



AML Verification Form

Client Information Form - Individuals

To meet our requirements under anti-money laundering legislation, we are required to collect certain information and undertake certain background checks before providing services to clients. This form will assist you to provide the information we need to obtain under the legislation.

A. INDIVIDUAL DETAILS

Full name: _____

Date of Birth: _____

(dd/mm/yyyy)

Other names : _____
(maiden name or alias)

Residential Address:

Street No: _____

Street: _____

Unit: _____

Suburb: _____

Town/City: _____

Postcode: _____

Country: _____

Nationality: _____

Country of residence: _____

Phone number: _____

Email address: _____

B. NATURE AND PURPOSE FOR ENGAGEMENT

Please let me know the type of activity you are looking to undertake, the service you require from me and the reason for that service. For example: sale of property, purchase of property.

C. AUTHORISED PERSON

List any authorised person(s) that may act on your behalf and their relationship to you. The authorised Person must also complete a Client Information Form for Individuals.

Full name: _____

Relationship to you: _____

(Authorised person(s) include beneficial owners and persons acting on your behalf i.e. power of attorney, guardian.

A beneficial owner means an individual (other than named above) who has effective control over the property which is subject to the transaction, or an individual on whose behalf the transaction is conducted.)

D. PROOF OF IDENTITY

Please check the box to indicate the document you are providing.

If you are not able to provide one of the documents required, please contact me.

- New Zealand passport (identity page)
- New Zealand firearms licence
- New Zealand drivers licence (both sides)
- Australian drivers licence (both sides)
- Overseas passport (identity page)

Please provide either an original document or a copy certified by a trusted referee.

E. PROOF OF ADDRESS

Please check the box to indicate the document you are providing in order to prove your address. The document needs to be addressed to you, show the residential address in Section A and must be dated within the last 12 months.

- Letter or Invoice from utility company e.g. power bill
- Bank statement
- Letter from Government agency e.g. rates bill, Inland Revenue correspondence
- Recent services bill which shows the residential address receiving the service e.g. Sky TV bill
- Other. Please detail:

F. ENHANCED CUSTOMER DUE DILIGENCE - SOURCE OF WEALTH / FUNDS

If requested, please provide brief details to evidence your source of wealth or source of funds (for example salary, rental income, drawings) in the box below.

Please attach evidence of the way in which you generate income - this might be a copy of your latest tax return, or a bank statement showing regular deposits of income, financial or investment statements. Documents attached should be originals or copies certified by a trusted referee*. Please describe the documents you have attached as evidence.

* A trusted referee must be over the age of 16, must not be your spouse or partner, related to you, someone who lives at the same address as you or someone with an interest or ownership in your property, or in any way related to the transaction. A trusted referee must be any one of the following:

- | | |
|--|--|
| <input type="checkbox"/> New Zealand Lawyer | <input type="checkbox"/> Registered teacher |
| <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Kaumatua |
| <input type="checkbox"/> Notary Public | <input type="checkbox"/> Member of Parliament |
| <input type="checkbox"/> Registered Medical Doctor | <input type="checkbox"/> Minister of Religion |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Commonwealth Representative |
| <input type="checkbox"/> Police constable | <input type="checkbox"/> NZ Honorary Consul |

If you are certifying documents overseas, then the documents must be certified by a person who has the legal authority to take statutory declarations or the equivalent in that country.

Certification must have been carried out in the last three months. The trustee referee must sight the original document and make the following statement on the document:

I [name], [title], confirm that:
I have sighted the original of this document
This document which I have signed and dated is a true copy of the original document [and represents a true likeness of [name]]

Original certifications of the photocopied documents must be provided. Scans or photocopies will not be accepted.

Privacy

By signing and submitting this form you consent to the collection, use, disclosure, storage and processing of the

personal information you have supplied to me in accordance with the Privacy Act 1993 and undertake to me that you have been authorised to give that consent on behalf of any other people whose personal information you have supplied to us. In particular, you authorise me to disclose your personal information to:

- third parties who perform functions on our behalf, such as hosting and data storage providers and providers who help us meet our obligations under anti-money laundering legislation (including for the purpose of verifying your identity and address information);
- credit reporting agencies;
- regulatory bodies or law enforcement agencies as required by law; and
- meet our legal obligations, including under anti-money laundering legislation.

You have a right to access and correct all personal information that you have supplied to us.

We will provide you (on request) with the name and address of any entity to which information has been disclosed. You may withdraw your consent at any time.

H. CONFIRMATION

I confirm that the information above is correct, that I agree to the Privacy Statement in Section G above and that I have authority to provide this information.

Full name: _____

Signature: _____

Date: _____