

(Please complete in full and tick where appropriate)

| Account Holder 1 | |
|--|--|
| Surname: <input type="text"/> | First Names: <input type="text"/> |
| Title: <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms | Other: <input type="text"/> |
| Residential Address: (not a PO Box number) <input type="text"/> <input type="text"/> <input type="text"/> | Registration and Mailing Address: (if different from residential address) <input type="text"/> <input type="text"/> <input type="text"/> |
| Contact Details: Work: <input type="text"/> | Home: <input type="text"/> |
| Facsimile: <input type="text"/> | Mobile: <input type="text"/> |
| Date of Birth: <input type="text"/> | Password or Mother's Maiden Name: <input type="text"/> |
| Marital Status: <input type="radio"/> Married <input type="radio"/> De Facto <input type="radio"/> Single <input type="radio"/> Widowed | Number of Children: <input type="text"/> |
| Employment Status: <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Student <input type="radio"/> Unemployed <input type="radio"/> Other | |
| Name of Employer: <input type="text"/> | Occupation: <input type="text"/> |
| NZ Resident: <input type="radio"/> IRD No: <input type="text"/> | Common Shareholder No: <input type="text"/> |
| Tax Rate: <input type="radio"/> 19.5% <input type="radio"/> 33% <input type="radio"/> 39% <input type="radio"/> Exempt* | <small>*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.</small> |
| Non Resident: <input type="radio"/> If you are not resident in New Zealand for tax purposes, please indicate country of residence for tax purposes. | Overseas Taxation No: <input type="text"/> |
| | Do you wish to elect: <input type="radio"/> Non Resident Withholding Tax Deduction <input type="radio"/> Approved Issuer Levy |
| Relationship to Account Holder 2: <input type="text"/> | |

| Account Holder 2 | |
|--|--|
| Surname: <input type="text"/> | First Names: <input type="text"/> |
| Title: <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms | Other: <input type="text"/> |
| Residential Address: (if different to Account Holder 1) <input type="text"/> <input type="text"/> <input type="text"/> | |
| Contact Details: Work: <input type="text"/> | Home: <input type="text"/> |
| Facsimile: <input type="text"/> | Mobile: <input type="text"/> |
| Date of Birth: <input type="text"/> | Password or Mother's Maiden Name: <input type="text"/> |
| Marital Status: <input type="radio"/> Married <input type="radio"/> De Facto <input type="radio"/> Single <input type="radio"/> Widowed | Number of Children: <input type="text"/> |
| Employment Status: <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Student <input type="radio"/> Unemployed <input type="radio"/> Other | |
| Name of Employer: <input type="text"/> | Occupation: <input type="text"/> |
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| | Do you wish to elect: <input type="radio"/> Non Resident Withholding Tax Deduction <input type="radio"/> Approved Issuer Levy |

| Bank Account Details | |
|------------------------------------|-------------------------------------|
| Account Name: <input type="text"/> | Bank & Branch: <input type="text"/> |
| Account No: <input type="text"/> | |

If there are more than two account applicants, please request an additional Schedule for completion.

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. We will be unable to operate your account without this. **TWO FORMS OF IDENTIFICATION ARE REQUIRED FROM EACH ACCOUNT HOLDER**

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

(a) *A pre-printed bank deposit slip, recent bank statement or other notice issued by your bank for an account in your name(s). **AND**

(b) Photo identification:

(i) A current and valid passport in your name(s), or

(ii) A current and valid drivers licence in your name(s),

(iii) Other suitable photo identification with a signature may be accepted on exceptional grounds

(c) If under 18 years of age, please attach a copy of your birth certificate.

Please note that if you do *not* hold a Common Shareholder Number (CSN), two of the following forms of personal identification are required by the New Zealand Exchange Limited to process a CSN request: IRD number, NZ driver's licence, passport, date of birth and bank account details (with the last two combined insufficient identification on their own).

Please tick if you want originals returned to you

*This should match the Bank Account Details shown above

Please refer to the attached for the current identification requirements

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

Full Name:

Full Name:

Address:

Address:

☎ Day:

☎ Day:

Relationship to you:

Relationship to you:

Signature of Authorised Person:

Signature of Authorised Person:

Is this authority given under: A Power of Attorney* Intermediary Capacity Other Please specify

*(Please attach a copy of the Power of Attorney, plus a Certificate of Non Revocation)

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 \$

Financial Details

Account Holder 1 Approximate: (a) annual income/salary: \$

(b) net worth: \$

Account Holder 2 Approximate: (a) annual income/salary: \$

(b) net worth: \$

Investment Experience In Securities Markets (Please tick as appropriate)

Experience: None Limited Moderate Extensive Number of Years

Products: Shares Fixed Interest Property Derivatives Managed Funds Warrants Other

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

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

Account Holder 1:

Date:

Account Holder 2:

Date:

SSP agrees to provide to the Account Holder(s) named above sharebroking and ancillary services on the Terms and Conditions set out in Part B of this Agreement and Appendices thereto 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.