



CRAIGS[®]
INVESTMENT PARTNERS

Account Name

Account Number

Broking Client Agreement

Individual, Joint or Minor Account



Client Agreement

Please return the completed and signed Client Agreement and required documentation (including proof of bank account and identity verification documents) to your Craigs Investment Partners Adviser, as detailed below.

If there is insufficient room in the Client Agreement to record the required information, please supply this information on a separate sheet of paper and attach to this Client Agreement.

Investment Adviser
Branch
Date D D M M Y Y Y Y

Completing this Broking Client Agreement

Please read and follow all instructions when completing this Client Agreement.

By completing and signing this Client Agreement you are electing to engage with Craigs Investment Partners Limited in a broking service.

Craigs Investment Partners Limited and/or its investment advisers will not provide financial or investment advice in respect of this account.

This service does not take into account your financial situation, needs, goals or risk tolerance.

If you have any questions or require assistance with completing this Client Agreement, please contact your Craigs Investment Partners Adviser.

A Client Details

IS THIS ACCOUNT FOR

Please tick the box to identify the best description

- An individual Two or more individuals A minor (< 18 years)

A1 Individual or Primary (First) Applicant

This Primary Applicant will be the main point of contact for this account (Minor's Parent/Guardian)

NAME, ADDRESS & CONTACT DETAILS

Title *please select one*

- Mr Mrs Miss Ms Dr Other _____

Full Name *first, middle and last name*

Preferred Salutation

Please complete and tick your preferred method of contact

- Home Ph Mobile
 Work Ph Email
 Post as per mailing address

Residential Address *where you live, not a PO Box number*

Postcode | | | | |

Mailing Address *if not the same as residential address*

Postcode | | | | |

News & Views publication

A quarterly publication with topical articles and company events

- Yes by email Yes by post

Market Insights eNewsletter

A fortnightly email that covers current market info

- Yes email only

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender Male Female

Date of Birth | D | D | M | M | Y | Y | Y | Y |

Town or City of Birth

Country of Birth NZ Other *specify*

Country of Citizenship NZ Other *specify*

New Zealand Residency Status *tick one box only*

- Permanent Resident/Citizen Resident Visa Work Permit
 Long Term Business Visa Other *specify*

Salutation

This is how you would like your communication addressed.

Please contact your Tax Adviser if you require assistance completing this section.

Country of Tax Residence

In general, you will find that tax residence is the country/jurisdiction in which you live. Please refer to the Tax residency self-certification form guidance note in section G.

Foreign Tax Details

Please refer to the Tax residency self-certification form guidance note in section G.

TIN

"Taxpayer Identification Number"

If you answered yes, to the US question please provide us with one of the following US Tax Identification Numbers (TIN)

- Social Security Number "SSN"
- Employer Identification Number "EIN"
- Individual Taxpayer Identification Number "ITIN"
- Taxpayer Identification Number for Pending U.S. Adoptions "ATIN"
- Preparer Taxpayer Identification Number "PTIN"

Occupation & Employer

Occupation Retired

Employer _____

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial, military or ministerial position in New Zealand or overseas?

No Yes *specify* _____

TAX DETAILS

Country of Tax Residence NZ Other *please specify* _____

IRD Number | | | | | | | | | | | | | | | |

I am a US citizen or considered to be a US resident for US tax purposes.
Please ensure you tick either Yes or No Yes No

FOREIGN TAX DETAILS

Please provide your TIN for each country/jurisdiction of tax residency indicated.

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 of Tax Residence	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.

Identity Verification

Client identity verification documents held by Craigs Investment Partners must always be current, hence you may be asked to update your identity verification documents from time to time. Craigs Investment Partners may request to sight the original of any identity verification document that has been used by you for identity verification purposes.

Photo ID

Photo ID provided must be of a quality to enable the person's identity to be verified.

Certified Copy

All identity documents must be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament. This person must not be related to you, be your spouse or partner, live at the same address as you or be involved in this Client Agreement.

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 certified documents. See section F for details of the wording required for the certification.

Alternatively, original documents can be sighted by your Craigs Investment Partners Adviser.

A2

Salutation

This is how you would like your communication addressed.

IDENTITY AND ADDRESS VERIFICATION

To meet our requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we are required to verify your identity and address information.

We can identify you one of two ways:

1. **Electronically** - Please indicate below if you authorise us to verify your identity and residential address electronically and also **provide us with a copy** of either your valid New Zealand Passport or New Zealand Driver Licence (both sides). By selecting this option, you are authorising Craigs Investment Partners to use your personal information to verify your identity and residential address electronically with information held in third party databases.

IF ELECTRONICALLY please provide details for **one** of the following:

NZ Passport

NZ Passport Number

Expiry Date

| D | D | D | | M | M | | Y | Y | Y | Y | |

NZ Driver Licence

NZ Driver Licence Number

Card Version Number

Expiry Date

| D | D | D | | M | M | | Y | Y | Y | Y | |

We will contact you if we are unable to verify your identity information electronically

I authorise Craigs Investment Partners to electronically verify my identity and residential address.

2. **Manually** - If you choose manual verification, you will need to provide us with certified copies of the documents listed in the Manual Identity Verification (page 14).

Information provided will be handled in accordance with clause 26 'Use and Disclosure of Information' Terms and Conditions.

Joint (Second) Applicant or Minor

NAME, ADDRESS & CONTACT DETAILS

Title *please select one*

Mr Mrs Miss Ms Dr Other

Full Name *first, middle and last name*

Preferred Salutation

Please complete and tick your preferred method of contact

Home Ph Mobile
 Work Ph Email
 Post *as per mailing address*

Residential Address *where you live, not a PO Box number*

Postcode | | | | |

Mailing Address *if not the same as residential address*

Postcode | | | | |

News & Views publication

A quarterly publication with topical articles and company events Yes by email Yes by post

Market Insights eNewsletter

A fortnightly email that covers current market info Yes email only

PERSONAL DETAILS, CITIZENSHIP & RESIDENCY STATUS

Gender Male Female

Date of Birth | D | D | D | | M | M | M | | Y | Y | Y | Y | Y | Y |

Town or City of Birth _____

Country of Birth NZ Other *specify* _____

Country of Citizenship NZ Other *specify* _____

New Zealand Residency Status *tick one box only*

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

Occupation & Employer

Occupation _____ Retired

Employer _____

Public Office

Have you, or an immediate family member, ever held a public office position e.g. diplomat, high level judicial, military or ministerial position in New Zealand or overseas?

No Yes *specify* _____

TAX DETAILS

Country of Tax Residence NZ Other *please specify* _____

IRD Number | | | | | | | | | | | | | |

I am a US citizen or considered to be a US resident for US tax purposes.

Please ensure you tick either Yes or No Yes No

Please contact your Tax Adviser if you require assistance completing this section.

Country of Tax Residence

In general, you will find that tax residence is the country/jurisdiction in which you live. Please refer to the Tax residency self-certification form guidance note in section G.

Foreign Tax Details

Please refer to the Tax residency self-certification form guidance note in section G.

TIN

“Taxpayer Identification Number”

If you answered yes, to the US question please provide us with one of the following US Tax Identification Numbers (TIN)

- Social Security Number “SSN”
- Employer Identification Number “EIN”
- Individual Taxpayer Identification Number “ITIN”
- Taxpayer Identification Number for Pending U.S. Adoptions “ATIN”
- Preparer Taxpayer Identification Number “PTIN”

Identity Verification

Client identity verification documents held by Craigs Investment Partners must always be current, hence you may be asked to update your identity verification documents from time to time. Craigs Investment Partners may request to sight the original of any identity verification document that has been copied and used by you for identity verification purposes.

Photo ID

Photo ID provided must be of a quality to enable the person’s identity to be verified.

Certified Copy

All identity documents must be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand 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 certified documents. See section F for details of the wording required for the certification.

Alternatively, original documents can be sighted by your Craigs Investment Partners Adviser.

FOREIGN TAX DETAILS

Please provide your TIN for each country/jurisdiction of tax residency indicated.

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

- the country/jurisdiction does not issue TINs to its residents
- 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)
- 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 of Tax Residence	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.

IDENTITY AND ADDRESS VERIFICATION

To meet our requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we are required to verify your identity and address information.

We can identify you one of two ways:

- Electronically** - Please indicate below if you authorise us to verify your identity and residential address electronically and also **provide us with a copy** of either your valid New Zealand Passport or New Zealand Driver Licence (both sides). By selecting this option, you are authorising Craigs Investment Partners to use your personal information to verify your identity and residential address electronically with information held in third party databases.

IF ELECTRONICALLY please provide details for **one** of the following:

NZ Passport

NZ Passport Number	Expiry Date
_____	D D M M Y Y Y Y

NZ Driver Licence

NZ Driver Licence Number	Card Version Number	Expiry Date
_____	_____	D D M M Y Y Y Y

We will contact you if we are unable to verify your identity information electronically

I authorise Craigs Investment Partners to electronically verify my identity and residential address.

- Manually** - If you choose manual verification, you will need to provide us with certified copies of the documents listed in the Manual Identity Verification (page 14).

Information provided will be handled in accordance with clause 26 ‘Use and Disclosure of Information’ Terms and Conditions.

B Account Information

CSN

If you do not have a CSN, we will apply for one on your behalf, if one is required.

B1 Common Shareholder Number (CSN)

Please state your 9-digit CSN (if allocated)

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Authorisation Code

If you have previously traded on the NZX you should have an Authorisation Code. If you have previously traded on the ASX you should have a SRN. Otherwise your Craigs Investment Partners Adviser will arrange one for you.

B2 Authorisation Code (FIN)

Please attach a copy of your 4-digit Authorisation Code (if any) to this page. We will encrypt this in our system and destroy the physical copy of your Authorisation Code.
(please do not print it here).



SRN

Allocated by an issuer to identify a holder on an issuer sponsored or certificated sub-register.

B3 Australian Security Reference Numbers (SRN)

Please attach a list (including SRNs) for any Australian shares held.



B4 Authorised Person/Power Of Attorney

Authorised Person

If you appoint an Authorised Person to act on your behalf we will need them to complete an additional form.

Power of Attorney

If you appoint an Attorney to act on your behalf we will need them to complete an additional form. An Attorney must provide Craigs Investment Partners with a separate Certificate of Non-Revocation of Power of Attorney on every occasion they instruct on the account.

Please provide the full name of any Authorised Person(s) or Attorney who is authorised to operate this account on your behalf:

Full Name *first, middle and last name*

Capacity *e.g. Authorised Person*

Full Name *first, middle and last name*

Capacity

Full Name *first, middle and last name*

Capacity

B5 Authorisation to Transact on the Account

Single Authorisation – Tick if any one person can authorise a transaction on this account

Multiple Authorisation – Tick if more than one person must authorise a transaction on this account and please indicate below which persons (including any authorised persons) are required to jointly authorise a transaction

Full Name *first, middle and last name*

Full Name *first, middle and last name*

Full Name *first, middle and last name*

B6

Source of Funds or Wealth and Nature and Purpose of the Business Relationship

We are required to obtain:

- > Information relating to the original source of wealth or the source of funds for the Client named in Section A.
- > Information on the nature and purpose of the relationship between ourselves and clients to allow us to understand our clients' activities over time and to anticipate our clients' transactions and activities.

Source of Funds

We may require certified copies of documents to verify Source of Funds or Wealth for the Client.

Acceptable Documents

Acceptable documents to verify the source of funds:

- Sale & Purchase Agreements for a property/business
- Payslip - letter from an employer
- Business financials
- Proof of drawings from a business
- Wills and any other reliable legal docs regarding gifting or inheritance

Certified Copy

Please refer to Section F, heading "Certification" for more information.

SOURCE OF FUNDS OR WEALTH

Please select from the list below and provide a detailed description of the origin of the Wealth or the Funds for investment.

- Employment earnings** *(please specify the nature and period of employment)*

- Sale of a property** *(please specify the date of sale, type of property and location)*

- Inheritance** *(please specify the date and type of inheritance)*

- Income from a company** *(please specify the company, amount, type and frequency of payments)*

- Deposit(s) from a family bank account** *(please specify the amount, type and frequency of payments)*

- Other** *(please provide a detailed description of the activity that generated the wealth or funds)*

NATURE AND PURPOSE OF RELATIONSHIP

Please select from the list below those that best describe the nature and purpose of your relationship with Craigs Investment Partners. Select all that are applicable:

- To receive investment advice
- To help grow savings
- To save for retirement
- To save for children's education
- To manage an inheritance
- To obtain access to new issues
- To obtain access to international securities
- To generate income
- Other** *(please provide as much detail as possible)*

B7 NZX Prescribed Person Confirmation

As an NZX Market Participant, Craigs Investment Partners Limited is prohibited under the NZX Participant Rules from buying or selling securities for a Prescribed Person of any other NZX Firm.

Are you or any person associated with this account a Prescribed Person (i.e. one of the following):

- a) a Director, Partner, Managing Principal, Responsible Executive, shareholder or employee of an NZX Market Participant; or
- b) the spouse, de facto partner or dependent child of a person referred to in (a).

Yes *please provide details below*

No *please notify us if you or any person associated with this account becomes a prescribed person*

NZX Prescribed Person Details

Name _____
Relationship to NZX Employee _____
NZX Employee Name _____
NZX Firm _____
Position _____

B8 Listed Entity Director/Officer Details

Is any Applicant or Authorised Person on this Account a Director or Officer of an entity that has securities listed on any Recognised Securities Exchange?

Yes No

If 'Yes', please complete the Director/Officer details below.

LISTED ENTITY DIRECTOR/OFFICER DETAILS

Director/Officer Name _____
Relationship to Listed Entity _____
Listed Entity Name _____
Registered Exchange _____

Director/Officer Name _____
Relationship to Listed Entity _____
Listed Entity Name _____
Registered Exchange _____

C Taxation Information for the Account

Please contact your Tax Adviser if you have any queries regarding this section.

The IRD number for the primary applicant will be used unless you specify otherwise below:

IRD Number | | | | | | | | | | | | | | | |

Your Financial Year

1 April to 31 March

Other *specify* _____

Prescribed Investor Rate (PIR)

select one option only

10.5% 17.5% 28%

Resident Withholding Tax (RWT)

select one option only

Please deduct resident withholding tax (RWT) at the rate of:

10.5% 17.5% 30% 33% 39%

Exempt

Have you elected or are you required to apply the Foreign Investment Fund Fair Dividend Rate rules when calculating taxable income on your overseas investments?

Yes No

Non-Resident Withholding Tax (NRWT)

If you are a non-resident for New Zealand tax purposes, please select one option below.

If you are a non-resident for New Zealand tax purposes and hold the account jointly with a person who is a resident in New Zealand for tax purposes, please select rate of RWT above.

Non-Resident Withholding Tax (NRWT) to be deducted; and/or

Approved Issuer Levy to be applied

(this option applies to certain approved interest-bearing investments only)

D Settlement of Security Transactions

Please select the bank account to be used for the settlement of security buy and sell transactions for the Account.

Craigs Investment Partners Cash Management Account. If you would like to open an account as a part of the Broking Service, please complete section D1.

Bank account. Please provide details of the bank account to be used in conjunction with your CIP Account.

Name of Bank _____

Account Name _____

Account Number

| | | | | | | | | | | | | | | |

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

Proof of bank account

Please attach one of the following:

- A bank encoded deposit slip with pre-printed (not handwritten) details of your bank account name and number; or
- A certified copy of a bank account statement; or
- A verification letter or other document of confirmation provided by your bank; or
- A printed version of your bank account details from your online banking



Proof of bank account

Additional information and identification documents must be provided for all account holders where the bank account is in a name other than the name of the Craigs Investment Partners account.

D1 Craigs Investment Partners Cash Management Account Application Form

I/We authorise and request Craigs Investment Partners to open a Craigs Investment Partners Cash Management Account and authorise you to automatically settle my/our securities transactions by withdrawing or depositing funds to/from my/our Craigs Investment Partners Cash Management Account.

Yes No

BANK ACCOUNT DETAILS

You have the option of having any withdrawals from your Craigs Investment Partners Cash Management Account direct credited to your nominated bank account(s) detailed below. Please attach a bank deposit slip with pre-printed (not handwritten) details of the bank account name and number for each account you wish to use for this purpose.



Name of Bank

Account Name

Account Number

BANK				BRANCH				ACCOUNT NUMBER										SUFFIX																	



Proof of bank account

Please attach one of the following:

- A bank encoded deposit slip with pre-printed (not handwritten) details of your bank account name and number; or
- A certified copy of a bank account statement; or
- A verification letter or other document of confirmation provided by your bank; or
- A printed version of your bank account details from your online banking

Proof of bank account

Additional information and identification documents must be provided for all account holders where the bank account is in a name other than the name of the Craigs Investment Partners account.

D2 Statements

Statement Delivery Method

We will use the primary postal address or email provided in Section A1.

Taxation Deduction Certificate

A Taxation Deduction Certificate will be sent as at 31 March each year.

Statement Frequency Quarterly (default) Monthly

Statement Delivery Method Email (default) Post

D3 Delivery of Contract Notes

please select one option

How do you wish to receive contract notes? Via Email Via Post Both

If Email is selected, do you wish to have access to your contract notes password protected? Yes No

(If you select "Yes", Craigs Investment Partners will contact you regarding your password)

E Client Undertakings and Signatures

E1 Broking Client Agreement - Individual, Joint or Minor Account Client Undertakings and Signatures

Please read this section of the Client Agreement carefully.

If you do not understand this section, please contact your Craigs Investment Partners Adviser or your legal adviser before signing this Client Agreement.

Unless the context requires otherwise, capitalised terms used in this section have the meaning given to them in the Craigs Investment Partners Terms and Conditions.

I/We request that Craigs Investment Partners Limited accept me/us as a Client and open a broking account in my/our name(s).

I/We confirm that I/we:

1. Have received and read the CIP Disclosure Statements for my/our Craigs Investment Partners Adviser(s).
2. Have received a copy of the Craigs Investment Partners Terms and Conditions (the "Terms and Conditions").
3. Agree to be bound by the Terms and Conditions.
4. Have read and understood the risk warnings set out in Clause 16 and the Use and Disclosure of Information set out in Clause 26 of the Terms and Conditions.

I/We acknowledge that:

1. I/We will be treated as a "Retail Investor" (as that term is defined in the Financial Markets Conduct Act 2013) unless I/we certify myself/ourselves to be a "Wholesale Investor" for the purposes of the Financial Markets Conduct Act 2013.
2. I/We acknowledge that any advice provided under this service will be advice of a general nature that does not take into account my financial situation, needs, goals or risk tolerance and I/we are aware of the limitations of this type of advice.
3. Where I/we have provided information about any other individual, I/we will make that individual aware of the provision of Clause 26 the Use and Disclosure of Information of the Terms and Conditions.
4. Communications that Craigs Investment Partners send to us by way of email or other electronic means will not be encrypted.
5. I/We understand that the information supplied by me/us is covered by the Terms and Conditions governing my relationship with Craigs Investment Partners setting out how Craigs Investment Partners may use and share the information supplied by me/us.
6. Without limiting the Terms and Conditions, I/we acknowledge that the information contained in this Client Agreement and in relation to any Reportable Account(s) may be provided to the Inland Revenue Department and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
7. Without limiting the Terms and Conditions, I/we confirm that if Electronic Identity and Address Verification was selected in this form, I/we consent to Craigs Investment Partners Limited using the personal information that I/we have provided to verify my/our identity electronically and where necessary disclosing the information to external and independent agencies for the purpose of matching my/our information with identification information held in third party databases including the Department of Internal Affairs, the New Zealand Transport Authority and a credit reporting agency.
8. I/We undertake to advise Craigs Investment Partners within 30 days of any change in circumstances which:
 - a. affects the tax residency status of any person associated with this account; or
 - b. causes the information contained herein to become incorrect or incomplete;
 and, if so, to provide Craigs Investment Partners with a suitably updated self-certification and declaration within 60 days of such change in circumstances.
9. I/We certify that I am/we are the applicant(s) (or am/are authorised to sign and provide information on behalf of the applicant(s)).
10. If I am/we are applying to open an Account on behalf of a Minor, I/we will be authorised to operate the Account until the Minor reaches the age of 18.

I/We consent to:

1. Any Authorised Person(s) or Attorney(s) appointed by me/us acting on my/our behalf with Craigs Investment Partners.
2. Receiving contract notes by email where I/we have selected this option in this Client Agreement.
3. Craigs Investment Partners retaining my/our Authorisation Code in encrypted format pursuant to Clause 7 of the Terms and Conditions.
4. My/Our orders being put to market for me/us at the careful discretion of Craigs Investment Partners pursuant to Clause 8 of the Terms and Conditions.

If you have requested a Craigs Investment Partners Cash Management Account please read the following:

The purpose of this subsection is to ensure that you are aware of and have understood certain important information prior to requesting that a Cash Management Account is opened and funds are held on your behalf by CIP Cash Management Nominees Limited with ANZ Bank New Zealand Limited, or any successor or other registered banks selected by Craigs Investment Partners Limited.

1. I/We acknowledge that I/we have read and understood the information contained in the Terms and Conditions in relation to the Cash Management Account to my/our satisfaction.
2. I/We understand the manner in which the fees will be applied to my/our investment and commission will be paid to CIP Cash Management Nominees Limited. Further information on the fees and commission can be found in the CIP Disclosure Statement for my/our Craigs Investment Partners Adviser(s) and current rates of gross interest and commission may be obtained from my/our Craigs Investment Partners Adviser.

Signatures

E2

Instructions for Signing

All applicants or their respective Attorneys (if applicable) must sign this Client Agreement (except Minors) and indicate their capacity (i.e. Self; Parent or Guardian for a Minor; Attorney for [Name of Applicant]).

Where a person is signing as Attorney for the Client, a copy of the Power of Attorney must be provided, and the Certificate of Non-Revocation of Power of Attorney must be completed and returned to Craigs Investment Partners with this Client Agreement.

Full Name *first, middle and last name*

Capacity

Signature

_____ Date | D | D | | M | M | | Y | Y | Y | Y | |

Full Name *first, middle and last name*

Capacity

Signature

_____ Date | D | D | | M | M | | Y | Y | Y | Y | |

You are required to return the Client Agreement within one month from the date of signing, otherwise we may, at our sole discretion require you to complete a new Client Agreement or provide additional documentation to verify information in the Client Agreement.

You will become a Client once Craigs Investment Partners Limited, Custodial Services Limited (if applicable) and CIP Cash Management Nominees Limited (if applicable) accept your application.

Craigs Investment Partners will retain the original copy of this Client Agreement. Please contact us if you require a copy for your records. If this Client Agreement is completed and sent to Craigs Investment Partners electronically, **please ensure that the original Client Agreement is sent to us by post.**

F Manual Identity Verification Requirements

Beneficial Owner

A beneficial owner is a person who owns more than 10% of the client or a person who has effective control of the client.

Example wording to be used on certification

"I certify this to be a true copy of the original document which I have sighted, and where it is an identity document, represents the identity of the named individual in the document; Signature, Full Name, Occupation, Date."

You must return Proof of Identity Document(s) for each applicant.

To comply with our obligations under the Anti-Money Laundering and Countering the 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 client and any Beneficial Owner of our client, 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 and 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 i.e. not expired where an expiry date is applicable to the form of identification.

Certification

All identity documents **must** be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand 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 your Craigs Investment Partners Adviser.

PROOF OF IDENTITY

For each Individual, Parent, Guardian, Authorised Person and Attorney appointed under a 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
Firearms Licence: If you provide us with a certified copy of a Firearms Licence, please also provide a certified copy of a NZ Driver Licence or card issued by a registered bank showing your name and signature in order for us to verify your signature on your Client Agreement.
- 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 New Zealand Driver Licence and a second document from the list below)

A certified copy of:



- New Zealand Driver Licence (both sides)

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. Inland Revenue, ACC or WINZ
- SuperGold card

Identity of a Minor

Must be verified by providing photo ID (including proof of age), or if not available, by providing a certified copy of the Minor's birth certificate.

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 last 12 months immediately preceding the date of the application e.g. Inland Revenue, ACC or WINZ

PROOF OF IDENTITY FOR A MINOR

Please provide a certified copy of the following:



Required

- New Zealand or overseas passport containing the Minor's name, date of birth, photo and signature (if available); and
- Full Birth Certificate – for Minor; and
- Parent/Guardian proof of identity (as above in proof of identity)

If Guardian

- Guardianship Order (if relevant)

G Tax residency self-certification guidance

Please read these instructions before completing your foreign tax details.

Legislation to implement the OECD Common Reporting Standard (“CRS”) and the US Foreign Account Tax Compliance Act (“FATCA”) in New Zealand require Craigs Investment Partners to collect and report certain information about our clients’ tax residence. Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if you are resident in the jurisdiction on the OECD Automatic Exchange of Information portal. In general, you will find that tax residence is the country/jurisdiction in which you live. Special circumstances may cause you to be resident elsewhere or resident in more than one country/jurisdiction at the same time (dual residency). If you are a U.S. citizen or tax resident under U.S. law, you should indicate that you are a U.S. tax resident on this form and you may also need to fill in an IRS W-9 form. For more information on tax residence, please consult your tax adviser or the information at the OECD Automatic Exchange of Information portal.

If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside New Zealand, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the Inland Revenue Department and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

As a financial institution, we are not allowed to give tax advice.

Your tax adviser may be able to assist you in answering specific questions on this Client Agreement. Your domestic tax authority can provide guidance regarding how to determine your tax status.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD Automatic Exchange of Information portal and the Inland Revenue Department website.

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