

Client Information – Individuals



Client Number:

Please complete this form if you are a client of the firm, or if you are a beneficial owner (or hold effective control) of our client.

Person Acting:

Beneficial Owners can be anyone who:

- own more than 25% of the client, or
- hold a position of control, or
- are instructing us to act.

Client	Yes/No	or	Beneficial Owner	Yes/No
New Client	Yes/No	or	Update of Details	Yes/No

Name Mr / Mrs / Ms / Miss / Other:
(please specify)

First:
Middle:
Last:
Preferred Name:
Date of Birth:
Gender: Male / Female

Residential Address

Street Address:
Suburb:
Town/City:
Postcode:
Country:

Postal Address (if different)

Street Address:
Suburb:
Town/City:
Postcode:
Country:

Contact Details

Home Phone:
Business Phone:
Mobile Phone:
Email:

Client	Yes/No	or	Beneficial Owner	Yes/No
New Client	Yes/No	or	Update of Details	Yes/No

Name Mr / Mrs / Ms / Miss / Other:
(please specify)

First:
Middle:
Last:
Preferred Name:
Date of Birth:
Gender: Male / Female

Residential Address

Street Address:
Suburb:
Town/City:
Postcode:
Country:

Postal Address (if different)

Street Address:
Suburb:
Town/City:
Postcode:
Country:

Contact Details

Home Phone:
Business Phone:
Mobile Phone:
Email:

Bank Account Details (if applicable)

Account Name:
Account Number:

Bank Account Details

Account Name:
Account Number:

Occupation

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Employer

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Self Employed – Describe Income Sources
(i.e. details of goods and services sold)

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IRD Number:

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NZ Resident: Yes/No

Occupation

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Employer

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Self Employed – Describe Income Sources
(i.e. details of goods and services sold)

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IRD Number:

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NZ Resident: Yes/No

Country(s) of Citizenship

Country of Birth	
Country(s) of Citizenship	

US Tax Resident or Citizen: Yes/No

Country(s) of Citizenship

Country of Birth	
Country(s) of Citizenship	

US Tax Resident or Citizen: Yes/No

Nature and Purpose of Business to be undertaken

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

Signature	
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Date	
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Signature	
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Date	
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[Internal Use Only]

- | | |
|--|--------|
| ▪ Verified/certified identity and address documents obtained | Yes/No |
| ▪ Red flags check undertaken and attached | Yes/No |
| ▪ If Enhanced Due Diligence to be completed, has Source of Wealth/Funds been completed and attached? | Yes/No |
| ▪ If form completion has been delayed, attach authorised delayed Due Diligence form | Yes/No |

Send all forms to Compliance Officer

Completed by:

(Name)

(Date)