



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.

In accordance with the Financial Advisers Act 2008 (the 'Act') and the Code of Professional Conduct for Authorised Financial Advisers, this broking service is a class service and anyone receiving this service will not receive a personalised service involving personalised advice as defined by the Act.

This means that in providing the service we will not consider whether an investment is suitable to your personal circumstances, and will not take into account your financial position, financial needs, financial 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 | | | | |

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* _____

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* _____

Salutation

This is how you would like your communication addressed.

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 | | | | |

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* _____

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* _____

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"

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.

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)

If no TIN available please select reason a, b or c from above if applicable

Country/Jurisdiction of Tax Residence	TIN	
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. 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 Guidance Note for Manual Identity Verification (page 13).

Information provided will be handled in accordance with clause 26 'Use and Disclosure of Information' CIP 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 and Nature and Purpose of Business Relationship

Under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we are required to obtain:

- > Information relating to the source of funds for an account. Please provide as much detail as possible including dates and amounts e.g. investments, inheritance, trust distribution.

We may contact you if we require further information from you regarding your Source of Funds

- > 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. Please select from the list below, those that best describe the nature and purpose of your investment:

Select all that are applicable

- To help grow my savings
- To save for retirement
- To save for my 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% Other *specify* _____

Resident Withholding Tax (RWT)

select one option only

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

10.5% 17.5% 30% 33% Other *specify* _____

Exempt *please provide a copy of your RWT exemption certificate (and RWT exemption certificate of any other Applicant or Minor if applicable)*

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)

Prescribed Investor Rate (PIR)

A PIR is the rate at which income from a PIE is taxed. It is based on your taxable income. If you need more information on how to calculate your PIR, visit craigsip.com

Resident Withholding Tax (RWT)

If you do not provide an IRD Number, RWT will be deducted at 33%.

Foreign Investment Funds (FIF)

Investors who have certain types of overseas investments may have foreign investment fund (FIF) income.

D Settlement Instructions

The settlement method selected below will be used as the default settlement method for both the Client's buy and sell transactions. Please contact your Craigs Investment Partners Adviser if you do not wish this settlement method to be used for a particular transaction.

D1 How would you like your transactions to be settled?

select one method only

- To/From my/our Craigs Investment Partners Cash Management Account (if this option is selected, please complete Section D2).
- To/From the bank account as detailed below:

Name of Bank

Account Name

- By cheque

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 cheque for this bank account; 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.

DELIVERY OF CONTRACT NOTES

All Contract Notes are to be sent by email: Yes No *if no please specify below*

How do you wish to receive contract notes? Post Email and Post

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

D2 Craigs Investment Partners Cash Management Account Application Form

SETTLEMENT FACILITY

I/We authorise and request Craigs Investment Partners to open a CIP Cash Management Account and automatically settle my/our securities transactions (unless otherwise indicated below) by withdrawing or depositing funds to/from my/our Craigs Investment Partners Cash Management Account.

- Yes No

OPENING DEPOSIT

Should you wish to make an initial deposit into your Craigs Investment Partners Cash Management Account, please indicate the amount and state the currency in which you wish to invest.

In order to settle your transactions

We recommend you open a Craigs Investment Partners Cash Management Account from which you can automatically draw funds or to which you can direct funds.

If you have elected payment to be made by cheque

The cheque will be made out in the name of the Craigs Investment Partners account of the Securities and delivered to the Primary Mailing Address.

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.

Opening Deposit

The interest rates applicable to your opening deposit in your Craigs Investment Partners Cash Management Account are available from your Craigs Investment Partners Adviser.

Please make cheques payable to: **CIP Cash Management Nominees Limited**.
All cheques should be crossed "Not Transferable - Account Payee Only".

Please attach the opening deposit to this completed Application Form and return to Craigs Investment Partners, unless alternative arrangements have been made with your Investment Adviser. Application Form and initial deposit can be returned to:

CIP Cash Management Nominees Limited
Freepost 366, PO Box 13155, Tauranga, 3141



Amount \$ _____

- NZD AUD GBP
 USD EURO Other

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.

Number of bank accounts with deposit slip attached



Name of Bank *account one*

Account Name

Name of Bank *account two*

Account Name

STATEMENTS

- Statement Frequency Quarterly (default) Monthly
Statement Delivery Method Email (default) Post

Do you want us to send your end-of-year taxation summary to your tax adviser?

- Yes No

If YES, please give details of your tax adviser below:

Tax Adviser's Name

Firm

Mailing Address

Post code | | | | |

Work Ph

Email

Delivery method Post Email

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.

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 CIP 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 and (if required by Craigs Investment Partners) as a "Wholesale Client" for the purposes of the Financial Advisers Act 2008.
2. Craigs Investment Partners Limited and/or its Investment Advisers have not provided personalised financial or investment advice in respect of this account;
3. I/We acknowledge that I/we are aware of the limitations of class advice.
4. 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.
5. Communications that Craigs Investment Partners send to us by way of email or other electronic means will not be encrypted.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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)).
11. 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.

E2 Signatures

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

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)



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.

Office Use Only

Adviser Acknowledgement

Must be completed by Adviser, signed and scanned to CRM

I have provided the client with the following documents

- Terms and Conditions
- Disclosure Statement(s)
- Scope of Service

-
- The client has completed and signed a Client Agreement / Application Form
 - Current and valid identity documents obtained and certified / verified

Class Client

- If required, the client has signed an Opt Out Letter*
Acknowledging that any advice given has not been based on personal financial circumstances

* Obtaining an Opt Out Letter is not mandatory for clients in a class service. Clients in a class service need only sign an Opt Out Letter if an Adviser deems necessary to do so (so as to minimise the risk of a client mistakenly believing that a 'personalised' service is provided).

All documents must be scanned into the CRM.

ALL CLIENTS

Based on the information provided in this signed Client Agreement / Application Form and my knowledge of the client - the due diligence to apply to this account is:

- Standard
- Enhanced

Client Name

Account Number

Brokerage %

Min. Brokerage

Fees (CSL Clients)

Other Instructions

Adviser Name

Adviser Code

Adviser Signature

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



CRAIGS[®]

INVESTMENT PARTNERS

HEAD OFFICE - TAURANGA

Craigs Investment Partners House
158 Cameron Road
PO Box 13155, Tauranga 3141
E. headoffice@craigsip.com

KERIKERI

Hobson House
14 Hobson Avenue
PO Box 841, Kerikeri 0245
P. 09 407 7926 F. 09 407 7429
E. kerikeri@craigsip.com

WHANGAREI

1 Robert Street
PO Box 573, Whangarei 0140
P. 09 438 1988 F. 09 438 5167
E. whangarei@craigsip.com

AUCKLAND

Level 32, Vero Centre
48 Shortland Street
PO Box 1196, Auckland 1140
P. 09 919 7400 F. 09 303 2520
E. auckland@craigsip.com

HAMILTON

Level 4, PwC Centre
Cnr Anglesea & Ward Streets
PO Box 1282, Hamilton 3240
P. 07 838 1818 F. 07 838 0828
E. hamilton@craigsip.com

TAURANGA

Craigs Investment Partners House
158 Cameron Road
PO Box 13155, Tauranga 3141
P. 07 577 6049 F. 07 578 8416
E. tauranga@craigsip.com

ROTORUA

First Floor
1196 Whakaue Street
PO Box 1148, Rotorua 3040
P. 07 348 1860 F. 07 348 1863
E. rotorua@craigsip.com

GISBORNE

75 Childers Road
PO Box 153, Gisborne 4040
P. 06 868 1155 F. 06 868 1154
E. gisborne@craigsip.com

NEW PLYMOUTH

First Floor, 9 Young Street
PO Box 8011, New Plymouth 4340
P. 06 759 0015 F. 06 759 0016
E. newplymouth@craigsip.com

WHANGANUI

17 Drews Avenue
PO Box 63, Whanganui 4541
P. 06 349 0030 F. 06 348 5523
E. whanganui@craigsip.com

PALMERSTON NORTH

First Floor
Cnr Broadway Avenue & Vivian Street
PO Box 1543, Palmerston North 4440
P. 06 953 3460 F. 06 953 0640
E. palmerstonnorth@craigsip.com

WELLINGTON

Level 4, 20 Customhouse Quay
PO Box 10556, Wellington 6143
P. 04 917 4330 F. 04 917 4350
E. wellington@craigsip.com

BLenheim

2 Alfred Street
PO Box 678, Blenheim 7240
P. 03 577 7410 F. 03 577 7440
E. blenheim@craigsip.com

CHRISTCHURCH

Level 3
Craigs Investment Partners House
76 Victoria Street
PO Box 90, Christchurch 8140
P. 03 379 3433 F. 03 379 5687
E. christchurch@craigsip.com

QUEENSTOWN

Level 1, Five Mile Centre
Grant Road, Frankton
PO Box 2487, Wakatipu
Queenstown 9349
P. 03 901 0170 F. 03 901 0179
E. queenstown@craigsip.com

DUNEDIN

Level 4, 229 Moray Place
PO Box 5545, Dunedin 9058
P. 03 477 5900 F. 03 477 6743
E. dunedin@craigsip.com

GORE

120 Main Street
PO Box 317, Gore 9740
P. 03 208 9310 F. 03 208 4161
E. gore@craigsip.com

INVERCARGILL

Level 2, 20 Don Street
PO Box 1246, Invercargill 9840
P. 03 214 9939 F. 03 214 9933
E. invercargill@craigsip.com

0800 272 442 / craigsip.com

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