

Client Agreement

Company, Partnership, Incorporated Society or Unincorporated Association

Somerset Smith Partners Use Only

Account Name:

Account Number:

Adviser:

Entered by:

Compliance:

Important Information

Thank you for choosing Somerset Smith Partners as your Investment Adviser.

NZX Prescribed Person Confirmation

As an NZX Market Participant, Somerset Smith Partners is prohibited under the NZX Participant Rules from buying or selling securities for a Prescribed Person of any other Trading Participant or NZX Firm.

Prescribed Persons, Trading Participant and NZX Advising Firm are defined terms within the NZX Participant Rules. A Prescribed Person is someone who has a defined relationship or connection with another Trading Participant or NZX Advising Firm.

We will not be able to open an account for the entity if:

- a. a Director, Partner, Managing Principal, Responsible Executive, Shareholder or Employee of an NZX Market Participant
 - i. is named as a Director/Partner/Officer or as an Authorised Person in this form; or
 - ii. is someone who otherwise has influence over the account's investment decisions; or
 - b. the entity is controlled by the spouse, de factor partner or dependent child(ren) of a person referred to in a);
or
 - c. the entity is controlled by another entity that is itself a Prescribed Person
- I/We confirm that this is not an account for a Prescribed Person

Please complete / attach documents for the following sections: Page

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Return your completed Client Agreement and accompanying documents to Somerset Smith Partners:

Napier Office
Post to: PO Box 90, Napier 4140
Deliver to: 25 Station Street, Napier

Havelock North Office
PO Box 8771, Havelock North 4157
2/23 Napier Road, Havelock North

Please contact us on **(06) 835 3126** or email napier@somsmith.co.nz if you require any assistance in completing the form.

Section 1**Account Details** *please complete in full and tick where appropriate*Entity Type: Company Partnership Incorporated Society Unincorporated Association

Full Legal Name: _____

Company/Incorporated Society Number: _____

Country of Incorporation/Establishment: NZ Other *specify* _____Date of Incorporation/Establishment: *dd/mm/yyyy* _____

Mailing Address:

Street/PO Box: _____

Suburb: _____

City: _____

Post Code: _____

Country: NZ Other *specify* _____Registered Office Address: *if different to mailing address*

Street: _____

Suburb: _____

City: _____

Post Code: _____

Country: NZ Other *specify* _____Principal Place of Business: *if different to Registered Office*

Street: _____

Suburb: _____

City: _____

Post Code: _____

Country: NZ Other *specify* _____

Work Ph: _____

Mobile Ph: _____

Taxation Information for the Entity: *please complete all that apply* New Zealand IRD Number: _____

Tax Rate: _____%

default to max tax rate if not specified Exempt*please attach a valid certificate of exemption* Australian Tax Number: _____ US Tax Identification (TIN or SSN): _____ UK National Insurance Number: _____ Other Country of Tax Residency: _____

Tax Identification Number: _____

Is the entity a Non-Financial Foreign Entity (NFFE) under FATCA? No YesIf 'Yes', is the entity active or passive under FATCA? Active Passive

Global Intermediary Identification

Number (GIIN): _____

Required for foreign financial institutions under FATCA. Companies which appoint an Investment Adviser with a discretionary mandate will be considered 'professionally managed' and therefore Financial Institutions and will require a GIIN.

For Overseas Investments

 Please apply the Approved Issuer Levy (2%), where applicable, to approved interest-bearing investments**New Zealand Common Shareholder**

Please state the 9-digit CSN if known: _____

Client's Initials

Directors/Partners/Officers Details

Details are required from the following individuals:

- For Companies – All Directors
- For Partnerships – All Partners
- For Incorporated Entities – All Officers
- For Other Unincorporated Associations – All Officers

First Director or Partner or Officer

This Director/Partner/Officer will be our main point of contact

Role: Director Partner Officer
Title: Mr Mrs Miss Ms Dr Other

Full Name: *first, middle and last name*

Preferred Name:

Date of Birth: *dd/mm/yyyy*

Country of Birth: NZ Other *specify*

Country of Citizenship: NZ Other *specify*

Contact Details:

Residential Address: *not a PO Box number*

Street:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Mailing Address: *if different to residential address*

Street/PO Box:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Home Ph:

Work Ph:

Mobile Ph:

Email Address:

Preferred method for correspondence: Email Post

Preferred number for contact: Home Ph Work Ph Mobile Ph

Taxation Information:

I confirm that I am a tax resident in the following country / countries: *please complete all that apply*

New Zealand IRD Number:

Tax Rate: _____%

default to max tax rate if not specified

Exempt

please attach a valid certificate of exemption

Australian Tax Number:

US Tax Identification (TIN or SSN):

UK National Insurance Number:

Other Country of Tax Residency:

Tax Identification Number:

Client's Initials

Second Director or Partner or Officer

Role: Director Partner Officer

Title: Mr Mrs Miss Ms Dr Other

Full Name: *first, middle and last name*

Preferred Name:

Date of Birth: *dd/mm/yyyy*

Country of Birth: NZ Other *specify*

Country of Citizenship: NZ Other *specify*

Contact Details:

Residential Address: *not a PO Box number*

Street:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Mailing Address: *if different to residential address*

Street/PO Box:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Home Ph:

Work Ph:

Mobile Ph:

Email Address:

Taxation Information:

I confirm that I am a tax resident in the following country / countries: *please complete all that apply*

New Zealand IRD Number:

Tax Rate: _____%

default to max tax rate if not specified

Exempt

please attach a valid certificate of exemption

Australian Tax Number:

US Tax Identification (TIN or SSN):

UK National Insurance Number:

Other Country of Tax Residency: _____

Tax Identification Number:

Client's Initials

Third Director or Partner or Officer

Role: Director Partner Officer

Title: Mr Mrs Miss Ms Dr Other

Full Name: *first, middle and last name*

Preferred Name:

Date of Birth: *dd/mm/yyyy*

Country of Birth: NZ Other *specify*

Country of Citizenship: NZ Other *specify*

Contact Details:

Residential Address: *not a PO Box number*

Street:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Mailing Address: *if different to residential address*

Street/PO Box:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Home Ph:

Work Ph:

Mobile Ph:

Email Address:

Taxation Information:

I confirm that I am a tax resident in the following country / countries: *please complete all that apply*

New Zealand IRD Number:

Tax Rate: _____%

default to max tax rate if not specified

Exempt

please attach a valid certificate of exemption

Australian Tax Number:

US Tax Identification (TIN or SSN):

UK National Insurance Number:

Other Country of Tax Residency:

Tax Identification Number:

Client's Initials

Fourth Director or Partner or Officer

Role: Director Partner Officer

Title: Mr Mrs Miss Ms Dr Other

Full Name: *first, middle and last name*

Preferred Name:

Date of Birth: *dd/mm/yyyy*

Country of Birth: NZ Other *specify*

Country of Citizenship: NZ Other *specify*

Contact Details:

Residential Address: *not a PO Box number*

Street:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Mailing Address: *if different to residential address*

Street/PO Box:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Home Ph: _____

Work Ph: _____

Mobile Ph: _____

Email Address: _____

Taxation Information:

I confirm that I am a tax resident in the following country / countries: *please complete all that apply*

New Zealand IRD Number:

--	--	--	--	--	--	--	--	--	--

Tax Rate: _____%

default to max tax rate if not specified

Exempt

please attach a valid certificate of exemption

Australian Tax Number:

--	--	--	--	--	--	--	--	--	--

US Tax Identification (TIN or SSN):

--	--	--	--	--	--	--	--	--	--

UK National Insurance Number:

--	--	--	--	--	--	--	--	--	--

Other Country of Tax Residency: _____

Tax Identification Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Client's Initials

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Authorised Person Details

Complete this section if you wish to authorise another person to give SSP instructions on your account in addition to the Directors, Partners and Officers already stated

Title: Mr Mrs Miss Ms Dr Other

Full Name: *first, middle and last name*

Preferred Name:

Date of Birth: *dd/mm/yyyy*

Country of Birth: NZ Other *specify*

Country of Citizenship: NZ Other *specify*

Relationship to Entity:

Contact Details:

Residential Address: *not a PO Box number*

Street:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Mailing Address: *if different to residential address*

Street/PO Box:

Suburb:

City:

Post Code:

Country: NZ Other *specify*

Home Ph:

Work Ph:

Mobile Ph:

Email Address:

Please provide identification documentation as referred to in Section 9 – Identity Document and Identification Requirements.

Client's Initials

Section 2 Listed Entity Director/Officer Details

Are any Director/Partner/Officer/Authorised Person, a Director or Officer of an entity that has securities listed on any Recognised Securities Exchange?

No Yes *please complete the Director/Officer details below*

Director/Officer Name:	Director/Officer Name:
Relationship to Listed Entity:	Relationship to Listed Entity:
Listed Entity Name:	Listed Entity Name:

Section 3 Politically Exposed Persons

Are any Director/Partner/Officer/Authorised Person either:

- an individual who holds, or has held at any time in the last 12 months, a prominent public function in any country other than New Zealand e.g. diplomat, high level judicial, military or ministerial position?
- an immediate family member of a person referred to above including a spouse, partner, child, child's spouse/parent or a parent?

No Yes *please specify public function and country*

Section 4 Settlement Instructions

Please provide bank account documentation for settlement purposes as referred to in Section 9 – Identity Document and Identification Requirements.

Section 5 Source of Funds

To comply with the Anti-Money Laundering and Countering Financing of Terrorism Act, please provide documentation for the source of funds as referred to in Section 10 – Source of Funds Documentary Evidence Guide.

Section 6 Your Professional Advisers

Solicitor's Name:	Firm:
Accountant's Name:	Firm:

Section 7 Source of Introduction

How did you hear about Somerset Smith Partners?

- | | |
|--|---|
| <input type="radio"/> Recommendation from Solicitor/Accountant | <input type="radio"/> Recommendation from friend/acquaintance |
| <input type="radio"/> Personally know the Investment Adviser | <input type="radio"/> Website |
| <input type="radio"/> Advertisement <i>if so where?</i> | <input type="radio"/> Other <i>please specify</i> |

Client's Initials

Section 8 Declaration and Signatures

All Directors, Partners, Officers and Authorised Person must agree and sign below.

I/We confirm that I/we have not been declined service by any other NZX Firm or been declared bankrupt.

I/We confirm that the particulars supplied in the Agreement are correct.

The person identified as the Authorised Person is authorised to operate the account on my/our behalf.

I/We acknowledge that I/we have received, read and understood the Somerset Smith Partners Investment Adviser's Disclosure Statements.

Where a person is signing as an Attorney, an original certified copy of the Power of Attorney must be provided. The Attorney hereby certifies that they have not been given notice revoking the Power of Attorney (POA).

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 hereto and agree to abide by those Terms and Conditions.

Name of First Director/Partner/Officer/POA: _____

Signature: _____

Date: _____

Name of Second Director/Partner/Officer/POA: _____

Signature: _____

Date: _____

Name of Third Director/Partner/Officer/POA: _____

Signature: _____

Date: _____

Name of Fourth Director/Partner/Officer/POA: _____

Signature: _____

Date: _____

Name of Authorised Person: _____

Signature: _____

Date: _____

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

SSP Authorised Name: _____

SSP Authorised Signatory: _____

Date: _____

Somerset Smith Partners will retain the original copy of this Client Agreement.

Please contact us on **(06) 835 3126** or **napier@somsmith.co.nz** if you require a copy for your records.

Under the Anti-Money Laundering and Countering Financing of Terrorism Act, we are required to verify all directors, partners, officers, power of attorneys and authorised person's identity and residential address. Please provide the required documentation listed below:

Proof of Identity

The three options in providing a **current and certified copy** of identification documents are:

Option 1: Any one of.....

- Passport
- NZ Certificate of Identity
- NZ Firearms Licence
- National Identity Card

Option 2: The combination of.....

- NZ Driver Licence

Option 3: The combination of.....

- Birth Certificate or
- Citizenship Certificate

AND

Any one of the following:

- Credit/Debit or Eftpos Card
- Bank statement issued by a registered bank
- Statement from Inland Revenue Department (IRD)
- SuperGold Card

AND

Any one of the following:

- NZ Driver Licence
- International Driving Permit and Overseas Licence
- 18+ Card
- NZ Defence Photo Identification
- NZ Police Photo Identification

Proof of Address

A **certified copy** of one of the following issued within the last 3 months:

- Bank statement
- IRD statement
- Rates bill
- Utilities bill

Note: If any of the documentation provided is in a maiden name, a copy of the marriage certificate to evidence the change of name will be required.

Proof of Company / Partnership / Incorporated Society or Unincorporated Association's Bank Account

- Cheque from the Entity's bank account
- Bank encoded deposit slip with pre-printed details of the bank account name and number

or a **certified copy** of one of the following issued within the last 12 months:

- Bank statement *if showing multiple accounts, mark the appropriate one*
- Transaction statement

For Company / Incorporated Society

A copy of the following: (**certified copy** required if the entity is incorporated outside New Zealand)

- Certificate of Incorporation
- Confirmation of Directors from an official / independent source
- Confirmation of ownership structure from an official / independent source

A **certified copy** of the registered address that includes the company name and address issued within the last 3 months:

- Bank statement
- Rates bill
- Utilities bill

For Partnership / Unincorporated Association

- A **certified copy** of the relevant pages of the Partnership Deed/Agreement, and any resolutions evidencing any amendments which must confirm the Partnership name and the Partners/Officers names and other person authorised to act on behalf of the Partnership

Copies of all identification documents mentioned above need to be certified by one of the approved certifiers listed below:

- Chartered Accountant
- Notary Public
- Minister of Religion
- Member of Parliament
- Lawyer
- Justice of the Peace
- Commonwealth Representative
- NZ Honorary Consul
- Registered Teacher
- Registered Medical Doctor
- Kaumatua
- Member of the NZ Police

The certification itself must be original and the certifier must:

- State on the document that the document is a true copy of the original;
- Print and sign his/her name on the document and include occupation details; and
- Include the date of certification - must be within past 3 months

Section 10 Source of Funds Documentary Evidence Guide

Under the requirements of the Anti-Money Laundering and Countering Financing of Terrorism Act we need to establish and be provided with **certified copies** or the original documentation that evidences where the funds have come from.

Examples of suitable documents are suggested below:

Source	Documentary Evidence Guide
Business Investment	<ul style="list-style-type: none"> • Copies of latest audited company accounts • Management accounts / reports • Letter or report from an accountant
Company Sale	<ul style="list-style-type: none"> • Letter from lawyer / accountant • Sale and purchase agreement
Divorce Settlement	<ul style="list-style-type: none"> • Letter from lawyer / accountant • Settlement Agreement
Employment Income / Bonus	<ul style="list-style-type: none"> • Recent pay slips • Letter from Employer confirming income/bonus amounts • Bank statements showing regular salary and named employer
Gift	<ul style="list-style-type: none"> • Gift statement • Letter from lawyer / accountant
Inheritance	<ul style="list-style-type: none"> • Will • Letter from lawyer / trustee
Other Monies, Prizes, Lotto wins, Legitimate gambling activities	<ul style="list-style-type: none"> • Winning's receipt • Letter from lawyer / accountant
Property Sale	<ul style="list-style-type: none"> • Letter from lawyer / accountant • Sale and purchase contract
Retirement Lump Sum	<ul style="list-style-type: none"> • Pension statement • Letter from Pension Provider confirming lump sum amount
Sale of Shares or Other Investments or Savings	<ul style="list-style-type: none"> • Investment savings certificate / contract note / statement or confirmation from relevant investment company • Letter from accountant
Trust Distribution	<ul style="list-style-type: none"> • Letter from lawyer / accountant • Bank statement showing deposit from the Trust

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