Part A: Client Information Schedule
Authorised Company Details

If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227.

Please complete this form if any Director, Partner, Officer or Trustee is a company, and return it with your **Client Information Schedule:** ***Company, Incorporated Society, Incorporated Charitable Trust, Partnership, or Unincorporated Association***

Authorised Company Details

Full Legal Name:

Trading Name (if applicable):

Type of entity: Indicate whether the entity is a company, Incorporated Society, Incorporated Charitable Trust, Partnership, limited partnership, overseas limited partnership or Unincorporated Association.

Type of entity:

Company, Incorporated Society, Incorporated Charitable Trust Number:

Country of Incorporation or Registration:

Primary business activity of the company/partnership:

Principal Business or Registered Office Address:

Principal Business or Registered Office Address: This address should match what is recorded on the Companies Register.

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 Principal Business or Registered Office 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 Forsyth Barr's products and services by email.

Phone Work: | Phone Mobile:

Fax: | Email:

Nominee general partner: A nominee general partner of a limited partnership carries out their role in accordance with the directions or instructions of another person who is not a director or general partner

If the Authorised Company is a general partner of a limited partnership (NZ or overseas), is it a nominee general partner? ◯ Yes ◯ No

FORSYTH BARR

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Authorised Company Details (continued)

Is the Authorised Company a Financial Institution?
If in doubt, please confirm the classification with a Authorised Representative of the Authorised Company.

◯ **Yes,** the Authorised Company **is** a Financial Institution:

Please write the Financial Institution's name and GIIN below

Global Intermediary Identification Numbers (GIINs): Assigned to Financial Institutions and sponsoring entities for purposes of identifying their registration status with the IRS under FATCA.

Financial Institution's Name:

Financial Institution's GIIN: | | | | | | | | | | | | | | | |

◯ **No,** the Authorised Company **is not** a Financial Institution.

Authorised Person Name:

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):

Phone Work: | Phone Home:

Phone Mobile: | Fax:

Email:

First Director of Authorised Company

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

◯ 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 a 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 45% will be applied.

◯ New Zealand: *(IRD Number)*

◯ Australia: *(Tax File Number)*

◯ United States: *(Social Security Number)*

◯ United Kingdom: *(National Insurance Number)*

◯ Other Country (please state):

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 Authorised 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 Authorised 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 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.

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

Second Director of Authorised Company

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

◯ 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 a 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 45% will be applied.

◯ New Zealand: *(IRD Number)*

◯ Australia: *(Tax File Number)*

◯ United States: *(Social Security Number)*

◯ United Kingdom: *(National Insurance Number)*

◯ Other Country (please state):

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 Authorised 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 Authorised 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 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.

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

Third Director of Authorised Company

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

◯ 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 a 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 45% will be applied.

◯ New Zealand: *(IRD Number)*

◯ Australia: *(Tax File Number)*

◯ United States: *(Social Security Number)*

◯ United Kingdom: *(National Insurance Number)*

◯ Other Country (please state):

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 Authorised 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 Authorised 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 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.

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

Fourth Director of Authorised Company

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

◯ 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 a 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 45% will be applied.

◯ New Zealand: *(IRD Number)*

◯ Australia: *(Tax File Number)*

◯ United States: *(Social Security Number)*

◯ United Kingdom: *(National Insurance Number)*

◯ Other Country (please state):

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 Authorised 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 Authorised 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 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.

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

Fifth Director of Authorised Company

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

◯ 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 a 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 45% will be applied.

◯ New Zealand: *(IRD Number)*

◯ Australia: *(Tax File Number)*

◯ United States: *(Social Security Number)*

◯ United Kingdom: *(National Insurance Number)*

◯ Other Country (please state):

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 Authorised 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 Authorised 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 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.

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

Sixth Director of Authorised Company

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

◯ 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 a 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 45% will be applied.

◯ New Zealand: *(IRD Number)*

◯ Australia: *(Tax File Number)*

◯ United States: *(Social Security Number)*

◯ United Kingdom: *(National Insurance Number)*

◯ Other Country (please state):

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 Authorised 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 Authorised 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 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.

Phone Work: Phone Home:

Phone Mobile: Fax:

Email:

Beneficial Ownership of Authorised Company (if applicable)

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

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

First Beneficial Owner

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:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

I certify that I am a 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 45% will be applied.

◯ New Zealand: *(IRD Number)*

◯ Australia: *(Tax File Number)*

◯ United States: *(Social Security Number)*

◯ United Kingdom: *(National Insurance Number)*

◯ Other Country (please state):

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 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:

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

Nature of Beneficial Interest:

Second Beneficial Owner

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:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

I certify that I am a 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 45% will be applied.

New Zealand: *(IRD Number)*

Australia: *(Tax File Number)*

United States: *(Social Security Number)*

United Kingdom: *(National Insurance Number)*

Other Country (please state):

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 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:

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

Nature of Beneficial Interest:

Third Beneficial Owner

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:

Date of Birth: DAY MONTH YEAR

Country of Birth:

Country(s) of Citizenship/Nationality:

Tax Details

I certify that I am a 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 45% will be applied.

New Zealand: *(IRD Number)*

Australia: *(Tax File Number)*

United States: *(Social Security Number)*

United Kingdom: *(National Insurance Number)*

Other Country (please state):

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 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:

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

Nature of Beneficial Interest:

Appendix: What do we need as proof of identity?

STA611-07 - August 2021

If you are an **Authorised Company,** we need to see **ALL** these documents:

- A Certificate of Incorporation from an official/independent source
- Confirmation of Directors from an official/independent source
- Confirmation of identity of shareholders from an official/independent source
- The ownership structure, signed and dated by a senior official

Directors, Beneficial Owners and Authorised Persons

What do we need as proof of identity?

You need to provide the original for verification, or a certified copy of -

- A current New Zealand Passport
- A current New Zealand Firearms Licence
- Overseas passport or a similar document issued for the purpose of international travel which –
  - contains the name, date of birth, a photograph and the signature of the person in whose name the document is issued; and
  - is issued by a foreign government, the United Nations or an agency of the United Nations.
- A national identity card issued for the purpose of identification, that –
  - contains the name, date of birth and a photograph of the person in whose name the document is issued and their signature or other biometric measure included where relevant; and
  - is issued by a foreign government, the United Nations or an agency of the United Nations.

If you can't provide any of those forms of identification, you need to provide the **original** for verification or **certified copies** of your current **New Zealand Driver's Licence** (showing both sides of the Licence)

plus ONE of these documents:

- Your Birth Certificate or Citizenship Certificate
- A Government agency document with your full name and signature (e.g. SuperGold Card)
- A Government agency statement dated within the last 12 months (e.g. IRD statement)
- A document issued by a registered bank showing your name and signature (e.g. credit/debit card, eftpos card)
- A bank statement dated within the last 12 months issued by a registered bank (delivered by mail, not via internet banking)

What do we need as proof of residential address?

We need a copy of **ONE of these documents, dated within the last 12 months** with your name and address displayed on it:

- Utility or Rates bill
- Telephone bill
- Insurance policy
- Signed (by the tenant/s and landlord) tenancy or lease agreement
- Share registry statement
- Credit Card statement
- Bank statement
- Government Agency statement (e.g. IRD Statement)
- Electoral Roll entry
- Online White Pages

What is 'a certified copy' of a document?

A 'certified copy' of a document is one where a trusted referee has viewed the original document and compared it with a scanned or photocopied version. The trusted referee provides a written statement on the copy to the effect that the copy provided is a true and correct copy and represents your identity. The trusted referee's written statement must include their name, occupation, and signature and the date of confirmation. Please note: This confirmation is only valid for three months.

Who is a 'Trusted Referee'?

He or she is someone who:

- is at least 16 years old
- is not your spouse or partner
- is not related to you
- does not live at the same address as you
- is not involved in the business or transaction requiring the certification

They must be a:

- Commonwealth representative
- New Zealand Police Constable
- 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