



# Trusts

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

Client Name \_\_\_\_\_

Client Number \_\_\_\_\_

CLARK BOYCE  
Lawyers  
328 Durham Street  
PO Box 79122  
Christchurch 8446  
Phone (03) 379 4420: Fax (03) 379 9760

#240105

**TRUST DETAILS**

Under the AML/CFT Act 2009, additional information is to be obtained relating to trusts, including charitable trusts.

Please therefore complete the applicable sections below:

**Type of Trust**

**1. PERSONAL TRUST**

**Full Name of Trust**

\_\_\_\_\_

**Address of Trust**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Details of Trustees***

**Trustee 1 -Full name** \_\_\_\_\_

**Trustee 2 – Full name** \_\_\_\_\_

**Trustee 3 – Full name** \_\_\_\_\_

**(If any additional Trustees, please records names on separate page and attach to this form.)**

***Trust IRD Number*** \_\_\_\_\_

***Trust Bank Account Details***

***Number of Bank Account with Deposit Slip Attached***

\_\_\_\_\_

\_\_\_\_\_

***Name of Bank***

\_\_\_\_\_

\_\_\_\_\_

***Account Name***

\_\_\_\_\_

\_\_\_\_\_

***Details of beneficiaries***

**Full name of beneficiary**

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Type of beneficiary

- Discretionary as to income only
  - Discretionary as to income and capital
  - Final beneficiary
- (Tick as many boxes as may apply)*

**Full name of beneficiary**

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Date of Birth \_\_\_\_\_

Type of beneficiary

- Discretionary as to income only
  - Discretionary as to income and capital
  - Final beneficiary
- (Tick as many boxes as may apply)*

**Full name of beneficiary**

---

Date of Birth \_\_\_\_\_

Type of beneficiary

- Discretionary as to income only
  - Discretionary as to income and capital
  - Final beneficiary
- (Tick as many boxes as may apply)*

**Full name of beneficiary**

---

Date of Birth \_\_\_\_\_

Type of beneficiary

- Discretionary as to income only
  - Discretionary as to income and capital
  - Final beneficiary
- (Tick as many boxes as may apply)*

**Full name of beneficiary**

---

Date of Birth \_\_\_\_\_

Type of beneficiary

- Discretionary as to income only
  - Discretionary as to income and capital
  - Final beneficiary
- (Tick as many boxes as may apply)*

**Full name of beneficiary**

---

Date of Birth \_\_\_\_\_

Type of beneficiary

- Discretionary as to income only

- Discretionary as to income and capital
  - Final beneficiary
- (Tick as many boxes as may apply)*

**Full name of beneficiary**

---

Date of Birth \_\_\_\_\_

- Type of beneficiary
- Discretionary as to income only
  - Discretionary as to income and capital
  - Final beneficiary
- (Tick as many boxes as may apply)*

**Full name of beneficiary**

---

Date of Birth \_\_\_\_\_

- Type of beneficiary
- Discretionary as to income only
  - Discretionary as to income and capital
  - Final beneficiary
- (Tick as many boxes as may apply)*

**Full name of beneficiary**

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Date of Birth \_\_\_\_\_

- Type of beneficiary
- Discretionary as to income only
  - Discretionary as to income and capital
  - Final beneficiary
- (Tick as many boxes as may apply)*

**2. CHARITABLE TRUST**

**Full Name of Trust** \_\_\_\_\_

**Address of Trust** \_\_\_\_\_

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**Objects of Trust**

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- Class of beneficiary**
- Discretionary as to income only
  - Discretionary as to income and capital
  - Final beneficiary
- (Tick as many boxes as may apply)*

**Charitable Registration Number** \_\_\_\_\_

**Charitable Trust Bank Account Details:**

***Number of Bank Account with Deposit Slip Attached***

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***Name of Bank***

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***Account Name***

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**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.**

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**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**

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**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                          |

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**TRUSTEE INDIVIDUAL DETAILS**

**TRUSTEE 1 - NAME, ADDRESS AND CONTACT DETAILS**

**Title** (please select one)

- Mr    Mrs    Miss    Ms    Other (Please provide detail)

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

\_\_\_\_\_

**Preferred Salutation** \_\_\_\_\_

Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_  
 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 – Trustee 1** \_\_\_\_\_

**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

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**BANK ACCOUNT DETAILS - FOR TRUSTEE 1 PERSONALLY**

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***

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***Name of Bank***

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***Account Name***

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**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:

	Utilities bill
	Rates bill
	Bank account statement
	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 Trustee, you, or your authorised Attorney under a Deed of Delegation, must sign this Client Personal Information Form, verifying its correctness.

Where the person signing is doing so in their capacity as Attorney for the Client, a copy of the Deed of Delegation must be provided.

**Full Name** - first, middle and last name

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**Capacity – Trustee** (or Attorney under Deed of Delegation)

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**Signature**

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**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.**

**TRUSTEE 2 - 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 - Trustee 2** \_\_\_\_\_

**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:**

- (d) the country/jurisdiction does not issue TINs to its residents
- (e) 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)
- (f) 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).

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

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

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**BANK ACCOUNT DETAILS - FOR TRUSTEE 2 PERSONALLY**

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***

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***Name of Bank***

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***Account Name***

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**IDENTITY AND ADDRESS VERIFICATION REQUIREMENTS**

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### **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:

	Utilities bill
	Rates bill
	Bank account statement
	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 Trustee, you, or your authorised Attorney under a Deed of Delegation, must sign this Client Personal Information Form, verifying its correctness.

Where the person signing is doing so in their capacity as Attorney for the Client, a copy of the Deed of Delegation must be provided.

**Full Name** - first, middle and last name

\_\_\_\_\_

**Capacity – Trustee** (or Attorney under Deed of Delegation)

\_\_\_\_\_

**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.**

**TRUSTEE 3 - 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 \_\_\_\_\_  
 Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_  
 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 – Trustee 3** \_\_\_\_\_

**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:**

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- (i) 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).

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

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

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**BANK ACCOUNT DETAILS - FOR TRUSTEE 3 PERSONALLY**

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***

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**IDENTITY AND ADDRESS VERIFICATION REQUIREMENTS**

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### 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.

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### 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:

	Utilities bill
	Rates bill
	Bank account statement
	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 Trustee, you, or your authorised Attorney under a Deed of Delegation, must sign this Client Personal Information Form, verifying its correctness.

Where the person signing is doing so in their capacity as Attorney for the Client, a copy of the Deed of Delegation must be provided.

**Full Name** - first, middle and last name

\_\_\_\_\_

**Capacity – Trustee** (or Attorney under Deed of Delegation)

\_\_\_\_\_

**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.**