

INTEGRAL MASTER TRUST

Identification form: partnerships

- Complete the following:
 - Section 1A – Partnership details
 - Section 1B – Partnership ID procedureComplete an identification form for EACH partner, beneficial owner and any person acting on behalf of the partnership. Send all of the **completed forms** with the application form.
- Contact Britannia if you have any queries.

SECTION 1A : PARTNERSHIP DETAILS

Full name of partnership:	
Registered business name of partnership (if any):	
Country where partnership established:	Nature of business activities:
Is the partnership regulated by a professional association (e.g. lawyers, accountants, architects)?	
<input type="checkbox"/> Yes	Provide name of association:
	Provide membership details:
<input type="checkbox"/> No	How many partners are there? _____ (provide a separate identification form for each partner)

1.1 Partners (required for ALL partners)

Partner 1

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

Partner 2

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

Partner 3

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

Partner 4

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

If more partners, provide on a separate sheet

1.2 Beneficial Owner or those with Authority to Act on Behalf of Partnership Details (required for ALL beneficial owners/authorised persons)

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 partnership.

Beneficial Owner/Authorised Person 1

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

Relationship to Partnership
<input type="text"/>

Beneficial Owner/Authorised Person 1

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

Beneficial Owner/Authorised Person 1

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

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

SECTION 1B : PARTNERSHIP IDENTIFICATION PROCEDURE

<i>Verify the following:</i>	
<ul style="list-style-type: none"> ▪ Complete Part A (for all partnerships) AND ▪ Complete Part B (if the partnership is regulated by a professional association). 	
PART A – ACCEPTABLE ID DOCUMENTS – to verify partnership name	
Tick ✓	Verification options - Select ONE of the following options used to verify the partnership
<input type="checkbox"/>	An original, a certified copy or certified extract of the partnership agreement.
<input type="checkbox"/>	A search of the relevant Ministry of Economic Development (Companies Office) database or other official database.
<input type="checkbox"/>	A notice issued by the Inland Revenue within the last 12 months e.g. Notice of Assessment. <i>Block out the IRD number before scanning, copying or storing the document.</i>
<input type="checkbox"/>	An original or certified copy of a certificate of registration of business name issued by a government or government agency in New Zealand.
<input type="checkbox"/>	A letter from a solicitor or qualified accountant verifying the name and existence of the Partnership.
PART B – ACCEPTABLE ID DOCUMENTS – to verify membership of a professional association	
Tick ✓	Verification options - Select ONE of the following options used to verify the membership
<input type="checkbox"/>	An original current membership certificate (or equivalent)
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association.

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

SECTION 2: NATURE AND PURPOSE OF BUSINESS RELATIONSHIP

2.1 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)

2.2 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"/>

RECORD OF IDENTIFICATION PROCEDURE

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

ID DOCUMENT RECORD

Verified From Original Certified Copy Performed search

BRITANNIA REPRESENTATIVE DETAILS - Identification and verification conducted by	
Britannia Representative's Name	Date Verified:
Britannia Representative's Signature:	