



Addition/Removal of 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.

Account Details

Account Name: _____

Account Number:

Individual/
Joint Account

Company/
Incorporated
Entity Account

Trust
Account

Partnership/
Unincorporated
Entity Account

Deceased
Estate Account

Details of Authorised Person to be added to this account

Mr Ms Mrs Miss Dr Other _____

Full Name: _____

Relationship to client: _____

Mailing Address:

Street No./Name/PO Box: _____

Suburb/RD No.: _____

Mail Centre: _____

Town/City: _____

Postcode: _____

Country: New Zealand Other (please state): _____

Residential Address: Is your Residential Address your Mailing Address? Yes No

Street No./Name: _____

Suburb/RD No.: _____

Town/City: _____

Postcode: _____

Country: New Zealand Other (please state): _____

Phone Work: _____

Phone Mobile: _____

Fax: _____

E-mail: _____

Date Of Birth:
DAY MONTH YEAR

Country of Birth: _____

Country of Citizenship/Nationality: _____

Occupation: _____

Status: Authorised Person Director Trustee
Power of Attorney Partner Executor

Please Turn Over

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.

Details of Authorised Person to be added to this account

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:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Residential Address: Is your Residential Address your Mailing Address? Yes No

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Mobile:

Fax:

E-mail:

Date Of Birth:

DAY		MONTH		YEAR			

Country of Birth:

Country of Citizenship/Nationality:

Occupation:

Status: Authorised Person Director Trustee
Power of Attorney Partner Executor

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

Details of Trustee Company to be added to this account (if applicable)

Company Name:

Trading Name (if applicable):

Company Registration Number:

Country of Incorporation or Registration:

Principal Business or Registered Office 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):

Company Authorised Person:

Position:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Mobile:

E-mail:

Date Of Birth:

DAY		MONTH		YEAR			

Country of Birth:

Country of Citizenship/Nationality:

Mailing Address: Only complete this part if your Mailing Address is different to your Principal Business or Registered Office Address.

First Director of Trustee Company

Mr Ms Mrs Miss Dr Other

Full Name:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Residential Address: Is your Residential Address your Mailing Address? Yes No

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Mobile:

Fax:

E-mail:

Date Of Birth:

DAY MONTH YEAR

Country of Birth:

Country of Citizenship/Nationality:

Second Director of Trustee Company

Mr Ms Mrs Miss Dr Other

Full Name:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Residential Address: Is your Residential Address your Mailing Address? Yes No

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Mobile:

Fax:

E-mail:

Date Of Birth:

DAY MONTH YEAR

Country of Birth:

Country of Citizenship/Nationality:

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

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

Third Director of Trustee Company

Mr Ms Mrs Miss Dr Other

Full Name:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Residential Address: Is your Residential Address your Mailing Address? Yes No

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Phone Work:

Phone Mobile:

Fax:

E-mail:

Date Of Birth:

DAY MONTH YEAR

Country of Birth:

Country of Citizenship/Nationality:

Change of Address Details

New Residential Address

Name:

Status:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

New Mailing Address

Tick here if same as Residential Address above

Name:

Status:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

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

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 Name, 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.

Details of Authorised Person to be removed from this account (if relevant)

Mr Ms Mrs Miss Dr Other

Full Name:

Relationship to client:

Status: Authorised Person Director Trustee Executor
Power of Attorney Partner

Mr Ms Mrs Miss Dr Other

Full Name:

Relationship to client:

Status: Authorised Person Director Trustee Executor
Power of Attorney Partner

Listed Entity Director/Officer Details

Is the Authorised Person (including if relevant any new Directors of a Trustee Company) 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:

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.

Verification of identity

We are required by law to verify your identity and address, and that of persons authorised to act on the account's behalf. These procedures are in place to protect the entity and to ensure that transactions are being effected appropriately. Accordingly, please provide the required identification and address verification documentation for each person listed below.

Authorised Person/Director/Trustee/Executor/Power of Attorney/Partner/Director of Trustee Company

Option one

Any one of:

- Current Passport
- Current New Zealand Firearms Licence
- Foreign National Identity Card

showing full name, date of birth, signature, and photograph.

Option two

The combination of a current NZ Driver Licence, plus one of:

- Birth Certificate or Citizenship Certificate
- Document issued by registered bank showing the person's name and signature (e.g. credit/debit card, eftpos card)
- Bank statement* issued by registered bank (as delivered by mail, not via internet banking)
- 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 address, we need a copy of one of the following:

- Utility or Rates bill
- Telephone bill
- Bank Statement*
- Electoral Roll
- Government Agency Statement* (e.g. IRD Statement)
- Insurance Policy
- Share Registry Statement
- Credit Card Statement
- Online White Pages (<http://whitepages.co.nz/>)

* Not required if already provided for Verification of Identity.

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).

Trusts/Estates (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 Application Form.

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

Please Turn Over

Verification of identity (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 not be your spouse or partner, related to you, someone who lives at the same address as you, or someone involved in the transaction or business requiring the certification. A trusted referee 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
- New Zealand Lawyer
- Notary Public
- New Zealand Honorary Consul
- Member of Parliament
- Chartered accountant
- Kaumatua

The trusted referee must sight the original document, and provide a written statement to the effect that the copy provided is a true and correct copy and represents your identity. Certification must include the name, occupation, and signature of the trusted referee and the date of confirmation, and must have been carried out in the last three months.

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.

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 D: 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 **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: _____

Status: _____

Signature: _____

Date:

DAY		MONTH		YEAR	

Name: _____

Status: _____

Signature: _____

Date:

DAY		MONTH		YEAR	

Status: Please identify status: Director/Trustee/Partner/Executor of an Estate/Authorised Person/Power of Attorney.

Signature of Existing Account Holders

All Account Holders must sign below.

Name: _____

Status: _____

Signature: _____

Date:

DAY		MONTH		YEAR	

Name: _____

Status: _____

Signature: _____

Date:

DAY		MONTH		YEAR	

Status: Please identify status: Director/Trustee/Partner/Executor of an Estate must sign and in the case of an Unincorporated Entity then as many authorised signatories as are required to give approval under the rules of the Entity must sign.

Name: _____

Status: _____

Signature: _____

Date:

DAY		MONTH		YEAR	

Name: _____

Status: _____

Signature: _____

Date:

DAY		MONTH		YEAR	

Please Turn Over

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 Power of Attorney

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

Complete this Certificate to advise us that a 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 Advisor or contact us on 0800 367 227.

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 Mobile: _____

Fax: _____

E-mail: _____

Appointor Details

Complete this part to let us know the current details of the person who appointed you as their 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 Mobile: _____

Fax: _____

E-mail: _____

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)

--	--

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): _____

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.

