

## INDIVIDUAL/JOINT CLIENT AGREEMENT FORM

**Thank you for choosing to deal with Hamilton Hindin Greene Ltd.**

As required by the Financial Transactions Reporting Act 1996 and the NZ Exchange Ltd Participant Rules we are required to confirm the identity of all our clients and person(s) our client(s) authorise to act on their behalf.

Without the completion of all the relevant sections of this form and the valid identification requested being supplied to us, it will not be possible to open or operate your account.

Please complete the relevant sections and return to our office together with copies of the required documentation as indicated under the following 'Check List' below.

Should you have any queries at all, please do not hesitate to contact our office.

### CHECK LIST

- |  |  |
|--|--|
| <p>Have you completed all sections relevant to your account? <input type="checkbox"/></p> <p>Have you attached a copy of your bank Identification? <input type="checkbox"/><br/><i>Bank encoded deposit slip, bank statement, or confirmation from your bank verifying your account name and number</i></p> <p>Have you signed below? <input type="checkbox"/></p> | <p>Have you attached a copy of your current photo ID? <input type="checkbox"/><br/><i>Copy of your current Passport, Driver's licence, or Firearm's licence.</i></p> <p>Have you provided the appropriate documentation for Authorised Persons if required? <input type="checkbox"/></p> |
|--|--|

If you are signing this form under Power of Attorney you are required to complete the Certificate of Non-Revocation on the back of this form. A copy of the Power of Attorney must be supplied to us for our records.

I/we confirm that I/we have been supplied with a Broker and Advisor Disclosure statement and I/we agree to be bound by the General Terms and Conditions applying to services provided to clients of Hamilton Hindin Greene, and I/we confirm that I/we have received a copy of these General Terms and Conditions.

Signature _____	Signature _____ <i>joint holder</i>
Name / Date _____ / ____ / ____	Name / Date _____ / ____ / ____

OFFICE USE ONLY

Date ____/____/____	Authorised Signatory	Advisor Code	Name
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# Individual or First Joint Applicant

Dr / Mr / Ms / Mrs / Miss

First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Residential Address \_\_\_\_\_

Suburb/RD No. \_\_\_\_\_ City \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address (if different from the above address) \_\_\_\_\_

Suburb/RD No. \_\_\_\_\_ City \_\_\_\_\_ Postcode \_\_\_\_\_

Common Shareholder No. (CSN) (if available) \_\_\_\_\_ IRD No.

Resident Withholding Tax ("RWT") election rate 19.50%  33%  39%

Country of Residence for tax purposes (if other than NZ)

## IDENTITY VERIFICATION

A photocopy of one of the following is required. If under 18, see below.

- Current Driver's Licence No

- Current Passport No

# Second Joint Applicant

Please note that only those contact details that differ from the First Joint Applicant need to be completed by a Second Joint Applicant.

Dr / Mr / Ms / Mrs / Miss

First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Residential Address \_\_\_\_\_

Suburb/RD No. \_\_\_\_\_ City \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address (if different from the above address) \_\_\_\_\_

Suburb/RD No. \_\_\_\_\_ City \_\_\_\_\_ Postcode \_\_\_\_\_

Common Shareholder No. (CSN) (if available) \_\_\_\_\_ IRD No.

Resident Withholding Tax ("RWT") election rate 19.50%  33%  39%

Country of Residence for tax purposes (if other than NZ)

## IDENTITY VERIFICATION

A photocopy of one of the following is required. If under 18, see below.

- Current Driver's Licence No

- Current Passport No

# Minors

If you are under the age of 18 years, and do not hold a current Driver's Licence or passport, please supply a copy of your birth certificate.

AND Parent or Guardian must complete the Authorised Person section below and supply a copy of their photo identification either

- Valid Passport No. \_\_\_\_\_
- Current Driver's Licence No. \_\_\_\_\_
- Birth Certificate \_\_\_\_\_

## Authorised Persons / Parent or Guardian / Power of Attorney

Should you wish to appoint a person other than the above applicant(s) to operate your account please complete this section, attach a copy of the appointed persons current photo ID. Signatures of both parties are required to confirm the appointment of an "Authorised Person".

Dr/Mr/Ms/Mrs/Miss First Name in full \_\_\_\_\_

Relationship to account holder (e.g. spouse / lawyer) \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Address (if different from applicant(s)) \_\_\_\_\_

AUTHORISED PERSONS - We have agreed to act as authorised persons of Hamilton Hindin Greene's client Email \_\_\_\_\_

Signature (account holder(s)) \_\_\_\_\_ Signature (authorised person) \_\_\_\_\_

Current and Valid Photo ID is required for each Authorised Person

- Valid Passport No. \_\_\_\_\_
- Current Driver's Licence No. \_\_\_\_\_
- Birth Certificate \_\_\_\_\_

## Bank Details

Bank Account Name \_\_\_\_\_

Bank Account Number (please enclose a bank encoded deposit slip, bank statement or confirmation from your bank verifying your account name and number.)

Bank

Branch

Account Number

Suffix

Individual Account

Joint Account

## Call Account Facility

CASH MANAGEMENT AUTHORITY TO ACT (complete only if you wish to use this facility)

Hamilton Hindin Greene Ltd operate cash management accounts in different currencies if you feel you may use this facility at some time please sign below.

I/We hereby give Hamilton Hindin Greene Ltd, "Authority to Act" on my/our behalf in respect to all withdrawals/deposits to/from my/our Westpac Trust Multi Deposit Scheme, Macquarie Investment Management Account or any other short term cash facility that Hamilton Hindin Greene Ltd may operate from time to time or any other bank deposit account in any currency that I/we instruct Hamilton Hindin Greene Ltd to operate on my/our behalf.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Authority to Hold Faster Identification Number (FIN)

You are under no obligation to complete this section.

I/We hereby authorise Hamilton Hindin Greene Ltd to hold my/our FIN number encrypted within their computer system, and have read and understood Section 26 of the general Terms and Conditions authorising the holding of FIN's.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Certificate of Non Revocation

If a Power of Attorney accompanies this Agreement, please complete the following certificate of non-revocation

I, \_\_\_\_\_ of (address) \_\_\_\_\_

attach a copy of the Power of Attorney and hereby certify

That I am Attorney of \_\_\_\_\_ under

and by virtue of the attached Power of Attorney dated \_\_\_\_/\_\_\_\_/\_\_\_\_ given to me by him/her/them (delete one)

That I have executed the Agreement hereby as Attorney under the said Power of Attorney and pursuant to the power thereby conferred upon me.

That I have not received any notice or information of the revocation of the said Power of Attorney by death or otherwise and I believe the same to be in full force and effect.

Signed at \_\_\_\_\_

This \_\_\_\_\_  
Day Month Year

Signature \_\_\_\_\_ continued overleaf

# RESEARCH

The opening of this account entitles you as our valued client to have access to all the publications listed below. Please indicate by ticking the adjacent box the correspondence you would like to receive.

- |  |  |
|--|--|
| <input type="checkbox"/> Morning Report<br><i>Available via email only</i>     | <input type="checkbox"/> Weekly Fixed Interest Review<br><i>Available via email only</i>   |
| <input type="checkbox"/> Weekly Report<br><i>Available via email only</i>      | <input type="checkbox"/> HHG's Income Et Growth Portfolio Watch<br><i>Available via email only</i>                                     |
| <input type="checkbox"/> Weekly Stock Picks<br><i>Available via email only</i> | <input type="checkbox"/> Quarterly Newsletter<br><input type="checkbox"/> <i>Via Post</i><br><input type="checkbox"/> <i>Via Email</i> |

My email address to receive the above is \_\_\_\_\_

Do you wish to have access via our website for online research?  Yes  No

*Should you be unsure which publication to choose, your advisor will be happy to discuss their suitability with you.*

# CONTRACT NOTES

Do you wish to have your contract notes emailed?

I (we) acknowledge that by signing this agreement I (we) agree to receive my (our) Contract Notes via email to the following address:

Email address \_\_\_\_\_