

INTEGRAL MASTER TRUST

Identification form: New Zealand companies

GUIDE TO COMPLETING THIS FORM

- Complete this form only for **New Zealand incorporated companies**.
- You may be required to complete additional identification forms. Send all of the **completed forms** with the application form.
- Contact *Britannia* if you have any queries.

SECTION 1: NEW ZEALAND COMPANY DETAILS

1.1 General Information

Full name as registered by New Zealand Companies Office

Trading name (if different)

Company Number

Registered office address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

1.2 Company Type (select ✓ only ONE of the following categories)

Public Go to Section 2 below.

Private / Proprietary Go to Section 1.3 below.

1.3 Directors

How many directors are there? provide full name of each director

	Full given name(s)	Surname	Date of Birth
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more directors, provide details on a separate sheet

1.4 Shareholders

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital

Shareholder 1

Full given name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address <i>(PO Box is NOT acceptable)</i>		
Street	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	

Shareholder 2

Full given name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address <i>(PO Box is NOT acceptable)</i>		
Street	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	

Shareholder 3

Full given name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address <i>(PO Box is NOT acceptable)</i>		
Street	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	

Shareholder 4

Full given name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address <i>(PO Box is NOT acceptable)</i>		
Street	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	

Shareholder 5

Full given name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address <i>(PO Box is NOT acceptable)</i>		
Street	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	

1.5 Beneficial Owner or those with Authority to Act on Behalf of Company Details *(required for ALL beneficial owners)*

How many beneficial owners and authorised persons are there? provide full name of each beneficial owner and authorised person below

Remember to complete identification forms for EACH beneficial owner and authorised person, and attach those identification forms to the application. Beneficial owners include anyone with effective control over the company.

Beneficial Owner/Authorised Person 1

Full given name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to company		
<input type="text"/>		

Beneficial Owner/Authorised Person 2

Full given name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to company

Beneficial Owner/Authorised Person 3

Full given name(s)	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to company

If there are more beneficial owners/authorised persons, provide details on a separate sheet

SECTION 2: NEW ZEALAND COMPANY VERIFICATION PROCEDURE

Standard verification procedure
 Verify:

- The full name of the company as registered by New Zealand Companies Office
- The Company Number issued to the company.

Tick ✓	Verification options (select ONE of the following options used to verify the Company)
<input type="checkbox"/>	Perform a search of the relevant New Zealand Companies Office database.
<input type="checkbox"/>	Obtain an original or certified copy of the certification of registration issued by New Zealand Companies Office.

SECTION 3: RECORD OF VERIFICATION PROCEDURE

IMPORTANT:
 → **Attach** a legible copy of the ID documentation used to verify the Company.

ID DOCUMENT DETAILS	Document 1	Document 2
Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy

SECTION 4: NATURE AND PURPOSE OF BUSINESS RELATIONSHIP

4.1 Nature of business relationship (select ✓ as many of the following categories as applicable)

- Superannuation transfer
- Investment expected to be for longer than 4 years
- Investment expected to be for shorter than 4 years
- Accumulation investment (ie funds are being deposited or balance expected to be maintained)
- Decumulation investment (ie funds are being drawn down by the client)

4.2 Expected transactions (please estimate the transactions that will occur in this account)

	Expected Amount	Frequency (eg monthly, annual)
Expected deposits (total initial deposits)	<input type="text"/>	<input type="text"/>
Regular savings (if any)	<input type="text"/>	<input type="text"/>
Regular withdrawals (if any)	<input type="text"/>	<input type="text"/>
Irregular deposits	<input type="text"/>	<input type="text"/>
Irregular withdrawals	<input type="text"/>	<input type="text"/>

SECTION 5: COMPANY FUNDS/WEALTH VERIFICATION PROCEDURE

You are required to verify the source of funds or wealth of the company, including both original capitalisation funds and any source of income, for any company that is a vehicle for holding personal assets, has nominee shareholders or shares in bearer forms.

Is the company a vehicle for holding personal assets, has nominee shareholders or shares in bearer forms?

YES / NO

If yes, complete the sections 5 and 6, otherwise go to section 7

Tick ✓	Verification options (select as many of the following options used to verify wealth of the company)
<input type="checkbox"/>	A letter from a solicitor or chartered accountant that confirms income/wealth of the company.
<input type="checkbox"/>	An audited set of accounts identifying the wealth and income of the company
<input type="checkbox"/>	Other – please explain document used to verify income and/or wealth of the company:
<input type="checkbox"/>	Other – please explain document used to verify income and/or wealth of the company:

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

SECTION 6: RECORD OF FUNDS/WEALTH VERIFICATION PROCEDURE

For the purposes of this section of the form, attach a legible copy of the ID documentation used to identify the company (and any required translation).

ID RECORD

Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy

SECTION 7: Britannia REPRESENTATIVE DETAILS – identification and verification conducted by:

Britannia Representative's Name:	Date Verified:
Britannia Representative's Signature:	