

# Investment Funds Authorised Company Details



Please complete this form if any Director, Partner, Officer or Trustee is a company, and return it with your Forsyth Barr Investment Funds Application Form.

## Authorised Company Details

Full Legal Name: .....

Trading Name (if applicable): .....

Company, Incorporated Society, Incorporated Charitable Trust Number: .....

Country of Incorporation or Registration: .....

Primary business activity of the company/partnership: .....

### I/we certify that the entity is a tax resident in the following country/countries:

Please select all that apply

New Zealand (IRD Number):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Australia (Tax File Number):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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United States (Taxpayer Identification or Social Security Number):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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United Kingdom (National Insurance Number):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other (please state) .....

Tax Identification Number:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Principal Business or Registered Office Address:

Street No./Name: .....

Suburb/RD No.: .....

Town/City: .....

Postcode: .....

Country: New Zealand

Other (please state): .....

### Mailing Address:

Street No./Name/PO Box: .....

Suburb/RD No.: .....

Mail Centre: .....

Town/City: .....

Postcode: .....

Country: New Zealand

Other (please state): .....

**IRD Number:** For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 33% will be applied.

**Tax Identification Number:** Please give your identification number used by the tax authority in your country.

**Mailing Address:** Only complete this part if your Mailing Address is different to your Principal Business or Registered Office Address.

## Authorised Company Details (continued)

**Company Authorised Person:**  
Must sign Section I: Agreement  
and Signatures of Forsyth Barr  
Investment Funds Application  
Form

Company Authorised Person:

Position:

Date Of Birth:

DAY		MONTH		YEAR					

Country of Birth:

Country of Citizenship/Nationality:

### Tax Details

I certify that I am a tax resident in the following country/countries:

Please select all that apply

New Zealand (IRD Number):

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Australia (Tax File Number):

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United States (Taxpayer Identification or Social Security Number):

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United Kingdom (National Insurance Number):

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Other (please state)

Tax Identification Number:

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Are you a United States Person?

If yes, please complete IRS Form W-9, available on request or online at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)

### Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:      New Zealand      Other (please state):

**IRD Number:** For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 33% will be applied.

**Tax Identification Number:** Please give your identification number used by the tax authority in your country.

**United States Person:** A United States Person can include US citizens and US tax residents. If you are unsure, you should contact your tax adviser.

**Directors:** Please provide full legal names of ALL Directors.

### First Director of Authorised Company

Mr Ms Mrs Miss Dr Other

Full Name:

Date Of Birth:

DAY		MONTH		YEAR					

Country of Birth:

Country of Citizenship/Nationality:

#### Tax Details

I certify that I am a tax resident in the following country/countries:

Please select all that apply

New Zealand (IRD Number):

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Australia (Tax File Number):

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United States (Taxpayer Identification or Social Security Number):

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United Kingdom (National Insurance Number):

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Other (please state)

Tax Identification Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Are you a United States Person?

If yes, please complete IRS Form W-9, available on request or online at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)

#### Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

#### Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Fax:

Phone Mobile:

Email:

**IRD Number:** For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 33% will be applied.

**Tax Identification Number:** Please give your identification number used by the tax authority in your country.

**United States Person:** A United States Person can include US citizens and US tax residents. If you are unsure, you should contact your tax adviser.

**Mailing Address:** Only complete this part if your Mailing Address is different to your Residential Address.

**Second Director of Authorised Company**

Mr Ms Mrs Miss Dr Other

Full Name:

Date Of Birth:

DAY MONTH YEAR

Country of Birth:

Country of Citizenship/Nationality:

**Tax Details**

I certify that I am a tax resident in the following country/countries:

Please select all that apply

New Zealand (IRD Number):

IRD Number input boxes

Australia (Tax File Number):

Tax File Number input boxes

United States (Taxpayer Identification or Social Security Number):

US ID Number input boxes

United Kingdom (National Insurance Number):

UK NI Number input boxes

Other (please state)

Tax Identification Number:

Tax ID Number input boxes

Are you a United States Person?

If yes, please complete IRS Form W-9, available on request or online at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)

**Residential Address:**

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

**Mailing Address:**

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Fax:

Phone Mobile:

Email:

**IRD Number:** For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 33% will be applied.

**Tax Identification Number:** Please give your identification number used by the tax authority in your country.

**United States Person:** A United States Person can include US citizens and US tax residents. If you are unsure, you should contact your tax adviser.

**Mailing Address:** Only complete this part if your Mailing Address is different to your Residential Address.

### Third Director of Authorised Company

Mr Ms Mrs Miss Dr Other

Full Name:

Date Of Birth:

DAY		MONTH		YEAR					

Country of Birth:

Country of Citizenship/Nationality:

#### Tax Details

I certify that I am a tax resident in the following country/countries:

Please select all that apply

New Zealand (IRD Number):

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Australia (Tax File Number):

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United States (Taxpayer Identification or Social Security Number):

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United Kingdom (National Insurance Number):

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Other (please state)

Tax Identification Number:

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Are you a United States Person?

If yes, please complete IRS Form W-9, available on request or online at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)

#### Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

#### Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Fax:

Phone Mobile:

Email:

**IRD Number:** For New Zealand residents, if a valid IRD Number is not provided, the default withholding tax rate of 33% will be applied.

**Tax Identification Number:** Please give your identification number used by the tax authority in your country.

**United States Person:** A United States Person can include US citizens and US tax residents. If you are unsure, you should contact your tax adviser.

**Mailing Address:** Only complete this part if your Mailing Address is different to your Residential Address.

## Beneficial Ownership of Authorised Company (if applicable)

**Effective control:** an individual with effective control can include those with the ability to control the Authorised Company, those in senior management positions and/or those with the ability to dismiss those in senior management positions.

Please provide details of all beneficial owners of the Authorised Company. A beneficial owner is an individual who owns more than 25% of the Authorised Company and/or an individual who has effective control of the Authorised Company. Should no individual own more than 25% of the Authorised Company, you must still provide details of at least one individual who has effective control of the Authorised Company.

Mr Ms Mrs Miss Dr Other .....

Full Name: .....

Date Of Birth:

DAY		MONTH		YEAR			

Country of Birth: .....

Country of Citizenship/Nationality: .....

### Residential Address:

Street No./Name: .....

Suburb/RD No.: .....

Town/City: .....

Postcode: .....

Country: New Zealand Other (please state): .....

Nature of Beneficial Interest: .....

Mr Ms Mrs Miss Dr Other .....

Full Name: .....

Date Of Birth:

DAY		MONTH		YEAR			

Country of Birth: .....

Country of Citizenship/Nationality: .....

### Residential Address:

Street No./Name: .....

Suburb/RD No.: .....

Town/City: .....

Postcode: .....

Country: New Zealand Other (please state): .....

Nature of Beneficial Interest: .....

**Nature of Beneficial Interest:** e.g. shareholder, senior manager.

**Nature of Beneficial Interest:** e.g. shareholder, senior manager.

**Beneficial Ownership of Authorised Company (if applicable) (continued)**

Mr Ms Mrs Miss Dr Other .....

Full Name: .....

Date Of Birth:

DAY		MONTH		YEAR			

Country of Birth: .....

Country of Citizenship/Nationality: .....

**Residential Address:**

Street No./Name: .....

Suburb/RD No.: .....

Town/City: .....

Postcode: .....

Country: New Zealand Other (please state): .....

Nature of Beneficial Interest: .....

Mr Ms Mrs Miss Dr Other .....

Full Name: .....

Date Of Birth:

DAY		MONTH		YEAR			

Country of Birth: .....

Country of Citizenship/Nationality: .....

**Residential Address:**

Street No./Name: .....

Suburb/RD No.: .....

Town/City: .....

Postcode: .....

Country: New Zealand Other (please state): .....

Nature of Beneficial Interest: .....

**Nature of Beneficial Interest:** e.g. shareholder, senior manager.

**Nature of Beneficial Interest:** e.g. shareholder, senior manager.

## Identification requirements

We are required by law to verify the Applicant's identity, and that of persons authorised to act on its behalf. These procedures are in place to protect it and to ensure that transactions are being effected for the right entity. Accordingly, please provide the required identification and address verification documentation for each person listed below. Without this information it is not possible to open or operate your account.

### Director/Company Authorised Person/Beneficial Owner:

#### Option A: An original certified copy of any one of the following:

- Current Passport
- Current New Zealand Firearms Licence
- Foreign National Identity Card

showing full name, date of birth, signature, and photograph

#### Option B: An original certified copy of a combination of a:

- Current New Zealand Driver Licence (showing both sides of the Licence)

Plus one of the following:

- Birth Certificate or Citizenship Certificate
- Document issued by a registered bank showing the person's full name and signature (e.g. credit/debit card, eftpos card)
- Bank statement issued by a registered bank (as delivered by mail, not via internet banking) dated within the last 12 months
- Government agency document that contains the person's full name and signature (e.g. SuperGold Card)
- Government agency statement (e.g. IRD statement) dated within the last 12 months

#### For verification of residential address we need a copy of one of the following:

- Utility or Rates bill
- Telephone bill
- Bank Statement\*
- Government Agency Statement\* (e.g. IRD Statement)
- Electoral Roll
- Insurance Policy
- Share Registry Statement
- Credit Card Statement
- Online White Pages (<http://whitepages.co.nz/>)

Documentation must be dated within the last 12 months and include the client's residential address. Copies do not need to be certified (i.e. internet statements are acceptable) If you cannot provide these documents please contact us to discuss.

### Company

Certificate of Incorporation (original certified copy if Applicant is incorporated outside New Zealand)

Confirmation of Directors from an official/independent source (original certified copy if Applicant is incorporated outside New Zealand)

Confirmation of ownership structure from an official/independent source (original certified copy if Applicant is incorporated outside New Zealand)

### Documents provided must be certified

The copies provided must be certified by a trusted referee. Alternatively, you can provide original documents to a Forsyth Barr Authorised Financial Adviser for verification.

A trusted referee must be at least 16 years old and must be one of the following:

- Commonwealth representative
- Member of the New Zealand Police
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- Minister of Religion
- Lawyer
- Notary Public
- New Zealand Honorary Consul
- Member of Parliament
- Chartered Accountant
- Kaumatua

The trusted referee must not be:

- Related to the named individual
- The spouse or partner of the named individual
- A person who lives at the same address as the named individual
- A person involved in the transaction or business requiring the certification

The trusted referee must sight the original document, and provide a written statement to the effect that the copy provided is a true and correct copy and represents the identity of the named individual.

Certification must include the name, occupation, and signature of the trusted referee and the date of confirmation, and must have been carried out in the last three months.

### Additional Information

We may require additional information and/or documentation from you in order to meet the requirements of the Anti-Money Laundering and Countering the Financing of Terrorism Act 2009. We will notify you if we require anything further.

**Firearms Licence:** If you provide us with a certified copy of a Firearms Licence, please also provide a certified copy of a NZ Driver Licence or card issued by a registered bank showing your name and signature in order for us to verify the signature on your Investment Funds Application Form.

\* Not required if already provided under Option B.

**Official/independent source:** e.g. lawyer, accountant, company registry, financial accounts.