

Client Change of Details Form

We are constantly updating our client records in order to provide you with the best possible service.

CURRENT ACCOUNT DETAILS

Account Number:

Account Name:
.....

Please fill in the following section/s which require updating.

CHANGE OF NAME

From:
.....

To:
.....

Status:
.....

CHANGE OF IRD NUMBER

Name:
.....

IRD Number:

Name:
.....

IRD Number:

CHANGE OF CONTACT DETAILS

Name:
.....

Status:
.....

Phone Work:
.....

Phone Home:
.....

Phone Mobile:
.....

Fax:
.....

Email:
.....

Name Change: Please refer to the verification requirements on the next page.

Status: e.g. the Account Name, Account Holder, Authorised Person, Director, Partner, Trustee.

Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee.

Please Turn Over

Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee.

Status: e.g. Account Name, Account Holder, Authorised Person, Director, Partner, Trustee.

CHANGE OF ADDRESS DETAILS

New Residential Address

Name:

Status:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

New Mailing Address

Tick here if same as Residential Address above

Name:

Status:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

VERIFICATION

Change of Name

We are required by law to verify your identity. These procedures are in place to protect you and to ensure that transactions are being effected for the right person.

Accordingly, please provide the following identification to confirm the name change:

1. Natural Persons

An original certified copy of a Marriage Certificate or Deed Poll or other relevant documentation which links the old name with the new name

2. Company/Incorporated Society/Incorporated Charitable Trust/Authorised Company account

Certificate of Incorporation which confirms the new name of the entity (original certified copy if incorporated outside NZ)

3. Partnership/Unincorporated Association account

An original certified copy of the relevant pages of the Partnership Deed/Agreement which confirms the new name of the entity

4. Trust account

An original certified copy of the relevant pages of the Trust Deed which confirms the new name of the Trust

Documents provided for a change of name must be certified

Documents provided must be certified by a trusted referee. A trusted referee must be at least 16 years old and must not be your spouse or partner, related to you, or someone who lives at the same address as you.

A trusted referee must be one of the following:

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

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.

SIGNATURES

I/We authorise Leveraged Equities Limited to make the changes in accordance with my/our instructions on this form. Where I am signing on behalf of other account holders, I confirm that the other account holders consent and duly authorise me to complete and submit this form on their behalf.

Name:

.....

Signature:

.....

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY		MONTH		YEAR	

Name:

.....

Signature:

.....

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY		MONTH		YEAR	

Name:

.....

Signature:

.....

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY		MONTH		YEAR	

Name:

.....

Signature:

.....

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY		MONTH		YEAR	