



Other Entities

(Anti Money Laundering & Countering Financing of Terrorism Act 2009)

Client Name _____

Client Number _____

CLARK BOYCE
Lawyers
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#240080

OTHER TYPES OF CUSTOMERS

CLUBS AND SOCIETIES (Please complete the applicable information as detailed below)

Full name of club/society _____

Legal name (if different from above) _____

Legal Status and purpose _____

IRD Number _____

Bank Account Details of Club or Society:

Number of Bank Account with Deposit Slip Attached

Name of Bank

Account Name

Controlling Members of Club or society: -

Executive Members:

Full Name _____

Date of Birth _____

Full Residential Address _____

Full Name _____

Date of Birth _____

Full Residential Address _____

Committee Members of Club or Society

Full Name _____

Date of Birth _____

Full Residential Address _____

Full Name _____

Date of Birth _____

Full Residential Address _____

Persons Acting on Behalf of the Club or Society

Full Name _____

Date of Birth _____

Full Residential Address _____

Position within Club/Society _____

Company Identifier or Registration Number _____

Certified documentation must be obtained confirming the person acting on behalf of the Club/Society is properly authorised.

Full Name _____

Date of Birth _____

Full Residential Address _____

Position within Club/Society _____

Company Identifier or Registration Number _____

Certified documentation must be obtained confirming the person acting on behalf of the Club/Society is properly authorised.

CO-OPERATIVES (Please complete the applicable information as detailed below)

Full name of Co-operative _____

Legal name (if different from above) _____

Legal Status and purpose _____

Registered or principal office address _____

IRD Number for Co-Operative _____

Bank Account Details of Co-Operative:

Number of Bank Account with Deposit Slip Attached

Name of Bank

Account Name

Controlling Members of Co-operative: -

Full Name _____

Business Address _____

Registered Number _____

Full Name _____

Business Address _____

Registered Number _____

Management/Membership Details (circle which position applies)

General Manager, Manager, Financial Controller, Accountant; Member.

Full Name _____

Date of Birth _____

Full Residential Address _____

Full Name _____

Date of Birth _____

Full Residential Address _____

Persons Acting on Behalf of the Co-operative

Full Name _____

Date of Birth _____

Full Residential Address _____

Position within Co-operative _____

Company Identifier or Registration Number _____

Certified documentation must be obtained confirming the person acting on behalf of the Co-operative is properly authorised.

Full Name _____

Date of Birth _____

Full Residential Address _____

Position within Co-operative _____

Company Identifier or Registration Number _____

Certified documentation must be obtained confirming the person acting on behalf of the Co-operative is properly authorised.

SOLE TRADERS/PARTNERSHIP/LIMITED PARTNERSHIP (Please complete the applicable information as detailed below)

Full Legal Name _____

Full trading name _____
(if different from above)

Registered Office Address _____

Identifier or registration number _____

IRD Number _____

Bank Account Details:

Number of Bank Account with Deposit Slip Attached

Name of Bank

Account Name

Details of Individuals (circle which applies)

Sole Trader; Partner, Limited Partner

Full Name _____

Date of Birth _____

Full Residential Address _____

Sole Trader; Partner, Limited Partner

Full Name _____

Date of Birth _____

Full Residential Address _____

Persons Acting on behalf

Full Name _____

Date of Birth _____

Full Residential Address _____

Position _____

Identifier or Registration Number _____

Certified documentation must be obtained confirming the person acting on behalf of the Sole Trader/Partner/Limited Partner, is properly authorised.

Full Name _____

Date of Birth _____

Full Residential Address _____

Position _____

Identifier or Registration Number _____

Certified documentation must be obtained confirming the person acting on behalf of the Sole Trader/Partner/Limited Partner, is properly authorised.

SOURCE OF FUNDS AND NATURE AND PURPOSE OF BUSINESS RELATIONSHIP

For the AML/CFT Act 2009 we are required to obtain:

Information relating to the Source of Wealth (SOW) and the Source of Funds (SOF) for the business to be undertaken on behalf of the customer.

Source of Wealth – Please provide details of your current Asset and Liability position and how the assets have been acquired.

Source of Funds - Please provide full details, including dates and amounts and the source of funds being used to undertake the business detailed below. Please also provide applicable documentation where available

Information of the nature and purpose of the proposed business relationship between Clark Boyce and the customer(s) to allow us to better determine and respond to your requirements.

Please select from any one or more of the categories below that will best describe the nature and purpose of your business:

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Domestic property conveyance: sale, purchase, lease, etc | <input type="checkbox"/> | Family Protection Act claims |
| <input type="checkbox"/> | Commercial property conveyance: sale, purchase, lease, etc | <input type="checkbox"/> | Relationship property |
| <input type="checkbox"/> | Subdivision of land | <input type="checkbox"/> | Care of Children Act and/or Child Support Act |
| <input type="checkbox"/> | Sale/purchase/assignment of a business | <input type="checkbox"/> | Domestic violence |
| <input type="checkbox"/> | Establish a company | <input type="checkbox"/> | Criminal matters |
| <input type="checkbox"/> | Will/Enduring Powers of Attorney | <input type="checkbox"/> | Elder law |
| <input type="checkbox"/> | Family Protection Act claims | <input type="checkbox"/> | General retainer |
| <input type="checkbox"/> | Liquidations and receiverships | <input type="checkbox"/> | Other – detail below |

INDIVIDUAL DETAILS OF RELEVANT PERSONS (circle one)

- Executive Member
- Committee Member
- Controlling Member
- Sole Trader
- Partner/Limited Partner
- Other _____

NAME, ADDRESS AND CONTACT DETAILS

Title *(please select one)*

Mr Mrs Miss Ms Other *(Please provide detail)* _____

Full Name *(first, middle and last name)*

Preferred Salutation _____

Home Phone _____ Mobile _____
 Work Phone _____ Email _____

(Please tick your preferred method of contact from one of the above AND PROVIDE FULL DETAILS)

Residential Address *(where you reside, not a PO Box number)*

—

_____ Postcode

Mailing Address *(if not the same as residential address)*

—

_____ Postcode

PERSONAL DETAILS INCLUDING RESIDENCY

Gender Male Female

Date of Birth _____

Town/City/Country of Birth _____

Country of Citizenship _____

New Zealand Residency Status *(tick box applicable)*

Permanent Resident/Citizen Resident Visa Work Permit
 Long Term Business Visa Other *(specify)* _____

Employment

Occupation _____

Employer _____

TAX INFORMATION

IRD Number _____

Country of Tax Residence NZ Other (specify) _____

FOREIGN TAX DETAILS

FOREIGN TAX DETAILS (If applicable. If not applicable, please proceed to section headed **Bank Details** immediately below)

If a **TIN** is unavailable please provide the appropriate reason a, b or c where indicated below:

- (a) the country/jurisdiction does not issue TINs to its residents
- (b) you are otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)
- (c) no TIN is required (Note, only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

Country/Jurisdiction Residence	of	Tax	TIN	If no TIN available please select reason a, b or c from above if applicable
1				
2				
3				

Please explain why you are unable to obtain a TIN if you selected reason **b** above

BANK ACCOUNT DETAILS

Please provide details of the bank account(s) you wish us to credit any funds to during the course of any business conducted on your behalf. Along with the details provided below, please attach a bank deposit slip with **pre-printed** (not handwritten) details of the bank account name and number you wish to use for this purpose.

Number of Bank Account with Deposit Slip Attached

Name of Bank

Account Name

IDENTITY AND ADDRESS VERIFICATION REQUIREMENTS

So that we comply with our obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act), we are required to collect information on the identity and address of our clients, any person authorised to act on behalf of our clients and any beneficial owner of our clients and to verify this information using relevant identification documents.

The collection and verification of information may vary depending on, amongst other things: client type, country of birth, country of residence. In some instances, enhanced due diligence may be required in order to complete the account opening process and ensure our continued compliance with the AML/CFT Act. Identification documents provided must be current at the time of presentation, ie, not expired where an expiry date is applicable to the form of identification (passport and driver's licence).

CERTIFICATION

All identity documents must be certified by either a lawyer, justice of the peace, notary public, NZ chartered accountant, NZ Police constable or a member of parliament.

Certified documents must include the full name, occupation and an original signature of the certifier and the date of certification. Certification must have been carried out in the three months preceding presentation of the sighted documents. The certifier must sight the original documents and make a statement that the documents provided are a true copy and represent the identity of the named individual.

Alternatively, original documents can be sighted by a partner or solicitor of Clark Boyce Lawyers.

PROOF OF IDENTITY

For each individual, authorised person and attorney appointed under power of attorney, please provide the following documents:

Option 1

A certified copy of **one** of the following:

	New Zealand or Overseas Passport containing your name, date of birth, photo and signature
	New Zealand Firearms Licence (<i>if you are providing a certified copy of a Firearms Licence, you must also provide a certified copy of a New Zealand Driver Licence or card issued by a registered bank showing your name and signature in order for us to verify your signature</i>)
	A National Identity Card issued by a foreign government, the United Nations or an agency of the United Nations containing your name, date of birth, photo and signature

OR

Option 2

A certified copy of:

	New Zealand Driver's Licence
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AND a certified copy of one of the following:

	New Zealand full birth certificate
	Certificate of New Zealand or overseas citizenship
	A credit card, debit card or EFTPOS card issued by a New Zealand registered bank that contains your name and signature
	A bank statement issued by a New Zealand registered bank in the 12 months immediately preceding the date of the application
	A statement issued to you by a government agency in the 12 months immediately preceding the date of the application, e.g., IRD, ACC or WINZ
	Super Gold card

PROOF OF RESIDENTIAL ADDRESS

A certified copy of one of the following issued within the last three months that includes your name and address:

<input type="checkbox"/>	Utilities bill
<input type="checkbox"/>	Rates bill
<input type="checkbox"/>	Bank account statement
<input type="checkbox"/>	A statement issued to you by a government agency in the 12 months immediately preceding the date of the application, e.g., IRD, ACC or WINZ

SIGNATURE

As Client, you, or your authorised Attorney, must sign this Client Personal Information Form, verifying its correctness.

Where the person signing in doing so in their capacity as Attorney for the Client, a copy of the Power of Attorney must be provided along with a Certificate of Non-Revocation of the Power of Attorney.

Full Name - first, middle and last name

Capacity – Client, or Attorney

Signature

Date _____

Please return the Form to Clark Boyce. If this form is completed and sent to us electronically, please ensure that the original is sent by post to: Clark Boyce, PO Box 79122, Christchurch 8446.