



(Please complete in full and tick where appropriate)

Business Details

Legal Name: ("the Business")
Country of Domicile: NZ Other, Please specify
Company Number: NZ Overseas Date Established:
Registered Office or if none, Principal Place of Business: Mailing Address:
Contact Name: Position:
Contact Details: Work Home Mobile Facsimile Email
Type of Business: Corporation Partnership Sole Proprietorship Common Shareholder No (CSN):

Current Principals:

1 Surname: First Names:
Title: Mr Mrs Miss Ms Position: Date of Appointment:
Mailing Address:
Contact Details: Work Home Mobile Facsimile Email
2 Surname: First Names:
Title: Mr Mrs Miss Ms Position: Date of Appointment:
Mailing Address:
Contact Details: Work Home Mobile Facsimile Email
3 Surname: First Names:
Title: Mr Mrs Miss Ms Position: Date of Appointment:
Mailing Address:
Contact Details: Work Home Mobile Facsimile Email
4 Surname: First Names:
Title: Mr Mrs Miss Ms Position: Date of Appointment:
Mailing Address:
Contact Details: Work Home Mobile Facsimile Email

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

Taxation Details:

NZ Resident: IRD No:
Tax Rate: 19.5% 33% 39% 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.

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 Business. Their signature is required to indicate their acceptance of the nomination.

Full Name: Position: Contact Details: Work Home Mobile Facsimile Signature of Authorised Person:
Full Name: Position: Contact Details: Work Home Mobile Facsimile Signature of Authorised Person:

The above named have authority to operate the Account until otherwise notified to Somerset Smith Partners in writing.

Bank Account Details

For settlement purposes on this account. This information will stand until revoked in writing.
(Please attach an original pre-printed bank deposit slip or other confirmation of the account from the bank)

Account Name: _____

Bank & Branch: _____

Account No: _____

Settlement Instructions (per Clause 7 of Part B, Terms & Conditions)

Please indicate whether you would like SSP to open a Cash Management Account.

Yes

Please indicate whether your preferred option for settlement on your account is via the Cash Management Account.

Yes

Additional Services Required: Portfolio Review Service Custodial Service UDC Deposits Other Term Deposits

Identification Requirements

All financial institutions in New Zealand are required by law (and additionally for NZX Accredited Firms, the New Zealand Exchange Limited Rules) to verify the identity of clients and other persons. We will be unable to open your account without this.

Please attach the following: (original or good quality photo or scanned copy)

The following documents (as relevant) are required and should be certified (as relevant) by at least one director or partner or principal as appropriate.

FOR THE BUSINESS

- (a) Certificate of Incorporation or equivalent documents;
- (b) In the case of a partnership, the Partnership Agreement;
- (c) An original pre-printed deposit slip, recent bank statement or other notice issued by your bank for an account in the Business name, and
- (d) If not given in full on the preceding page, a list of current directors, partners or principals, as appropriate.

FOR EACH DIRECTOR / PARTNER / PRINCIPAL / AUTHORIZED PERSON(S)

- (a) A copy of a current and valid passport in their name, or
- (b) A copy of a current and valid drivers licence in their name.
- (c) Other suitable photo identification with a signature may be accepted on exceptional grounds.

Additional information may be required in respect of domestic and overseas companies at the discretion of Somerset Smith Partners.

Please tick if you want originals returned to you

*This should match the Bank Account Details shown above

Investment Objectives and Risk Profile

The following questions relating to your investment objectives and financial situation enable us to make recommendations appropriate to your requirements. We respect your right to privacy should you prefer not to disclose information. If you do not wish to disclose part or any information on your investment profile to us, we can only provide recommendations based on the information you provide and your advisor will be limited in his or her ability to make recommendations specific to you.

Account Investment Objectives:

Primarily to maximise capital growth Primarily to maximise income* Balanced return from income and capital growth

Level of Acceptable Risk:

High Moderate Low/conservative

*Level of annual income required from investment portfolio \$ _____

If you would like to further discuss your investment needs, please contact your advisor as soon as possible.

Other Optional Information:

Who is your: Solicitor: Name _____ Firm _____

Accountant: Name _____ Firm _____

Was SSP recommended to you? Yes No

If Yes, by whom? _____

Have you or any other family member previously been clients of SSP? Yes No Please advise _____

Declaration and Signatures

The Business confirms that it has not been declined service by any other sharebroker or been declared insolvent (or bankrupt). The Business confirms that the particulars supplied in the Schedule are correct and has read and understood this Agreement and agrees to comply with it. The persons identified above as Authorised Persons have read, understood and agree to comply with this Agreement and are authorised to operate the Account on behalf of the Business. By signing below and returning Part A of this Agreement to Somerset Smith Partners, the Business agrees to the provision to it by SSP of sharebroking and ancillary services on the Terms and Conditions set out in Part B of this Agreement and the Appendices thereto and agrees to abide by those Terms and Conditions. I/we acknowledge that I/we have read the risk disclosures relevant to me/us in Part B.

Signed for and on behalf of: _____

By: _____ Date: _____
(Director/Partner/Principal)

By: _____ Date: _____
(Director/Partner/Principal)

By: _____ Date: _____
(Director/Partner/Principal)

By: _____ Date: _____
(Director/Partner/Principal)

SSP agrees to provide to the Business named above sharebroking and ancillary services on the Terms and Conditions set out in Part B of this Agreement and agrees to abide by those Terms and Conditions.

SSP Signature

Signed for and on behalf of Somerset Smith Partners by: _____

SSP Authorised Signatory: _____

Date: _____

*SSP will retain the original copy of this Agreement. Please contact us if you require a copy for your records.
If this agreement is completed and sent to SSP by facsimile, please ensure that the original document follows by post.*