



CRAIGS[®]
INVESTMENT PARTNERS

Custodial 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

A Account Details

Services

For a description of each of these services, ask your Craigs Investment Partners Adviser.

Fees

In addition to commission and brokerage, charges apply to the additional services. Your Craigs Investment Partners Adviser will discuss these fees with you.

***Class Services** are services provided where your Craigs Investment Partners Adviser has not taken into account your personal circumstances, financial situation, needs and goals, and tolerance for risk when making recommendations or providing advice.

****Personalised Services** are services provided where your Craigs Investment Partners Adviser has taken into account your personal circumstances, financial situation, needs and goals, and tolerance for risk when making recommendations or providing advice.

IS THIS ACCOUNT FOR

Please tick the box to identify the best description

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

Minors: If a minor (an individual under the age of 18 years) wishes to open an Account, then a parent or guardian must be the Client and complete Section B1 of the Client Agreement. Details of the minor are to be recorded in Section B2.

Please select which service(s) you require by ticking the appropriate boxes below

Class Services*

Personalised Services**

- Investment Administration Service Managed Portfolio Service

A Cash Management Account will be provided for both of these services

Additional Services

Please tick any of the following services in addition to the above

- mySTART®** please complete the mySTART® Application Form
- Craigs Superannuation Scheme** please read the Craigs Superannuation Scheme Product Disclosure Statement and complete the Craigs Superannuation Scheme Application Form
- Craigs KiwiSaver Scheme** please read the Craigs KiwiSaver Scheme Product Disclosure Statement and complete the Craigs KiwiSaver Scheme Application Form
- QuayStreet KiwiSaver Scheme** please read the QuayStreet KiwiSaver Scheme Product Disclosure Statement and complete the QuayStreet KiwiSaver Scheme Application Form

B Client Details

B1 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.

C Account Information

C1 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

C2 Authorisation to Transact on the Account

Single Authorisation *tick if any one person can act individually on this account*

Multiple Authorisation *tick if instructions must be given by more than one person on this account*

Name *first, middle and last name*

Name *first, middle and last name*

Name *first, middle and last name*

C3 Your Professional Advisers

Accountant's Name

Firm

Solicitor's Name

Firm

C4 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 receive investment advice
- To help grow my savings/capital
- To save for retirement
- To save on behalf of my child/children or other dependents
- To generate income
- Other *please provide as much detail as possible*

C5 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

C6 Listed Entity Director/Officer Details

Are you or any person associated with 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

C7 Custodial Holdings Statements and Personalised Reporting

Reporting will be sent to the person named in Section B1 unless otherwise requested

Delivery method Website 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 if different from the Accountant listed in section C3:

Tax Adviser's Name

Firm

Mailing Address

Postcode | | | | |

Work Ph

Email

Delivery method Website Post

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

D Payment Authority

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

Name of Bank _____

Account Name _____

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.

E 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.

F Client Undertakings and Signatures

F1 Custodial 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 accept me/us as a Client and open an 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 provisions set out in Clause 26 of the Terms and Conditions.
5. Agree to be bound by any terms and conditions of a Nominee holding Custody Investments on my/our behalf in the course of provision of the Services.

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. It is my/our responsibility when receiving a "Personalised Service" (as that term is defined in the Financial Advisers Act 2008) to provide Craigs Investment Partners with full and accurate details of my/our financial information ("the Financial Information") and for me/us to provide Craigs Investment Partners with ongoing updates of any material changes to the Financial Information.
3. The Financial Information is required by Craigs Investment Partners to enable its investment advisers to determine the suitability of the Personalised Service being provided.
4. If I/we decline to provide some or all Financial Information required by Craigs Investment Partners, I/we accept that Craigs Investment Partners may not be able to provide me/us with Personalised Service.
5. If I/we instruct Craigs Investment Partners and/or its Investment Advisers not to determine the suitability for me/us of the Personalised Service, the advice provided will then be a "Class Service" (as that term is defined in the Financial Advisers Act 2008) and I/we am/are aware of the limitations of advice provided as part of a Class Service.
6. Craigs Investment Partners may register a Financing Statement over the Financial Products at the Personal Property Securities Register if I/we do not pay the purchase price for the Securities to Craigs Investment Partners by the due date for payment.
7. I/We must obtain the written consent of a nominee that is not associated with Craigs Investment Partners, before Craigs Investment Partners will complete a Client Outward Transfer (as that term is defined in the NZX Participant Rules) on my/our behalf into the name of that nominee.
8. Where I/we have provided information about any other individual, I/we will make that individual aware of the provision of Clause 26 of the Use and Disclosure of Information of the Terms and Conditions.
9. Communications that Craigs Investment Partners send to us by way of email or other electronic means will not be encrypted.
10. 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.
11. 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 a tax resident pursuant to intergovernmental agreements to exchange financial account information.
12. 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.
13. 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.

14. 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)).
15. 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.

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.

F2 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 and CIP Cash Management Nominees Limited 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.**

G Manual Identity Verification Requirements

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

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."

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)

H 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

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).

Personalised Client

- Completed Client Discovery Questionnaire (including Risk Tolerance)
- Investment Policy Statement provided to the client and ensure they understand and agree to it
- Signed copy or email confirmation of the Investment Policy Statement received from the client before providing any personalised advice
- The client has signed an Opt Out Letter for any securities where I will not be providing personalised advice

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

Brokerage % _____ Min. Brokerage _____

Fees _____

Other Instructions

Adviser Name

Adviser Code

Adviser Signature

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



CRAIGS[®]

INVESTMENT PARTNERS

HEAD OFFICE - TAURANGA

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KERIKERI

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E. kerikeri@craigsip.com

WHANGAREI

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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

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TAURANGA

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ROTORUA

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GISBORNE

75 Childers Road
PO Box 153, Gisborne 4040
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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
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E. whanganui@craigsip.com

PALMERSTON NORTH

First Floor
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WELLINGTON

Level 14, PwC Tower
113 - 119 The Terrace
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P. 04 917 4330 F. 04 917 4350
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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
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E. christchurch@craigsip.com

QUEENSTOWN

Level 1, Five Mile Centre
Grant Road, Frankton
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Queenstown 9349
P. 03 901 0170 F. 03 901 0179
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DUNEDIN

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E. dunedin@craigsip.com

GORE

120 Main Street
PO Box 317, Gore 9740
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E. gore@craigsip.com

INVERCARGILL

Level 2, 20 Don Street
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E. invercargill@craigsip.com

0800 272 442 / craigsip.com

Craigs Investment Partners Limited is a NZX Participant Firm.
Adviser Disclosure Statements are available on request and
free of charge. Please visit craigsip.com