

Client Application Form

**INDIVIDUAL OR JOINT
(INCLUDING A SOLE TRADER APPLICANT)**



1. INDIVIDUAL OR JOINT APPLICANT

If you are an **INDIVIDUAL** or **JOINT** applicant (including a **SOLE TRADER** applicant) please complete all of Section 1

Primary Applicant

Mr Ms Mrs Miss Dr Other

Full Name:

Preferred 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 Primary Applicant 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:

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:

Occupation:

If Joint, do you also wish to open an Individual account for this applicant? Yes No

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.

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.

Individual Status: If you are applying to open both Individual and Joint accounts, the Account Holders will be bound by the Terms and Conditions of this Application Form as both Individual and Joint Account Holders.

1. INDIVIDUAL or JOINT applicant *continued*

Second Applicant

Mr Ms Mrs Miss Dr Other

Full Name:

Preferred 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 Joint Applicant 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: Same as primary applicant

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Mailing Address: Same as primary applicant

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:

Occupation:

If Joint, do you also wish to open an Individual account for this applicant? Yes No

If there are more than two individuals/joint applicants, 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.

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.

Individual Status: If you are applying to open both Individual and Joint accounts, the Account Holders will be bound by the Terms and Conditions of this Application Form as both Individual and Joint Account Holders.

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 (e.g. in the event you are unavailable or if a margin call occurs) 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 Home:

Phone Mobile:

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.

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.

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 Home:

Phone Mobile:

Email:

Please note, all Authorised Person(s) must provide their details above and sign *Section 13: Signature and Disclosure*.

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.

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.

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.

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

Politically Exposed Persons

Is the Applicant(s) (or a person who has an interest in, or who is an Authorised Person on the Account) 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:

.....
.....

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

.....
.....

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

.....
.....

Overseas residents

This section is mandatory if your current residential address is in a country other than New Zealand.

Please provide details of the origin of your wealth:

.....
.....
.....
.....
.....

Please provide details of the source of any funds to be paid at account opening into your 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:

.....
.....
.....
.....
.....

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 your net worth, e.g. employment earnings (please specify the nature of your employment), sale of a business (please specify the nature of the business and industry).

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

Origin of wealth: A detailed description of the activity which has generated your net worth, e.g. employment earnings (please specify the nature of your employment), sale of a business (please specify the nature of the business and industry).

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

4. VERIFICATION OF IDENTIFICATION

We are required by law to verify your identity and residential address, and that of persons authorised to act on your behalf, including if you are a parent/guardian opening a Minor's account. These procedures are in place to protect you and to ensure that transactions are being effected for the right person. Accordingly, please provide the required identification and address verification documentation listed below for each person completing this Client Information Schedule. Without this information it is not possible to open or operate your account.

Applicant/Authorised Person

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

If you cannot provide these documents please contact us to discuss.

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
- 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.

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).

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.

5. 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:

- | | |
|---|---|
| <input type="radio"/> A bank encoded deposit slip with pre-printed details of your bank account name and number | <input type="radio"/> A bank statement |
| <input type="radio"/> A cheque from your bank account | <input type="radio"/> 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.

6. 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%.

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:

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)

8. MAXIMUM LOAN FACILITY REQUESTED

All applicants must complete this section

\$ Amount:

.....

9. DIVIDEND PAYMENTS

All applicants must complete this section

How would you prefer your dividends?

- Cash
- Dividend Reinvestment Plan (DRP)

10. 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>

11. ESTABLISHMENT FEES

This section applies to all Applicants

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

12. 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:

- (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
- 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.

13. 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 will notify Leveraged Equities 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 2. Acting on Behalf of the Customer.
- (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.

13. SIGNATURE AND DISCLOSURE *continued*

Instructions for Signing

- **Every person** named as one of the **Account Holders** or as an **Authorised Person** 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				

14. DECLARATION AS TO PURPOSE

To be completed by all natural persons.

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				

15. SUPPLEMENTARY APPLICATION SHEETS

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

- Individual or joint applicant supplementary application sheet.
- Acting on behalf of customer (Authorised Person) 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 4. 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.

