

Client Information Form - Companies

To meet our requirements under anti-money laundering legislation, we are required to collect certain information and undertake certain background checks before providing services to clients. This form will assist you to provide the information we need to obtain under the legislation.

Please complete this form and return to your EVES agent with the required attachments.

A. Company details

Full legal name:

Trading name:
(if different to legal name)

Company number or NZBN:

Street number:

Street:

Unit:

Suburb:

Town/City:

Postcode:

Country:

Country of incorporation:

Key contact person,
including title or position:

Key contact person
phone number:

B. Nature and purpose for engaging EVES

Please let us know the type of activity you are looking to undertake, the service you require from us and the reason for that service, for example: 'sale of company headquarters to move to larger office'; 'sale of premises no longer used by the company'

C. Director details (Please list all directors, adding additional sheets if necessary.)

Full name:

Full name:

Full name:

Full name:

Each director may also need to complete an Individual Client Form and provide the required documents as set out in that form.

D. Shareholders of more than 25%

Please give details of any shareholders of the company with a shareholding of more than 25%.

1. Full name:

Percentage shareholding:

 %

2. Full name:

Percentage shareholding:

 %

3. Full name:

Percentage shareholding:

 %

Each shareholder may also need to complete an Individual Client Form and provide the required documents as set out in that form.

E. Shareholding on behalf

Do any of the shareholders hold shares in the company on behalf of another person?

Yes

No

If you answered **YES**, please provide details in the box below.

Each person listed above may also need to complete an Individual Client Form and provide the required documents as set out on that form.

F. Beneficial owners of the company

Please provide details of any beneficial owner of the company, if not already listed elsewhere in this form.

A 'beneficial owner' is any person (other than the directors or shareholders) who has effective control of the company or on whose behalf the transaction is conducted.

1. Full name:

Designation:

(for example: has effective control, person on whose behalf the transaction is conducted)

2. Full name:

Designation:

(for example: has effective control, person on whose behalf the transaction is conducted)

Each person listed above will also need to complete an Individual Client Form and provide the required documents as set out in that form.

G. Enhanced customer due diligence - source of wealth/funds

If your EVES agent indicates this is required, please provide brief details to evidence your source of wealth or source of funds (for example salary, rental income, drawings) in the box below:

Please attach evidence of the way in which you generate income – this might be a copy of your latest tax return, or a bank statement showing regular deposits of income, financial or investment statements. Documents attached should be originals or copies certified by a trusted referee*. Please describe the documents you have attached as evidence. Your EVES agent may need to ask you to provide further documents.

A trusted referee must be over the age of 16, must not be your spouse or partner, related to you, someone who lives at the same address as you or someone with an interest or ownership in your property, or in any way related to the transaction. A trusted referee must be any one of the following:

- | | |
|--|--|
| <input type="checkbox"/> New Zealand Lawyer | <input type="checkbox"/> Registered teacher |
| <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Kaumātua |
| <input type="checkbox"/> Notary Public | <input type="checkbox"/> Member of Parliament |
| <input type="checkbox"/> Registered Medical Doctor | <input type="checkbox"/> Minister of Religion |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Commonwealth Representative |
| <input type="checkbox"/> Police constable | <input type="checkbox"/> NZ Honorary Consul |

If you are certifying documents overseas, then the documents must be certified by a person who has the legal authority to take statutory declarations or the equivalent in that country.

Certification must have been carried out in the last three months. The trustee referee must sight the original document and make the following statement on the document:

- **I [name], [title], confirm that:**
- **I have sighted the original of this document**
- **This document which I have signed and dated is a true copy of the original document [and represents a true likeness of [name]]**

Original certifications of the photocopied documents must be provided.
Scans or photocopies will not be accepted.

H. Privacy

By signing and submitting this form you consent to the collection, use, disclosure, storage and processing of the personal information you have supplied to us in accordance with the Privacy Act 1993 and our privacy policy (available on our website) and undertake to us that you have been authorised to give that consent on behalf of any other people whose personal information you have supplied to us. In particular, you authorise us to disclose your personal information to:

- a. third parties who perform functions on our behalf, such as hosting and data storage providers and providers who help us meet our obligations under anti-money laundering legislation (including for the purpose of verifying your identity and address information);
- b. credit reporting agencies;
- c. regulatory bodies or law enforcement agencies as required by law; and
- d. meet our legal obligations, including under anti-money laundering legislation.

You have a right to access and correct all personal information that you have supplied to us.

We will provide you (on request) with the name and address of any entity to which information has been disclosed. You may withdraw your consent at any time.

I. Confirmation

As a director/authorised person (delete one) of the company, I confirm that the information above is correct, that I agree to the Privacy Statement in Section H above and that I have authority to provide this information.

Full name of director/
authorised person:

Signature of director/
authorised person:

Date:

D	D	M	M	Y	Y
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