



# Addition/Removal of Account Holder/ Controlling Person/ Authorised Persons to an Existing Account

We are constantly updating our client records in order to provide you with the best possible service. Please complete and supply the appropriate documentation for any details that you wish to have changed. Thank you. **If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227.** Please complete this form and return it to:  
Forsyth Barr Limited, Private Bag 1999, Dunedin.



## Account Details

Account Name:

Account Number:

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- Individual/  
Joint Account       Company/  
Incorporated  
Entity Account       Trust Account       Partnership/  
Unincorporated  
Entity Account       Deceased  
Estate Account

## Instructions to complete this form

- For all account types, please complete *Account Details* on the cover page.
- To add a new Account Holder or Controlling Person to your account, please go to *Section A* (page 3).
- To add an Authorised Person to your account, please proceed to *Section B* (page 7).
- To change address details, please complete *Section F* (page 18).
- Please also complete *Section D* (page 17) if the Director/Partner/Officer/Trustee/Executor/Authorised Person is a Director or Officer of an entity that has securities listed on any Recognised Securities Exchange.

## Section A: Account Holder/Controlling Person to be added to this account

### First Account Holder/Controlling Person Details

Mr
  Ms
  Mrs
  Miss
  Dr
  Other

Full Name: .....

Relationship to Client: .....

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:  Same as Residential 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: .....

Fax: .....

Email: .....

### 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): 

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

Is the Account Holder/Controlling Person 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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))

No

If no Tax Identification Number (TIN) is supplied, please state the reason why:

.....

.....

Status:  Account Holder  Director  Trustee

Power of Attorney  Partner  Executor

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

**Country of Birth:** If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:

- A copy of Certificate of Loss of Nationality of the United States
- A reasonable explanation for not holding a Certificate of Loss of Nationality
- A reasonable explanation for not obtaining US Citizenship at birth

AND provide ONE of the following:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

**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 Forsyth Barr's products and services by email.

**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.

**Potential reasons for not supplying a TIN include:**

- Country doesn't issue TIN
- Country doesn't require TIN collection
- Applied for TIN and will supply soon
- Cannot obtain TIN (explanation required)

**Section A: Account Holder/Controlling Person to be added to this account (continued)**

**Second Account Holder/Controlling Person Details**

Mr     Ms     Mrs     Miss     Dr     Other

Full Name: .....

Relationship to Client: .....

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:  Same as Residential 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: .....

Fax: .....

Email: .....

**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 Account Holder/Controlling Person 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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))

No

If no Tax Identification Number (TIN) is supplied, please state the reason why:

.....

.....

Status:  Account Holder     Director     Trustee

Power of Attorney     Partner     Executor

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

**Country of Birth:** If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:

- A copy of Certificate of Loss of Nationality of the United States
- A reasonable explanation for not holding a Certificate of Loss of Nationality
- A reasonable explanation for not obtaining US Citizenship at birth

AND provide ONE of the following:

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- A copy of a Citizenship Certificate issued by a Non US Government.

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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.

**Potential reasons for not supplying a TIN include:**

- Country doesn't issue TIN
- Country doesn't require TIN collection
- Applied for TIN and will supply soon
- Cannot obtain TIN (explanation required)

**Section A: Account Holder/Controlling Person to be added to this account (continued)**

**Third Account Holder/Controlling Person Details**

Mr     Ms     Mrs     Miss     Dr     Other

Full Name: .....

Relationship to Client: .....

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:  Same as Residential 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: .....

Fax: .....

Email: .....

**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 Account Holder/Controlling Person 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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))
- No

If no Tax Identification Number (TIN) is supplied, please state the reason why:

.....

.....

Status:  Account Holder     Director     Trustee  
 Power of Attorney     Partner     Executor

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

**Country of Birth:** If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:

- A copy of Certificate of Loss of Nationality of the United States
- A reasonable explanation for not holding a Certificate of Loss of Nationality
- A reasonable explanation for not obtaining US Citizenship at birth

AND provide ONE of the following:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

**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 Forsyth Barr's products and services by email.

**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.

**Potential reasons for not supplying a TIN include:**

- Country doesn't issue TIN
- Country doesn't require TIN collection
- Applied for TIN and will supply soon
- Cannot obtain TIN (explanation required)

**Section A: Account Holder/Controlling Person to be added to this account (continued)**

**Fourth Account Holder/Controlling Person Details**

Mr     Ms     Mrs     Miss     Dr     Other

Full Name: .....

Relationship to Client: .....

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:  Same as Residential 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: .....

Fax: .....

Email: .....

**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): 

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

Other Country (please state): 

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

Is the Account Holder/Controlling Person 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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))

No

If no Tax Identification Number (TIN) is supplied, please state the reason why:

.....

.....

Status:  Account Holder     Director     Trustee

Power of Attorney     Partner     Executor

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

**Country of Birth:** If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:

- A copy of Certificate of Loss of Nationality of the United States
- A reasonable explanation for not holding a Certificate of Loss of Nationality
- A reasonable explanation for not obtaining US Citizenship at birth

AND provide ONE of the following:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

**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 Forsyth Barr's products and services by email.

**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.

**Potential reasons for not supplying a TIN include:**

- Country doesn't issue TIN
- Country doesn't require TIN collection
- Applied for TIN and will supply soon
- Cannot obtain TIN (explanation required)

## Section B: Authorised Persons to be added to this account

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

Unless you hold a current Power of Attorney over the Account Holder(s), your instructions will be limited to investment instructions only. As such, any change to account or settlement details will need to be instructed by the Account Holder/Controlling Person.

### First Authorised Person Details

Mr     Ms     Mrs     Miss     Dr     Other

Full Name:

Relationship to Client:

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:

Same as Residential 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:

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

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 Forsyth Barr's products and services by email.

**Section B: Authorised Persons to be added to this account (continued)**

**Second Authorised Person Details**

Mr     Ms     Mrs     Miss     Dr     Other

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

Full Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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:  Same as Residential 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: \_\_\_\_\_

**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 Forsyth Barr's products and services by email.





**Section C: Trustee Company to be added to this account** (continued)

**Trustee Company Details (Continued)**

Company Authorised Person:

Position:

Date of Birth:

DAY		MONTH		YEAR	

Country of Birth:

Country(s) of Citizenship/Nationality:

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 Home:

Phone Mobile:

Fax:

Email:

**Section C: Trustee Company to be added to this account (continued)**

**First Director of Trustee Company or Management of Trustee Company**

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 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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))
- No

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

*Please tick Yes if you are intending to provide investment instructions on this account.*

Residential Address:

Street No./Name: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country:  New Zealand  Other (please state): \_\_\_\_\_

Mailing Address:  Same as Residential 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: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Country of Birth:** If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:

- A copy of Certificate of Loss of Nationality of the United States
- A reasonable explanation for not holding a Certificate of Loss of Nationality
- A reasonable explanation for not obtaining US Citizenship at birth

AND provide ONE of the following:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

**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.

**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 Forsyth Barr's products and services by email.

**Section C: Trustee Company to be added to this account (continued)**

**Second Director of Trustee Company or Management of Trustee Company**

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): 

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

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

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

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

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

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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))
- No

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

*Please tick Yes if you are intending to provide investment instructions on this account.*

Residential Address:

Street No./Name: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country:  New Zealand  Other (please state): \_\_\_\_\_

Mailing Address:  Same as Residential 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: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Country of Birth:** If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:

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**Section C: Trustee Company to be added to this account (continued)**

**Third Director of Trustee Company or Management of Trustee Company**

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):

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

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- United Kingdom (National Insurance Number): 

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

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

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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))
- No

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

Please tick **Yes** if you are intending to provide investment instructions on this account.

Residential Address:

Street No./Name: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country:  New Zealand  Other (please state): \_\_\_\_\_

Mailing Address:  Same as Residential 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: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Country of Birth:** If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:

- A copy of Certificate of Loss of Nationality of the United States
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- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
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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.

**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 Forsyth Barr's products and services by email.

**Section C: Trustee Company to be added to this account (continued)**

**Fourth Director of Trustee Company or Management of Trustee Company**

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): 

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

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

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

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

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

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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))
- No

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

*Please tick Yes if you are intending to provide investment instructions on this account.*

Residential Address:

Street No./Name: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country:  New Zealand  Other (please state): \_\_\_\_\_

Mailing Address:  Same as Residential 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: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Country of Birth:** If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:

- A copy of Certificate of Loss of Nationality of the United States
- A reasonable explanation for not holding a Certificate of Loss of Nationality
- A reasonable explanation for not obtaining US Citizenship at birth

AND provide ONE of the following:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

**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.

**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 Forsyth Barr's products and services by email.

**Section C: Trustee Company to be added to this account (continued)**

**Fifth Director of Trustee Company or Management of Trustee Company**

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): 

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

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

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

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

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

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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))
- No

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

Please tick **Yes** if you are intending to provide investment instructions on this account.

Residential Address:

Street No./Name: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country:  New Zealand  Other (please state): \_\_\_\_\_

Mailing Address:  Same as Residential 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: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Country of Birth:** If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:

- A copy of Certificate of Loss of Nationality of the United States
- A reasonable explanation for not holding a Certificate of Loss of Nationality
- A reasonable explanation for not obtaining US Citizenship at birth

AND provide ONE of the following:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

**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.

**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 Forsyth Barr's products and services by email.

**Section C: Trustee Company to be added to this account (continued)**

**Sixth Director of Trustee Company or Management of Trustee Company**

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): 

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

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

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

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

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

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](http://www.irs.gov/pub/irs-pdf/fw9.pdf))
- No

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

*Please tick Yes if you are intending to provide investment instructions on this account.*

Residential Address:

Street No./Name: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country:  New Zealand  Other (please state): \_\_\_\_\_

Mailing Address:  Same as Residential 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: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Country of Birth:** If an Account Holder/Controlling Person was born in the US but is not a US Citizen, they will need to provide ONE of the following:

- A copy of Certificate of Loss of Nationality of the United States
- A reasonable explanation for not holding a Certificate of Loss of Nationality
- A reasonable explanation for not obtaining US Citizenship at birth

AND provide ONE of the following:

- An original certified copy of a Passport or Travel Document issued by a Non US Government, the United Nations or an agency of the United Nations
- A copy of a Citizenship Certificate issued by a Non US Government.

**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.

**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 Forsyth Barr's products and services by email.



**Section D: Listed Entity Director/Officer Details**

Is the Director/Partner/Officer/Trustee/Executor/Authorised Person a Director or Officer of an entity that has securities listed on any Recognised Securities Exchange?  Yes  No

If 'Yes', please complete the Director/Officer details below.

**Listed Entity Director/Officer Details**

Director/Officer Name:

.....  
Relationship to Listed Entity: Listed Entity Name:

Director/Officer Name:

.....  
Relationship to Listed Entity: Listed Entity Name:

Director/Officer Name:

.....  
Relationship to Listed Entity: Listed Entity Name:

**Section E: Politically Exposed Persons**

Is the Authorised Person 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:

.....  
.....

**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.

## Section F: Change of Address Details

### New Residential Address

If the main contact details including residential/postal and email addresses are changing on this account due to the removal of an Account Holder, Director, Trustee, Trustee Company, Executor, Power of Attorney, Partner or Authorised Person, please also complete Section G below.

Name:

.....

Status:

.....

Residential Address:

Street No./Name:

.....

Suburb/RD No.:

.....

Town/City:

Postcode:

.....

Country:  New Zealand  Other (please state):

.....

### New Mailing Address

Name:

.....

Status:

.....

Mailing Address:  Same as Residential Address

Street No./Name/PO Box:

.....

Suburb/RD No.:

Mail Centre:

.....

Town/City:

Postcode:

.....

Country:  New Zealand  Other (please state):

.....

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

Country: If you are changing your country of residence, please ensure you complete the Change of Tax Details section on page 2

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

Country: If you are changing your country of residence, please ensure you complete the Change of Tax Details section on page 2

## Section G: Account Holder/Controlling Person to be removed from this account

### First Account Holder/Controlling Person/Authorised Person

Mr  Ms  Mrs  Miss  Dr  Other

.....

Full Name:

.....

Relationship to Client:

.....

Status:  Account Holder  Director  Trustee  Trustee Company  
 Executor  Power of Attorney  Partner  Authorised Person

### Second Account Holder/Controlling Person/Authorised Person

Mr  Ms  Mrs  Miss  Dr  Other

.....

Full Name:

.....

Relationship to Client:

.....

Status:  Account Holder  Director  Trustee  Trustee Company  
 Executor  Power of Attorney  Partner  Authorised Person

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

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

## Section H: Identification Requirements

We are required by law to verify the Client'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/Trustee/Executor/Power of Attorney/Partner/Director of Trustee Company

#### 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).

### Company/Incorporated Society/Incorporated Charitable Trust (only)

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

#### Trust account (only)

- An original certified copy of the relevant pages of the Trust Deed or any resolutions evidencing any amendments, such as Deed of Retirement/Deed of Reappointment of Trustees.

#### 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)

#### Partnership/Unincorporated Association account (only)

- An original certified copy of the relevant pages of the Partnership Deed/Agreement, and any resolutions evidencing any amendments

**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 Agreement.

\* Not required if already provided under Option B.

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

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

## Section H: Identification Requirements (continued)

### *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 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.

## Section I: Declaration and Signatures

### By signing this Form I/we agree as follows:

- I/We confirm that all the details set out in this form are correct and not misleading (including by omission).
- I/We agree that I/we have received a copy of the Forsyth Barr Limited Terms and Conditions.
- I/We agree that I/we have received copies of the Investment Advisors' Primary and Secondary Disclosure Statements which are applicable to this account.
- I/We agree to all the Terms and Conditions set out in Part B of the Client Agreement.
- I/We agree that I/we have not been declined service by any other Financial Services Providers or been declared bankrupt.
- I/We authorise that any person named as a person authorised to act on my/our behalf may give instructions to transact any Securities business on my/our behalf.
- I/We agree that where there is more than one of us, the instructions of any one of us will be sufficient authority for you to act on those instructions.
- I/We confirm that we have read Part B: Terms and Conditions, especially Section E: Basis of Service, Principal Benefits and Risks of Investing and Financial Advice.
- I/We confirm that Forsyth Barr Limited has drawn my/our attention to Section A, Clause 8 (Bringing Orders to Market) contained in Part B: Terms and Conditions.

### Instructions for Signing

- **Every new Account Holder/Controlling Person/Authorised Person** must sign below
- At least two Directors must sign on behalf of a Trustee Company, unless the Trustee Company only has one Director in which case the Director's signature must be witnessed as set out 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 (located on the inside back cover) must accompany this form.

Name: .....

Name: .....

Signature: .....

Signature: .....

Date: 

DAY	MONTH			YEAR					

Date: 

DAY	MONTH			YEAR					

Name: .....

Name: .....

Signature: .....

Signature: .....

Date: 

DAY	MONTH			YEAR					

Date: 

DAY	MONTH			YEAR					

### Signature of Existing Account Holders

All Account Holders must sign below

Name: .....

Name: .....

Signature: .....

Signature: .....

Date: 

DAY	MONTH			YEAR					

Date: 

DAY	MONTH			YEAR					

Name: .....

Name: .....

Signature: .....

Signature: .....

Date: 

DAY	MONTH			YEAR					

Date: 

DAY	MONTH			YEAR					

**Section I: Declaration and Signatures** (continued)

**Witness** (if a Trustee Company has only one Director then the Director's signature must be witnessed as set out below)

Name of Witness:

.....

Occupation:

.....

Address:

Street No./Name/PO Box:

.....

Suburb/RD No.:

Mail Centre:

.....

Town/City:

Postcode:

.....

Signature:

.....

Date:

DAY		MONTH			YEAR				

# Certificate of Non-revocation of Enduring Power of Attorney

Section 103C, Protection of Personal and Property Rights Act 1988

**Complete this Certificate to advise us that an Enduring Power of Attorney is still in place at the time of making any requests relating to your account. If you have any questions, please ask your Investment Adviser or contact us on 0800 367 227.**

**Mailing Address (Attorney):** This is the address of the person who has been assigned the Power of Attorney.

**Mailing Address (Appointor):** This is the address of the person who has appointed the Power of Attorney.

**Notes:**  
Definition of an event revoking the Power of Attorney means any of the following events in which the Enduring Power of Attorney ceases to have effect:

- The Appointor revokes the power while mentally capable of doing so; or
- The Appointor dies; or
- The Attorney gives notice of disclaimer in accordance with Section 104 of the Protection of Personal and Property Rights Act 1988; or
- The Attorney dies, or is adjudged bankrupt, or becomes a patient within the meaning of the Mental Health (Compulsory Assessment and Treatment) Act 1992, detained in a hospital under that Act, or becomes subject to a personal order under Part 1 of the Protection of Personal and Property Rights Act 1988, or a property order under Part 3 of the Protection of Personal and Property Rights Act 1988, or otherwise becomes incapable of acting; or
- In the case of an Enduring Power of Attorney that appoints more than one Attorney with joint but not several authority, one of the Attorney's dies, or is adjudged bankrupt, or becomes a patient within the meaning of the Mental Health (Compulsory Assessment and Treatment) Act 1992, detained in a hospital under that Act, or becomes subject to a personal order under Part 1 of the Protection of Personal and Property Rights Act 1988, or property order under Part 3 of the Protection of Personal and Property Rights Act 1988, or otherwise becomes incapable of acting; or
- A Court revokes the appointment of the Attorney pursuant to Section 105 of the Protection of Personal and Property Rights Act 1988.

## Attorney Details

Complete this part to let us know the current details of the person who has been assigned the Power of Attorney.

Name: \_\_\_\_\_

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: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Appointor Details

Complete this part to let us know the current details of the person who appointed you as their Attorney.

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: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Signature

I certify:

- That I am the Attorney of the Appointor under and by virtue of a Power of Attorney dated:

--	--

DAY

MONTH (in Full)

2	0		
---	---	--	--

YEAR

given to me by him/her/them

- That I have executed the Client Agreement hereby as Attorney under the said Power of Attorney and pursuant to the power thereby conferred upon me
- That I have not received notice or information of revocation of the said Power of Attorney, by death or otherwise, and I believe the same to be in full force and effect

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DAY	MONTH	YEAR					

Place this declaration was made (e.g. City): \_\_\_\_\_

