

INVESTOR DETAILS

P O Box 38-010, Howick
Ph: 09 535-2239, Fax: 09 535-3639
Email: info@scfl.co.nz
www.scflnominees.co.nz



Personal

First Names Surname

Address

Postal Address if Different.....

Phone Home Work Mobile

Fax Email

First Names Surname

Address

Postal Address if Different.....

Phone Home Work Mobile

Fax Email

Company or Trust

Full Name

Directors or Trustees

First Names Surname

First Names Surname

First Names Surname

Contact Person

Address

Postal Address if Different.....

Phone Home Work Mobile

Fax Email

Bank Details for Interest

Bank Account Name

Bank and Branch

Full Bank Account Number

Tax

IRD Number

Tax Deduction Rate (please tick) 10.5% 17.5% 30% 33% Non Resident Exempt

Resident Withholding Tax

I/We understand joint accounts will be taxed at the highest rate applicable to the account holders.

In the case of a joint application all persons must sign the application.

In the case of joint investments please nominate one investor to be the taxpayer. This is a requirement of Section 25(9) of the Income Tax Act 1994. If there is no nominated investor one will be shown as the taxpayer on all tax certificates as only one name and address can be recorded for receiving these.

IRD Numbers are requested due to the requirements of Section 54(1) of the Tax Administration Act 1994. If exempt from tax please provide exemption certificate.

Privacy Act

SCFL Nominees will ensure that information about you is held securely and will not, except when authorised by you or when required or authorised by law, disclose the information to any other person.

The Privacy Act 1993 gives you the right to see and correct information about you held by us.

Identity Confirmation

The Financial Transaction Reporting Act 1996 requires the identity of all investors to be verified.

Please supply a copy of your photo driver's license, passport or birth certificate with your application form.

Joint Account Authority (if applicable)

We hereby instruct you to pay monies standing to our credit as may be required, on withdrawal receipts, signed cheques and/or any other documentation associated with this investment signed:

(Delete one) by either one of us severally or by both of us jointly

Which will constitute a complete discharge to SCFL Nominees for monies withdrawn from the account, and in the event of death of one (or more) of us, our survivor (or survivors) in this account is (or are) authorised to operate upon the account and give a full discharge to the SCFL Nominees accordingly. We agree that this same authority may be used for any further investments made by us under the same name.

Documents Required

Clear Photographic Identification from each person named

Copy of Full Trust Deed if Applicable

Copy of Company's Certificate of Incorporation if Appropriate

Tax Exemption Certificate if Appropriate

Signature: Signature:

Signature: Date: / /