Client Information Form - Individuals

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.

This form should be completed if you are an EVES client or if you are a beneficial owner, or are acting on behalf, of an EVES client.

A. Individual Details						
Full name:		Date of Birth:	DD	M	Y	Y
Other names: (Maiden name or alias)						
Residential Address Street number:	Street:					
Unit:	Suburb:					
Town/City:		Ро	stcode:			
Country:						
Nationality:						
Country of residence:						
Phone number*:						
Email address*:						

* This is optional if you are a beneficial owner or person acting on behalf of an EVES client

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: sales of family home due to moving cities; sale of investment property due to retirement; acting as a trustee for a trading trust.

* This is optional if you are a beneficial owner or person acting on behalf of an EVES client



C. Authorised person (optional)

List any authorised person(s) that may act on your behalf and their relationship to you. The "authorised person" must also complete a Client Information Form for Individuals.

Full name:	
Relationship to you:	

*Authorised person(s)" include beneficial owners and persons acting on your behalf i.e. power of attorney, guardian.

A "beneficial owner" means an individual (other than named above) who has effective control over the property which is subject to the transaction, or an individual on whose behalf the transaction is conducted.

D. Proof of identity

Please check the box to indicate the document you are providing. If you are not able to provide one of the documents required, please contact your EVES agent.

- New Zealand passport (identity page)
- New Zealand firearms licence
- New Zealand drivers license (both sides)
- Overseas passport (identity page)

* Please provide either an original of this document or a copy certified by a trusted referee.

E. Proof of address

Please check the box to indicate the document you are providing in order to prove your address. The document needs to be addressed to you, show the residential address in Section A and must be dated within the last 12 months.

- Letter or Invoice from utility company e.g. power bill
- Bank statement
- Letter from Government agency e.g. rates bill, Inland Revenue correspondence
- 🗌 Recent services bill which shows the residential address receiving the service e.g. Sky TV bill
- Other. Please detail:

* Please provide either an original of this document or a copy certified by a trusted referee.



F. 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:

- New Zealand LawyerJustice of the Peace
- Registered teacher
- Kaumãtua
- Notary Public
- Member of Parliament
- Minister of Religion
- Registered Medical Doctor
- □ Chartered Accountant □ Commonwealth Representative
- Police constable
- 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.



G. 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.

H. Confirmation

I confirm that the information above is correct, that I agree to the Privacy Statement in Section G above and that I have authority to provide this information.

Full name:	
Signature:	
Date:	D D M M Y Y

