

# Client Information – Entities



Client Number:

Person Acting:

## Type of Entity

Private Company	Partnership	Incorporated Club/Society	Limited Partnership
Sole Trader	Listed Company	Unincorporated Club/Society	Incorporated Charitable Trust

Entity name (please use full legal name)

Advise all trading names (if applicable)

Nature and purpose of business being undertaken

Is the entity a New Zealand created entity Yes/No

Country of creation (if not New Zealand)

Countries of tax residence (if not New Zealand)

Tax Information Number (T.I.N.) if not New Zealand

NZ IRD Number:

Tax exemption status (if applicable)

Registration number(s) (if applicable)

Entity bank account details

Name of Bank:	
Name of account:	
Account number:	

Residential address (do not include PO Box)

Street address:	
<input type="text"/>	
Suburb:	
<input type="text"/>	
Town/City:	Postcode:
<input type="text"/>	<input type="text"/>
Country:	
<input type="text"/>	

Business phone:

Email:

Key Contact Person Details 1

Name:
<input type="text"/>
Title:
<input type="text"/>
Home phone:
<input type="text"/>
Business phone:
<input type="text"/>
Mobile phone:
<input type="text"/>
Email:
<input type="text"/>

Mailing address

Street address:	
<input type="text"/>	
Suburb:	
<input type="text"/>	
Town/City:	Postcode:
<input type="text"/>	<input type="text"/>
Country:	
<input type="text"/>	

Website:

Accountant name (if applicable):

Accountant address:

Key Contact Person Details 2

Name:
<input type="text"/>
Title:
<input type="text"/>
Home phone:
<input type="text"/>
Business phone:
<input type="text"/>
Mobile phone:
<input type="text"/>
Email:
<input type="text"/>

**Details of all Beneficial Owners and Effective Controllers (include all)**

- Own more than 25% (directly or indirectly) Yes/No
- Are instructing us to act Yes/No
- Hold a position of control Yes/No
- Have power to appoint or remove Yes/No

*For example: Directors, Shareholders, Partners, Committee Member, Chairperson etc*

**Beneficial Owner(s) (if applicable)**

Name	
Ownership %	
Title/Role	

Name	
Ownership %	
Title/Role	

Name	
Ownership %	
Title/Role	

Name	
Ownership %	
Title/Role	

**Beneficial Owner(s) (if applicable)**

Name	
Ownership %	
Title/Role	

Name	
Ownership %	
Title/Role	

Name	
Ownership %	
Title/Role	

Name	
Ownership %	
Title/Role	

**Note: Each Beneficial Owner must complete a "Client Information – Individual" form and provide verified identity and address in accordance with Schedule.**

**I/We certify that all information supplied is true and correct**

Signature	
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Name	
Title	

Date	
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**I/We certify that all information supplied is true and correct**

Signature	
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Name	
Title	

Date	
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**[Internal Use Only]**

- Has Source of Wealth/Funds been undertaken and summary provided? Yes/No
- Have verified identity and address documents for all Beneficial Owners been obtained? Yes/No
- Red flags check undertaken and attached. Yes/No
- If form completion has previously been delayed, attach authorised Due Diligence form. Yes/No

Send all forms to Compliance Officer

Completed by:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Date)