SECTION 3: PROPERTIES

Building name

Unit #

Lot #

### SECTION 4: BANK OR FINANCIAL INSTITUTE DETAILS

Bank / Financial Institute

Branch

Account Number

-  -  -

Account Name

\* Upon receipt of the completed form, we will be in contact with you on the above listed number prior to updating any details, to confirm the form has been received. Please tick one of the following times to advise of the best time to call during business hours:

Morning  Afternoon

Full name Client 1	Signature	Date
Full name Client 2	Signature	Date

Please mail back to: AccorHotels - Owner Relations, PO Box 8016, G.C.M.C, QLD 9726 or email owners-au@accor.com

For a copy of the AccorHotels Privacy Policy, please refer to <http://www.mantragroup.com.au/PrivacyPolicy.aspx> or phone: (07) 5631 2500.