

Trust Details

Full Legal Name of Trust: _____ ("the Trust")

Date of Trust Deed: _____ Common Shareholder Number (CSN): _____

Mailing Address: _____

Contact Name: _____ Position: _____

Contact Details: ☎ Work: _____ ☎ Home: _____ ☎ Mobile: _____
 Facsimile: _____ Email: _____

Details of all Trustees:

1	Surname: _____	First Names: _____
Title: <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other: _____	Occupation: _____	
Mailing Address: _____		
Contact Details: ☎ Work: _____ ☎ Home: _____ ☎ Mobile: _____	Facsimile: _____ Email: _____	
2	Surname: _____	First Names: _____
Title: <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other: _____	Occupation: _____	
Mailing Address: _____		
Contact Details: ☎ Work: _____ ☎ Home: _____ ☎ Mobile: _____	Facsimile: _____ Email: _____	
3	Surname: _____	First Names: _____
Title: <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other: _____	Occupation: _____	
Mailing Address: _____		
Contact Details: ☎ Work: _____ ☎ Home: _____ ☎ Mobile: _____	Facsimile: _____ Email: _____	
4	Surname: _____	First Names: _____
Title: <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Other: _____	Occupation: _____	
Mailing Address: _____		
Contact Details: ☎ Work: _____ ☎ Home: _____ ☎ Mobile: _____	Facsimile: _____ Email: _____	

Please provide the required identification details for each Trustee as specified overleaf.

Taxation Details:

NZ Resident: IRD No: _____ *If you hold a valid Certificate of Exemption and are able to receive income without resident withholding tax, please attach a copy. Any changes to the status of the Certificate of Exemption must be notified to SSP.

Tax Rate: 19.5% 33% Exempt* Overseas Taxation Number: _____

Non Resident: If you are not resident in New Zealand for tax purposes, please indicate country of residence for tax purposes.

Additional Authorised Person Details Complete this section in full if you wish to authorise any other person(s) to operate the Account on your behalf of the Trust. Their signature is required to indicate their acceptance of the nomination.

Full Name: _____	Full Name: _____
Address: _____	Address: _____
Relationship to the Trust: _____	Relationship to the Trust: _____
Contact Details: ☎ Work: _____ ☎ Home: _____	Contact Details: ☎ Work: _____ ☎ Home: _____
☎ Mobile: _____ Facsimile: _____	☎ Mobile: _____ Facsimile: _____
Email: _____	Email: _____
Signature of Authorised Person: _____	Signature of Authorised Person: _____

