

Client Application Form

TRUSTS AND ESTATES



1. TRUST OR ESTATE APPLICANT

If you are a TRUST or ESTATE applicant please complete all of Section 1 showing details of all trustees, each of whom must sign

Trust or Estate Details

Full Name:

Jurisdiction of Establishment:

Date created:

DAY		MONTH		YEAR	

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Mobile:

Fax:

Email:

Email Address: By providing your email addresses at any place in this application form you are consenting to receiving information required to be provided to you under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities' products and services by email.

1. TRUST OR ESTATE APPLICANT *continued*

Trustee / Executor:

First Trustee Or Executor Details (Individual)

Mr Ms Mrs Miss Dr Other

Full Name: Please provide the full legal names of ALL Trustees or Executors.

Full Name: _____

Date of Birth:

DAY			MONTH			YEAR			

Country of Birth: _____

Country(s) of Citizenship/Nationality: _____

Tax Details

I certify that I am tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

- New Zealand (IRD Number):

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- Australia (Tax File Number):

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- United States (Social Security Number):

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- United Kingdom (National Insurance Number):

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- Other Country (please state):

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Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.

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

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

Is the Trustee or Executor a United States Person?

- Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)
- No

Residential Address:

Street No./Name: _____

Suburb/RD No.: _____

Town/City: _____

Postcode: _____

Country: New Zealand Other (please state): _____

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

Mailing Address:

Street No./Name/PO Box: _____

Suburb/RD No.: _____

Mail Centre: _____

Town/City: _____

Postcode: _____

Country: New Zealand Other (please state): _____

Email Address: By providing your email addresses at any place in this application form you are consenting to receiving information required to be provided to you under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities' products and services by email.

Phone Work: _____

Phone Home: _____

Phone Mobile: _____

Email: _____

1. TRUST OR ESTATE APPLICANT *continued*

Trustee / Executor:

Second Trustee or Executor Details (individual)

Mr Ms Mrs Miss Dr Other

Full Name:

.....

Date of Birth:

DAY			MONTH			YEAR			

Country of Birth:

.....

Country(s) of Citizenship/Nationality:

.....

Tax Details

I certify that I am tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

- New Zealand (IRD Number):

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- Australia (Tax File Number):

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- United States (Social Security Number):

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- United Kingdom (National Insurance Number):

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- Other Country (please state):

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Is the Trustee or Executor a United States Person?

- Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)
- No

Residential Address:

Street No./Name:

.....

Suburb/RD No.:

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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:

Phone Home:

.....

Phone Mobile:

.....

Email:

.....

If there are more than two individual trustees or corporate trustees, please use the applicable supplementary application sheet, which can be found on our website: www.leveragedequities.co.nz. This must be attached to this Client Application Form when it is submitted.

Full Name: Please provide the full legal names of ALL Trustees or Executors.

Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.

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

United States Person: A United States Person can include US citizens, US tax residents and persons born in the US. 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.

Email Address: By providing your email addresses at any place in this application form you are consenting to receiving information required to be provided to you under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities' products and services by email.

1. TRUST OR ESTATE APPLICANT *continued*

Trustee Company: *Trustee Company Details (continued)*

Authorised Person Name:

.....

Position:

.....

Date of Birth:

DAY	MONTH		YEAR		

Country of Birth:

.....

Country(s) of Citizenship/Nationality:

.....

Residential Address:

Street No./Name:

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Suburb/RD No.:

.....

Town/City:

Postcode:

.....

Country: New Zealand Other (please state):

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Phone Work:

Phone Home:

.....

Phone Mobile:

Fax:

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Email:

.....

1. TRUST OR ESTATE APPLICANT *continued*

Trustee Company Director Details:

First Director of Trustee Company

Mr Ms Mrs Miss Dr Other

Full Name: Please provide the full legal names of ALL Directors.

Full Name:

Date of Birth:

DAY			MONTH			YEAR			

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

I certify that I am tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

<input type="radio"/> New Zealand (IRD Number):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
<input type="radio"/> Australia (Tax File Number):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
<input type="radio"/> United States (Social Security Number):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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<input type="radio"/> Other Country (please state):	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.

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

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

Is the Trustee Company Director a United States Person?

Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)
 No

Is the Trustee Company Director an Authorised Person on the account?

Yes No

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

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

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Email Address: By providing your email addresses at any place in this application form you are consenting to receiving information required to be provided to you under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities' products and services by email.

Phone Work:

Phone Home:

Phone Mobile:

Email:

1. TRUST OR ESTATE APPLICANT *continued*

Trustee Company Director Details:

Second Director of Trustee Company

Mr Ms Mrs Miss Dr Other

Full Name: Please provide the full legal names of ALL Directors.

Full Name:

Date of Birth:

DAY	MONTH	YEAR							

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

I certify that I am tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

- New Zealand (IRD Number):

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- Australia (Tax File Number):

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- United States (Social Security Number):

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- United Kingdom (National Insurance Number):

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- Other Country (please state):

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Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.

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

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

Is the Trustee Company Director a United States Person?
 Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)
 No

Is the Trustee Company Director an Authorised Person on the account? Yes No

Residential Address:
Street No./Name:

Suburb/RD No.:

Town/City: *Postcode:*

Country: New Zealand Other (please state):

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

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

Suburb/RD No.: *Mail Centre:*

Town/City: *Postcode:*

Country: New Zealand Other (please state):

Email Address: By providing your email addresses at any place in this application form you are consenting to receiving information required to be provided to you under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities' products and services by email.

Phone Work: Phone Home:

Phone Mobile:

Email:

If there are more than two Director of Trustees Companies, please use the applicable supplementary application sheet, which can be found on our website: www.leveragedequities.co.nz. This must be attached to this Client Application Form when it is submitted.

2. ACTING ON BEHALF OF CUSTOMER (AUTHORISED PERSONS)

This section only needs to be completed if you wish to nominate someone to instruct on your account in addition to the Applicant(s) recorded in Section 1.

First Authorised Person details

Mr Ms Mrs Miss Dr Other

Full Name:

Relationship to Applicant:

Date of Birth:

DAY		MONTH		YEAR	

Country of Birth:

Country(s) of Citizenship/Nationality:

Occupation:

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:

Phone Mobile:

Fax:

Email:

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

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

Authorised Person: Complete this section if you wish to add a second Authorised Person to your account.

Full Name: This includes your First Name, Middle Name(s), Last Name - please do not use initials or abbreviations.

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

2. ACTING ON BEHALF OF CUSTOMER (AUTHORISED PERSONS) *continued*

Second Authorised Person details

Mr Ms Mrs Miss Dr Other

Full Name:

Relationship to Applicant:

Date of Birth:

DAY		MONTH		YEAR	

Country of Birth:

Country(s) of Citizenship/Nationality:

Occupation:

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:

Phone Mobile:

Fax:

Email:

If there are more than two persons acting on behalf of a customer, please use the applicable supplementary application sheet, which can be found on our website: www.leveragedequities.co.nz. This must be attached to this Client Application Form when it is submitted.

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES

How will the account be used? (please reply 'Yes' or 'No'):

- Invest in one or two specific securities Yes No
- Receive or send money from or to countries other than New Zealand or Australia Yes No
- Receive or send money from or to third party non bank financial services companies e.g. forex providers or share brokers Yes No
- Invest more than NZD \$1million Yes No

Source of Funds and Income

Please provide details of the source of income that the Trust is receiving:

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Please provide details of the source of any funds to be paid at account opening into the Trust's account with Leveraged Equities and evidence e.g. if the source of funds is the proceeds from an investment then a confirming document from the company or bank where the investment was made:

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Politically Exposed Persons

Is any Trustee, Executor, Settlor, Beneficiary, Authorised Person, or Trust Beneficial Owner either:

- an individual who holds, or has held at any time in the preceding 12 months, a prominent public function in any country (other than New Zealand); or
- an immediate family member of a person referred to above, including a spouse, partner, child, child's spouse/partner or a parent.

If 'Yes', please provide details of the public function held and the country:

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Please provide details of the origin of their wealth and evidence e.g. if the origin of their wealth is business income then a copy of the business financial statements:

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Please provide details of the source of any funds to be paid into their account with Leveraged Equities:

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Prominent Public Function: e.g. head of a country, government minister, senior politician, senior Judge, governor of a central bank, ambassador, high commissioner, high-ranking member of the armed forces, or senior position in a State enterprise.

Origin of wealth: A detailed description of the activity which has generated the overall net worth of the Politically Exposed Person.

Source of funds: A description of the origin and means of transfer for monies being paid into their Leveraged Equities account e.g. electronic transfer from their New Zealand bank account.

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

Beneficiaries

Please answer the following questions if the Applicant is a trust:

i Is the trust a charitable trust? Yes No

If 'Yes', please state the objects of the trust:

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ii Is the trust a trust with more than 10 beneficiaries? Yes No

If 'Yes', please provide a description of each class or type of beneficiary:

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iii Is the trust a discretionary trust? Yes No

If 'Yes', please provide a description of each class or type of beneficiary:

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If you answered 'No' to all of the questions above, please provide details of all beneficiaries on pages 12 to 13:

Yes, I/we will keep Leveraged Equities informed when a distribution has been made to any beneficiary and provide a certification of those beneficiaries tax residency, if I have not already provided these details in this application.

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

First Beneficiary

Mr Ms Mrs Miss Dr Other

Full Name: _____

Date of Birth:

DAY	MONTH		YEAR						

Country of Birth: _____

Country(s) of Citizenship/Nationality: _____

Tax Details

I certify that I am tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

- New Zealand (IRD Number):

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- Australia (Tax File Number):

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- United States (Social Security Number):

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- United Kingdom (National Insurance Number):

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- Other Country (please state):

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Is the Beneficiary a United States Person?
 Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)
 No

Residential Address:
Street No./Name: _____

Suburb/RD No.: _____

Town/City: _____ Postcode: _____

Country: New Zealand Other (please state): _____

Phone Work: _____ Phone Home: _____

Phone Mobile: _____ Fax: _____

Email: _____

Full Name: This includes your First Name, Middle Name(s), Last Name - please do not use initials or abbreviations.

Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.

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

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

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

Second Beneficiary

Mr Ms Mrs Miss Dr Other

Full Name: _____

Date of Birth:

DAY	MONTH	YEAR			

Country of Birth: _____

Country(s) of Citizenship/Nationality: _____

Tax Details

I certify that I am tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

- New Zealand (IRD Number):

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- Australia (Tax File Number):

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- United States (Social Security Number):

--	--	--	--	--	--	--	--	--	--
- United Kingdom (National Insurance Number):

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- Other Country (please state):

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Is the Beneficiary a United States Person?
 Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)
 No

Residential Address:
Street No./Name: _____

Suburb/RD No.: _____

Town/City: _____ Postcode: _____

Country: New Zealand Other (please state): _____

Phone Work: _____ Phone Home: _____

Phone Mobile: _____ Fax: _____

Email: _____

If there are more than two beneficiaries, please use the applicable supplementary application sheet, which can be found on our website: www.leveragedequities.co.nz. This must be attached to this Client Application Form when it is submitted.

Full Name: This includes your First Name, Middle Name(s), Last Name - please do not use initials or abbreviations.

Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.

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

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

3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

First Settlor

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Mr Ms Mrs Miss Dr Other

Full Name:

Relationship to Applicant:

Date of Birth:

DAY	MONTH	YEAR							

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

I certify that I am tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.

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

New Zealand (IRD Number):

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Australia (Tax File Number):

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United States (Social Security Number):

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United Kingdom (National Insurance Number):

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Other Country (please state):

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Is the Settlor a United States Person?

Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)

No

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

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Home:

Phone Mobile:

Fax:

Email:

Source of Settlor's Funds/Wealth

Please provide details of the origin of the settlors' wealth:

Source of Funds/Wealth: A detailed description of the activity which has generated the settlors' net worth, e.g. employment earnings (please specify the nature of the employment), sale of a property (please specify the type of property and location).

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3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

Second Settlor

Mr Ms Mrs Miss Dr Other

Full Name:

Relationship to Applicant:

Date of Birth:

DAY	MONTH			YEAR					

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

I certify that I am tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

- New Zealand (IRD Number):

--	--	--	--	--	--	--	--	--	--
- Australia (Tax File Number):

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- United States (Social Security Number):

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- United Kingdom (National Insurance Number):

--	--	--	--	--	--	--	--	--	--
- Other Country (please state):

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Is the Settlor a United States Person?

- Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)
- No

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Home:

Phone Mobile:

Fax:

Email:

Source of Settlor's Funds/Wealth

Please provide details of the origin of the settlors' wealth:

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Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.

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

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

Source of Funds/Wealth: A detailed description of the activity which has generated the settlors' net worth, e.g. employment earnings (please specify the nature of the employment), sale of a property (please specify the type of property and location).

4. BENEFICIAL OWNERS

Complete this section if it is relevant

Trust Beneficial Owners

Please provide details of:

- any individual (other than the trustees) who has effective control over the trust, specific trust property, and with the power to amend the trust deed, or remove or appoint trustees; and
- any beneficiary that has a vested interest of more than 25% in the trust property.

First Beneficial Owner

Mr Ms Mrs Miss Dr Other

Full Name:

Relationship to Applicant:

Date of Birth:

DAY			MONTH			YEAR			

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

I certify that I am tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

New Zealand (IRD Number):

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Australia (Tax File Number):

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

United States (Social Security Number):

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United Kingdom (National Insurance Number):

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Other Country (please state):

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

Is the Beneficial Owner a United States Person?

Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)

No

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Home:

Phone Mobile:

Fax:

Email:

Relationship to Trust:

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.

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

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

Relationship to Trust: e.g. trust protector, appointor, beneficiary with more than 25% vested interest.

4. BENEFICIAL OWNERS *continued*

Second Beneficial Owner

Mr Ms Mrs Miss Dr Other

Full Name:

Relationship to Applicant:

Date of Birth:

DAY		MONTH			YEAR				

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

I certify that I am tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

- New Zealand (IRD Number):

--	--	--	--	--	--	--	--	--	--
- Australia (Tax File Number):

--	--	--	--	--	--	--	--	--	--
- United States (Social Security Number):

--	--	--	--	--	--	--	--	--	--	--	--
- United Kingdom (National Insurance Number):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- Other Country (please state):

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Is the Beneficial Owner a United States Person?

- Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)
- No

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Home:

Phone Mobile:

Fax:

Email:

Relationship to Trust:

Full Name: This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

Tax Identification Number (TIN): Please supply the country/countries and TINs of any other countries where you are a tax resident.

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

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

Relationship to Trust: e.g. trust protector, appointor, beneficiary with more than 25% vested interest.

If there are more than two beneficial owners, please use the applicable supplementary application sheet, which can be found on our website: www.leveragedequities.co.nz. This must be attached to this Client Application Form when it is submitted.

5. VERIFICATION OF IDENTIFICATION

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.

Authorised Person/Director of Trustee Company/Officer/Partner/Power of Attorney/Trustee/Trust 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.

Trust account (only)

- An original certified copy of the relevant pages of the Trust Deed and any resolutions evidencing any amendments, which must confirm:
 - the name of the Trust;
 - the names of the Trustees;
 - the names of the Beneficiaries or class/type of Beneficiaries;
 - the name of the Settlor; and
 - the signatures of all Trustees

Estate account (only)

- An original certified copy of Probate for the Deceased Person or, where Probate is not legally required to be obtained, other documentation to establish the legal standing of the Estate of the Deceased Person and of the Executor(s) instructing Forsyth Barr Limited on behalf of the Estate. This must include an original certified copy of the Death Certificate.

Trustee Company (if applicable)

- Certificate of Incorporation (original certified copy if the Trustee Company is incorporated outside New Zealand)
- Confirmation of Directors from an official/independent source (original certified copy if the Trustee Company is incorporated outside New Zealand)

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 your signature on this Client Application Form.

* Not required if already provided under Option B.

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

5. VERIFICATION OF IDENTIFICATION *continued*

Documents provided must be certified

The copies provided must be certified by a trusted referee. Alternatively, you can provide original documents to Leveraged Equities for verification.

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

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

The trusted referee must not be:

- Related to 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 spouse or partner of the named individual

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 your identity.

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.

6. BANK ACCOUNT DETAILS

All applicants must complete this section

To enable us to transfer loan proceeds we will require **original** bank account documentation for a New Zealand Dollar bank account and (if you wish to draw funds in Australian Dollars) an Australian Dollar bank account in the same name as the account Applicant(s).

Please provide **ONE** of the following:

- A bank encoded deposit slip with pre-printed details of your bank account name and number
- A bank statement
- A cheque from your bank account
- A verification letter or other document of confirmation provided by your bank

We will only make payments to a bank account in the name of the Applicant(s).

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.

7. SHAREBROKER DETAILS

All applicants must complete this section

Which Sharebroking Firm(s) will you be using for the purposes of the Margin Lending Facility?

.....
.....

Name of Adviser(s):

Phone:

.....

8. MAXIMUM LOAN FACILITY REQUESTED

All applicants must complete this section

\$ Amount:

.....

9. TAX DETAILS

New Zealand Tax Residents

Resident Withholding Tax (RWT) is deducted at source at the following rates: Equity securities: 33%, Fixed Interest securities: 28%.

If *Exempt*, tick the box below and include your Exemption Certificate:

Exempt

Prescribed Investor Rate (PIR) is deducted at source at the following rate (only): PIE securities: 28%.

Overseas Tax Residents

Residing in a Double Tax Agreement country - Non Resident Withholding Tax (NRWT) is deducted at source at the following rates: Equity securities: 15%; Fixed Interest securities: 10%.

Residing in a Non-Double Tax Agreement country - Non Resident Withholding Tax (NRWT) is deducted at source at the following rates: Equity securities: 30%; Fixed Interest securities: 15%.

Prescribed Investor Rate (PIR) is deducted at source at the following rate (only): PIE securities: 28%.

Tax Details

I certify that the entity is a tax resident in the following country/countries (please select the country and supply the Tax Identification Number (TIN) for all that apply):

New Zealand (IRD Number):

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

Australia (Tax File Number):

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

United States (Employer Identification Number):

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

United Kingdom (Unique Taxpayer Reference):

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

Other Country (please state):

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

Is the entity a United States Person?

Yes (please complete IRS Form W-9, available on request or online at www.irs.gov/pub/irs-pdf/fw9.pdf)

No

Double Tax Agreements (DTAs):
To avoid worldwide income being taxed twice, DTAs have been negotiated between New Zealand and many other countries or territories to decide which country or territory has the first or sole right to tax specific types of income. For details visit the DTA section on the IRD website (www.ird.govt.nz/international/residency/dta/double-tax-agreements-index)

Tax Identification Number (TIN):
Please supply the country/countries and TINs of any other countries where the entity is a tax resident.

An Entity which is a US Person:
It includes partnerships or corporations organised in the United States or under the laws of the United States or any State thereof, a trust if a court within the United States would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust and one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the United States.

9. TAX DETAILS *continued*

Limitation on Benefits Certification

- No, I/we are not eligible
- I/we certify that the entity meets all provisions of the applicable treaty that are necessary to claim a reduced rate of withholding, including any limitation on benefits provisions, and derives the income as the beneficial owner.

Please select the following Limitation on Benefits provision that applies to your circumstances:

- Company or trust that meets the ownership and base erosion test.*
This includes companies and trusts which are owned and controlled by New Zealand residents and more than half of the company's/trust's income is accrued or paid to entities or individuals who are resident in either New Zealand or the United States.
- Tax exempt pension trust or pension fund*
This includes pension funds and pension trusts where more than half the beneficiaries or participants are New Zealand residents.
- Other tax exempt organisation*
This includes religious, charitable, scientific, artistic, cultural, or educational organizations provided more than half the beneficiaries, members, or participants are New Zealand residents.
- Government*
This includes Government entities, political subdivisions, and local authorities.
- None of the above*
If you do not meet any of the above categories please complete the appropriate W-8 Series Form: www.irs.gov/businesses/corporations/fatca-related-forms. If you are unsure which form you need, please discuss this with your tax adviser/accountant.

The summaries provided are for the general convenience of taxpayers but may not be relied upon for making a final determination that you meet a Limitation on Benefit test. Rather you must check the text of the Limitation on Benefit Article in the United States - New Zealand Double Tax Agreement to determine which tests are available under that treaty and the particular requirements of those tests.

Limitation on Benefits Certification:

To ensure we are able to deduct the appropriate rate of United States Resident Withholding Tax in respect of US investments, clients must certify they are eligible for treaty benefits and must specify the relevant Limitation on Benefits provision they satisfy under the Double Tax Agreement between New Zealand and the United States. This requirement was brought about by the Internal Revenue Service (of the United States) and impacts all clients investing in US Securities. If you do not currently hold any US Securities, we still recommend that you still complete the certification. We will hold the appropriate documentation on file for future investment decisions.

Income: Within the meaning of section 894 of the Internal Revenue Code (Income affected by treaty) and the regulations thereunder.

Companies and trusts which are owned and controlled: More than 50% of the voting power and value of the company's shares, or more than 50% of the beneficial interests in the case of trusts, and where ownership is indirect all in the chain of ownership must also be New Zealand residents.

New Zealand residents: Includes individuals and other persons liable to tax in New Zealand by reason of tax residence.

Entity managed by another

Financial Institution: An institution manages the entity if it is responsible for making and executing investment decisions without needing prior approval from management, the board or trustees of the entity. Ad hoc investment advice isn't 'management' of the entity.

Trustee which is a Financial Institution: A 'Financial Institution' includes trustee corporations, and can include lawyer and accountant nominee or trust companies. However, it will exclude lawyers or accountants acting as a trustee in a personal capacity. It also usually excludes trustee companies which are only a trustee of a single trust. If in doubt, please contact the Trustee.

Financial products: Any asset that may be held in an account, such as shares, bonds, debentures, and money.

1. Entity Type Classification

Please answer all of the following;

If you answer **YES** to **ANY** of the questions below, please complete the Financial Institutions section on the next page.

If you answer **NO** to **ALL** of the questions below, please complete the Non-Financial Entity section below.

Is the entity managed on a discretionary basis by a Financial Institution, **AND** is more than 50% of the entity's income generated from investment activities in financial products? Yes No

Is the entity a trust which generates more than 50% of its income from investment activities in financial products, **AND** has a trustee which is a Financial Institution? Yes No

Is the entity a bank, non-bank deposit taker, custodian, investment fund and fund manager, private equity, hedge fund or an insurer? Yes No

Is the entity an investment entity that carries on a business of trading in financial assets for or on behalf of a customer, **AND** has more than 50% of its income attributable to investment activities? Yes No

10. AUTHORISED AGENTS/ALTERNATE CONTACTS

This section is optional

Please provide the names of any authorised agents that we may contact in the event you are unavailable if a margin call occurs.

Name:

Relationship to Applicant:

Phone:

Name:

Relationship to Applicant:

Phone:

11. TRANSFERRING SECURITY

This section is to be completed by all applicants transferring Securities to us by way of security under the Margin Lending Agreement

<i>Name of Company</i>	<i>Number of Securities</i>	<i>Common Shareholder Number (CSN)</i>	<i>Authorisation Code</i>

12. ESTABLISHMENT FEES

This section applies to all Applicants

Please attach a cheque payable to Leveraged Equities Finance Limited for \$125.

13. POWER OF ATTORNEY

Each of the Borrower and the Guarantor for valuable consideration irrevocably appoints Leveraged Equities Finance Limited and every officer of Leveraged Equities Finance Limited, severally, to be the Borrower's and Guarantor's attorney ("Attorney") with full power to:

- a) (at the Borrower's or Guarantor's expense) do everything necessary or expedient to give effect to any transaction or other thing contemplated by the Margin Lending Facility with Leveraged Equities Finance Limited, including without limitation, executing, amending, completing any blanks in any document and doing anything which, in the Attorney's opinion, is desirable to protect Leveraged Equities Finance Limited's interests under the Margin Lending Facility (even if the Attorney has a conflict of duty in doing so, or has a direct or personal interest in the means or result of the exercise of any of the Attorney's powers); and
- b) delegate the Attorney's powers to any person for any period and to revoke a delegation, and to appoint one or more substitute Attorney's to exercise any of the powers given to the Attorney (each such substitute attorney shall be also an "Attorney");

and the Borrower and Guarantor ratify anything done by the Attorney or any delegate in accordance with this clause.

14. SIGNATURE AND DISCLOSURE

All applicants must complete this section

Please have each party to the application initial beside each of these statements in the space provided and sign in full in the relevant section on the next page.

Every person named as one of the Account Holders or as an Authorised Person must sign this section.

- (a) I/We hereby declare that the information given herewith in support of my/our application for a Margin Lending Facility with Leveraged Equities Finance Limited is true and correct, and is not misleading (including by omission).
- (b) I/We acknowledge that I/we have received a disclosure copy of the Leveraged Equities Finance Limited's "Make the Most of Your Potential" Brochure incorporating the terms and conditions of the Margin Lending Facility ("the Brochure") and the Product Disclosure Statement for the Margin Lending Facility ("PDS"). I/We have read and understood the Brochure and the PDS and agree to be bound by the terms and conditions contained within the Brochure.
- (c) I/We will advise Leveraged Equities Finance Limited if any of our tax details change.

Every person named as one of the Account Holders must sign this section.

- (a) I/We acknowledge that I/we wish to apply for a Margin Lending Facility with Leveraged Equities Finance Limited.
- (b) I/We hereby declare that the information given herewith in support of my/our application for a Margin Lending Facility with Leveraged Equities Finance Limited is true and correct, and is not misleading (including by omission).
- (c) I/We acknowledge that I/we agree to Leveraged Equities Finance Limited obtaining, using and exchanging personal credit information about me/us for the purposes of applying for and maintaining a Margin Lending Facility with Leveraged Equities Finance Limited.
- (d) I/We have read and understand the risks associated with operating a Margin Lending Facility.
- (e) I/We have funds or additional securities available should a margin call be made.
- (f) I/We understand that my securities may be sold to clear a margin call.
- (g) I/We acknowledge that I/we have made a declaration (before executing this Application Form) that any credit to be provided pursuant to the Margin Lending Facility is to be used primarily for business and/or investment purposes. I/We confirm that I/we read and understood the declaration.
- (h) I/We understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply.
- (i) I/We have obtained the necessary consent and authorisation to allow disclosure and use of information provided in the Tax Residency Self Certifications.
- (j) I/We will notify Leveraged Equities Finance Limited of any changes to any information within 30 days of the change occurring and, where required, will provide Leveraged Equities with a new self-certification of tax residency.

In accordance with the Privacy Act 1993, Leveraged Equities Finance Limited is authorised to:

- (a) Collect and hold personal information about me/us for the purposes of carrying out my/our instructions, administering my/our account, operating the Margin Lending Facility and for Leveraged Equities Finance Limited's own marketing purposes.
- (b) Record all telephone conversations between me/us and Leveraged Equities Finance Limited for the purpose of verification of instructions, administrative and training purposes.
- (c) Disclosure information about me/us where required under any relevant regulations or legislation and to any of the people set out in the Brochure.
- (d) Disclosure information about me/us to the authorised agents named above and any Guarantor. I/We agree that margin calls may be made to the authorised agents named in Section 10. Authorised Agents/ Alternate Contacts.
- (e) Request me/us at any time to provide the names of one or more credit references to assist in assessing my/our credit worthiness, and to exchange credit information about me/us with them and with credit reporting agencies at any time.
- (f) Terminate my/our account with Leveraged Equities Finance Limited and/or suspend its services to me/us if I/we or any Guarantor fails to provide Leveraged Equities Finance Limited with any relevant information that it requests from me/us or any Guarantor.
- (g) Collect, hold, and disclose any personal information about me/us, any beneficial owner of me/us, or any authorised agent that has been provided to you for the purposes of you meeting your obligations under any laws described in clause 17.22 of the terms and conditions contained in the Brochure.

I/We am/are entitled to see, and to have corrected any information Leveraged Equities Finance Limited holds about me/us.

I/We agree that, where I/we have given an email address in this Application Form, Leveraged Equities Finance Limited can send formal notices to me/us at that email address.

14. SIGNATURE AND DISCLOSURE *continued*

Instructions for Signing

- **Every person** named as one of the **Account Holders** must sign below
- Where a person signs on behalf of another as their Attorney, an **original certified copy** of the **Power of Attorney** must be provided, and a signed and completed copy of a *Certificate of Non-revocation of Power of Attorney* must accompany this Application Form

Name:

.....

Signature:

.....

Date:

DAY		MONTH			YEAR				

Name:

.....

Signature:

.....

Date:

DAY		MONTH			YEAR				

Name:

.....

Signature:

.....

Date:

DAY		MONTH			YEAR				

Name:

.....

Signature:

.....

Date:

DAY		MONTH			YEAR				

15. GUARANTORS

All company applicants must be guaranteed

I/We understand that by signing below I/we unconditionally and irrevocably guarantee to Leveraged Equities Finance Limited the payment of all monies due under the Margin Lending Facility set out in Leveraged Equities Finance Limited's "Make the Most of Your Potential" brochure ("the Brochure") and any other transaction document when they are due and the performance of all obligations under the Margin Lending Facility and any other transaction document. If the applicant named in section 1. Trust applicant ("the Borrower") does not pay Leveraged Equities Finance Limited any monies when due, I/we will pay as detailed in the Brochure.

I/We acknowledge that I/we have received a copy of the Brochure. I/We have read and understood the Brochure and agree to be bound by the terms and conditions contained in it.

I/We as Guarantor agree that Leveraged Equities Finance Limited may seek from a credit reporting agency, a credit report containing personal information about me/us to assess whether to accept me/us as Guarantor for credit applied for, or provided to, the Borrower.

I/We as Guarantor declare that:

- (a) all amounts payable to the issuer of the Securities have been paid and no issuer holds a lien over the Securities; and
- (b) all the information I/we have given you is correct and not misleading; and
- (c) I/we will provide you with any information or documents that you may require; and
- (d) I/we have not withheld any information that might have caused you not to enter into the transaction documents with the Borrower or the guarantee with me/us; and neither I/we nor any other person breach any law or any obligation by entering into the guarantee; and my/our obligations under the guarantee are valid and binding; and
- (e) I/we have taken such independent financial and legal advice as I/we think fit prior to entering into the guarantee; and
- (f) I/we will make sure that any new or existing director of the Borrower promptly joins any guarantee if you ask; and
- (g) I/we will promptly pay all amounts due to the issuer of the Securities which might result in the issuer having a lien over the Securities; and
- (h) I/we shall do everything necessary to ensure the Securities are not liable to be forfeited; and
- (i) I/we shall not permit or allow any act or omission to occur, which may result in any of your rights or remedies being prejudiced or adversely affected; and

- (j) I/we will tell you if anything has happened which prevents me/us repeating any one or more of the above declarations at any time.

In accordance with the Privacy Act 1993, Leveraged Equities Finance Limited is authorised to:

- (k) Collect and hold personal information about me/us for the purposes of my/our guarantee, administering the Borrower's account, operating the Margin Lending Facility and for Leveraged Equities Finance Limited's own marketing purposes.
- (l) Record all telephone conversations between me/us and Leveraged Equities Finance Limited for administrative and training purposes.
- (m) Disclose information about me/us where required under any relevant regulations and legislation and to any of the people set out in the Brochure.
- (n) Disclose information about me/us to the Borrower and/or the authorised agents named in section 10.
- (o) Request me/us at any time to provide the names of one or more credit references to assist in assessing my/our credit worthiness, and to exchange credit information about me/us with them and with credit reporting agencies at any time.
- (p) Terminate the Borrower's account with Leveraged Equities Finance Limited and/or suspend its services to the Borrower if I/we fail to provide Leveraged Equities Finance Limited with any relevant information that it requests from me/us.

I/We am/are entitled to see, and to have corrected any information Leveraged Equities Finance Limited holds about me/us.

I/We agree that, where I/we have given an email address in this Application Form, Leveraged Equities Finance Limited can send formal notices to me/us at that email address.

I/We agree that if Leveraged Equities Finance Limited approves the Borrower's application for credit, this guarantee remains in force until the Margin Lending Facility covered by the Borrower's application and any other transaction document terminates, all amounts due under the Margin Lending Facility and any other transaction document have been paid in full and I/we are formally released from my/our guarantee obligations.

15. GUARANTORS *continued*

SIGNED as a deed by the Guarantor(s):

Guarantor Name:
.....

Guarantor Name:
.....

Signature:
.....

Signature:
.....

Date:

DAY	MONTH		YEAR						

Date:

DAY	MONTH		YEAR						

Occupation:
.....

Occupation:
.....

Address:
.....

Address:
.....

Address:
.....

Address:
.....

City/Town of Residence:
.....

City/Town of Residence:
.....

IN THE PRESENCE OF:

Full Name of Witness:
.....

Full Name of Witness:
.....

Signature:
.....

Signature:
.....

Date:

DAY	MONTH		YEAR						

Date:

DAY	MONTH		YEAR						

Occupation:
.....

Occupation:
.....

Address:
.....

Address:
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Address:
.....

Address:
.....

City/Town of Residence:
.....

City/Town of Residence:
.....

16. DECLARATION AS TO PURPOSE

To be completed by all natural persons (including Trustees of a Trust).

DETAILS OF APPLICATION

Full Name of Applicant ("the Borrower")

Contract to which this declaration relates: **Client Application Form and Margin Lending Facility Terms and Conditions (together "the Contract")**

The Borrower:

1. Declares that any credit to be provided by Leveraged Equities Finance Limited ("the Company") pursuant to the Contract on acceptance of the Client Application Form is to be used primarily for business or investment purposes (or for both purposes).
2. Confirms that he, she or they has/have read and understood the declaration set out in item 1 above.

Signature:

Signature:

Signature:

Signature:

Date:

DAY		MONTH		YEAR			

INSTRUCTIONS FOR SIGNING:

- Where the Borrower is a Trust, each Trustee must sign.

17. SUPPLEMENTARY APPLICATION SHEETS

I/We have attached the following supplementary application sheets to this Application Form (tick as applicable):

- Trust applicant supplementary application sheet.
- Acting on behalf of customer (Authorised Person) supplementary application sheet.
- Trust Beneficiary supplementary application sheet.
- Beneficial owner supplementary application sheet.
- Power of attorney supplementary application sheet.

Checklist

- Fully completed Application Form.
- Any supplementary application sheets as above.
- Establishment fee for applicant(s).
- Copies of all documentation referred to in section 5. Verification Of Identification.
- Original bank slips.

Please send your application to:

Leveraged Equities Finance Limited, PO Box 621, Wellington 6140, or deliver to Level 21, Dimension Data House, 157 Lambton Quay, Wellington.

