

## Client Information Form – Company/Partnership

We are required under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (“the Act”) to conduct due diligence on all new and existing clients.

We are required to obtain specific information from you, your company, partnership or trust, which you will find set out in this Client Information Form. We are also required to verify this information and we have outlined the acceptable forms of identification and address verification we will require from you as part of this process.

The Act may require us to disclose to the New Zealand Police and/or other Government Agencies information about your transaction. When we have made such a disclosure, we are not allowed to tell you about it.

This information must be collected and assessed by us **BEFORE** we are able to commence any work on your behalf. Timely completion of this form is therefore kindly requested by you to allow us to start working on your file as quickly as possible. Please note that not all sections of this form may need to be completed only those that are applicable.

It is important that after completing this form should any of your details change while we are still carrying out any work for you that you contact us as soon as possible, this includes any changes to your source of funds. In entering into a contract of retainer with TODD & WALKER Law you agree you will not make any claim whatsoever against us in the event we do have to stop work part way through your file, and you incur a loss as a result.

Please do not hesitate to ask us if you require any assistance in completing this form or in determining what information and documents we require from you.

## A. Company or Partnership Details

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**Full Legal Name:**

**Trading Name (if applicable):**

**Company Identifier or Registration Number:**

**IRD Number:**

**Principal Business/Registered Office Address**

Street No/Name:

Suburb:

Town/City:

Postcode:

Country:

**Mailing Address (if different from above):**

Street No/Name/PO Box:

Suburb:

Town/City:

Postcode:

Country:

**Contact Person:**

**Phone Work:**

**Phone Home:**

**Fax:**

**E-mail:**

**NZ bank account details:**

**Is the company a vehicle for holding personal assets? Yes / No**

**Does the company have nominee shareholders or shares in bearer form? Yes/ No**

## B. Director/Partner Details

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We require full details of ALL Directors/Partners. For every person listed we will need proof of address and identification documents. Please continue on additional paper of more than two people.

*Person 1*

Mr                      Ms                      Mrs                      Miss                      Other

**Full Name:**

**Date of Birth:**

**Residential Address:**

Street No/Name/PO Box:

Suburb:

Town/City:

Postcode:

Country

**Mailing Address (if different from residential address):**

Street No/Name/PO Box:

Suburb:

Town/City:

Postcode:

Country

**Phone Work:**

**Phone Mobile:**

**Phone Home:**

**E-mail:**

**Occupation:**

**Please circle what applies to you either now or at any time in the preceding 12 months:**

- Do you work for the New Zealand Government or another country's government at a high level? **Yes / No**
- Are you a Supreme Court Judge or equivalent senior Judge? **Yes / No**
- Are you a governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of New Zealand? **Yes / No**
- Are you a chair, CEO, CFO or other high-ranking position in a State enterprise? **Yes / No**
- Are you an ambassador for another country? **Yes / No**
- Do you work for the armed forces at a high level? **Yes / No**
- Are you the immediate family of anyone who does any of the above? **Yes / No**
- Do you jointly own a legal entity with someone who fits into the list above? **Yes / No**
- Are you the owner of a legal entity that exists for the benefit of someone who fits into the list above? **Yes / No**

*If your answer is Yes to any of the above, please provide further information here:*

## Director/Partner Details

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Person 2

Mr                      Ms                      Mrs                      Miss                      Other

**Full Name:**

**Date of Birth:**

**Residential Address:**

Street No/Name/PO Box:

Suburb:

Town/City:

Postcode:

Country

**Mailing Address (if different from residential address):**

Street No/Name/PO Box:

Suburb:

Town/City:

Postcode:

Country

**Phone Work:**

**Phone Mobile:**

**Phone Home:**

**E-mail:**

**Occupation:**

**Please circle what applies to you either now or at any time in the preceding 12 months:**

- Do you work for the New Zealand Government or another country's government at a high level? **Yes / No**
- Are you a Supreme Court Judge or equivalent senior Judge? **Yes / No**
- Are you a governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of New Zealand? **Yes / No**
- Are you a chair, CEO, CFO or other high-ranking position in a State enterprise? **Yes / No**
- Are you an ambassador for another country? **Yes / No**
- Do you work for the armed forces at a high level? **Yes / No**
- Are you the immediate family of anyone who does any of the above? **Yes / No**
- Do you jointly own a legal entity with someone who fits into the list above? **Yes / No**
- Are you the owner of a legal entity that exists for the benefit of someone who fits into the list above? **Yes / No**

*If your answer is Yes to any of the above, please provide further information here:*

## C. Beneficial Owners

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A beneficial owner is an individual who satisfies any one element, or any combination of the three elements:

- a) who owns more than 25% of the client;
- b) who has effective control of the client;
- c) the persons on whose behalf a transaction is conducted.

We will also need to see documents showing the structure of the company's ultimate ownership and documents identifying which individuals have ultimate decision-making control.

Please provide the following for **every** beneficial owner, on additional pages if required. For every person listed, we will need proof of address and identification documents.

Mr                      Ms                      Mrs                      Miss                      Other

**Full Name:**

**Date of Birth:**

**Residential Address:**

Street No/Name:

Suburb:

Town/City:

Postcode:

Country:

**Mailing Address (if different from residential address):**

Street No/Name/PO Box:

Suburb:

Town/City:

Postcode:

Country:

**Phone Work:**

**Phone Mobile:**

**Phone Home:**

**E-mail:**

**Occupation:**

**Nature of Beneficial Interest:**

*Please provide further information of your beneficial interest to the client here:*

## **D. Acting on behalf of the company (complete if applicable)**

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Someone who is acting on behalf of the company/partnership may be someone who has the authority to carry out transactions or operate on a transaction on the company/partnership's authority. This may include an employee, legal guardian, holder or a power of attorney, an agent or anyone who has been appointed as a professional third party to act for the client.

Please provide the following every person, on additional pages if required. For every person listed we will need proof of address and identification documents.

Mr                      Ms                      Mrs                      Miss                      Other

**Full Name: N/A**

**Date of Birth:**

**Mailing Address:**

Street No/Name:

Suburb:

Town/City:

Postcode:

Country:

**Phone Work:**

**Phone Mobile:**

**Phone Home:**

**E-mail:**

**Occupation:**

**Details setting out your relationship to the client:**

*Please provide details here:*

**Evidence of your authority to act on behalf of the client:**

*Please provide details here:*

**An explanation of the nature and purpose of the proposed business relationship with the client:**

*Please provide details here:*

## **E. Nature of your proposed instructions to TODD & WALKER Law**

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*Please provide brief description here:*

## **F. Transaction Details**

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Is the transaction large or complex? **Yes / No**

*If your answer is Yes, please provide an entity structure chart showing how various companies and subsidiaries relate to each other:*

## **G. Your Business Details**

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Does your business involve new or developing technologies or products? **Yes / No**

*If your answer is Yes, please provide further information here:*

## H. Are you buying a property or business? Yes / No

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If the answer is Yes, we need to understand how you have obtained or generated all of the funds you will be using for the purchase. If they come from various sources, we need to see evidence of all of those sources.

*Some examples are:*

**Savings** – Bank account statement (3 statements from each year of savings)

**Loan** – Pre-approval letter

**Gift** – Deed of Gift or other documentation showing a gift

**Inheritance** – Grant of Probate (or certified copy of Will), which includes amount OR confirmation in writing from a solicitor

**Rental income** – Tenancy agreement OR bank statements showing rental income

**Property sale** – Sale and purchase agreement OR other documentation showing you are selling your property

**Business income** – Audited business accounts for the last financial year OR confirmation from your accountant

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## I. Verification

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Please provide the following:

- ☐ Company Certificate of Incorporation or Partnership Agreement; and
- ☐ Proof of address dated **from the last twelve months** addressed to the Company/Partnership at the mailing address given; and
- ☐ For each director, partner, shareholder, beneficial owner or person acting on behalf we require proof of address and certified identification documents. Please see below for accepted documentation.



## J. Proof of Address

For every listed director, partner, shareholder, other beneficial owner or person(s) acting on behalf of the client we require one of the following to verify your address, which **MUST BE LESS THAN 12 MONTHS OLD**. Please tick below what you are providing:

- ☐ Utility Bill
- ☐ Rates Bill
- ☐ Bank Account Statement
- ☐ Rental tenancy Agreement
- ☐ Insurance Policy Document

## K. Identification Documents

For every listed director, partner, shareholder, other beneficial owner or person(s) acting on behalf of the client we also require identification documents listed in one of the following options:

Option 1	Option 2	Option 3
<ul style="list-style-type: none"><li><input type="checkbox"/> New Zealand Passport; or</li><li><input type="checkbox"/> New Zealand Certificate of Identity; or</li><li><input type="checkbox"/> New Zealand Firearms Licence; or</li><li><input type="checkbox"/> Overseas Passport.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> New Zealand Birth Certificate; or</li><li><input type="checkbox"/> Certificate of New Zealand Citizenships; or</li><li><input type="checkbox"/> Overseas Citizenship Certificate; or</li><li><input type="checkbox"/> Overseas Birth Certificate.</li></ul> <p style="text-align: center;"><b><u>AND</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> New Zealand Driver's Licence; or</li><li><input type="checkbox"/> 18+ Card; or</li><li><input type="checkbox"/> New Zealand Student Photo ID; or</li><li><input type="checkbox"/> International Driving Permit.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> New Zealand Drivers Licence</li></ul> <p style="text-align: center;"><b><u>AND</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Debit, Credit or EFTPOS card, which must have name embossed and signature; or</li><li><input type="checkbox"/> Bank Statement issued by a registered bank within last 12 months; or</li><li><input type="checkbox"/> Super Gold Card with customer name and signature; or</li><li><input type="checkbox"/> Community Services Card with customer name and signature.</li></ul>

**In all instances we will need to verify this identification document.** In order for us to do so please bring in a copy of your identification into one of the TODD & WALKER Law offices to be certified in person, **or** send a copy of your identification which has been certified by a **Trusted Referee** to us via email and post the originals to:

C/- TODD & WALKER Law, P.O. Box 124, Queenstown, 9348, New Zealand.

## **L. Confirmation**

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I/ we confirm that all of the information provided in this form and any supplementary information provided is true, complete and accurate.

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Signed

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Date

## Certifying Documents - Who is a Trusted Referee

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### *If you are in New Zealand*

- 1) A Trusted Referee who must be at least 16 years of age and one of the following:
  - a) Commonwealth representative (as defined in the Oaths and Declarations Act 1957)
  - b) Member of the police
  - c) Justice of the peace
  - d) Registered medical doctor
  - e) Kaumātua (as verified through a reputable source)
  - f) Registered teacher
  - g) Minister of religion
  - h) Lawyer (as defined in the Lawyers and Conveyancers Act 2006)
  - i) Notary public
  - j) New Zealand Honorary consul
  - k) Member of Parliament
  - l) Chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996)
  - m) A person who has the legal authority to take statutory declarations or the equivalent in New Zealand

### *If you are resident overseas*

- 2) Copies of your international identification must be certified by a Notary Public unless you are located in Australia or Singapore.

If you are resident in Australia or Singapore certification by a Notary, a Justice of the Peace or a Solicitor is accepted provided that the Justice of the Peace or Solicitor provides proof of their registration and quotes the following wording *"I hereby certify that this is a true copy of the original document and represents the identity of the named individual sighted by me."*

- 3) In addition, the trusted referee must not be:
  - a) related to the customer; for example, a trusted referee cannot be their parent, child, brother, sister, aunt, uncle or cousin;
  - b) the spouse or partner of the customer;
  - c) a person who lives at the same address as the customer; or
  - d) a person involved in the transaction or business requiring the certification.
- 4) The trusted referee must sight the original documentary identification, and make a statement to the effect that the documents provided are a true copy and represent the identity of the named individual (link to the presenter).
- 5) Certification must include the name, signature, and the date of certification.
- 6) The trusted referee must specify their capacity to act as a trusted referee from sections 1 (a)-(m) above.
- 7) Certification must have been carried out in the three months preceding the presentation of the copied documents.