



# Identification form: New Zealand companies

### GUIDE TO COMPLETING THIS FORM

- o Complete this form only for **New Zealand incorporated companies**.
- o You may be required to complete additional identification forms. Send all of the **completed forms** with the application form.
- o Contact IOOF 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

Residential address *(PO Box is NOT acceptable)*

Street

Suburb  State  Postcode  Country

**Shareholder 2**

Full given name(s)  Surname  Date of Birth

Residential address *(PO Box is NOT acceptable)*

Street

Suburb  State  Postcode  Country

**Shareholder 3**

Full given name(s)  Surname  Date of Birth

Residential address *(PO Box is NOT acceptable)*

Street

Suburb  State  Postcode  Country

**Shareholder 4**

Full given name(s)  Surname  Date of Birth

Residential address *(PO Box is NOT acceptable)*

Street

Suburb  State  Postcode  Country

**Shareholder 5**

Full given name(s)  Surname  Date of Birth

Residential address *(PO Box is NOT acceptable)*

Street

Suburb  State  Postcode  Country

**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

Relationship to company

**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: IOOF REPRESENTATIVE DETAILS – identification and verification conducted by:**

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