

# Client Application Form

- 1. If you are an INDIVIDUAL or JOINT applicant (including a SOLE TRADER or PARTNERSHIP applicant) please complete all of section 1**

**First Applicant**

☐ Mr
 ☐ Ms
 ☐ Mrs
 ☐ Miss
 ☐ Dr
 ☐ Other

Full Name: \_\_\_\_\_

IRD Number:        
 Date Of Birth:

DAY MONTH YEAR

Residential Address:

Street No./Name: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Mailing Address (if different from above):

Street No./Name/PO Box: \_\_\_\_\_

Suburb/RD No.: \_\_\_\_\_

Mail Centre: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Work: \_\_\_\_\_

Phone Home: \_\_\_\_\_

Phone Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Second Applicant**

☐ Mr   ☐ Ms   ☐ Mrs   ☐ Miss   ☐ Dr   ☐ Other

Full Name:

IRD Number:

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

Date Of Birth:

DAY		MONTH		YEAR					

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

Mailing Address (if different from above):

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

Occupation:

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

If there are more than two individuals/joint applicants, please use the applicable supplementary application sheet, which can be found on our website: [www.leveragedequities.co.nz](http://www.leveragedequities.co.nz). This must be attached to this Application Form when it is submitted.

2. If you are a **COMPANY** applicant please complete all of section 2 and ensure that at least one director also completes and signs the Guarantor section (section 18)

**Company Details**

Full Legal Name:

Trading Name (if applicable):

Jurisdiction of incorporation:

Company identifier or registration number:

IRD Number:

Principal Business or Registered Office Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

Mailing Address (if different from above):

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

Principal contact person:

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

- ☐ Please confirm that the company is not a vehicle for holding personal assets, and does not have nominee shareholders or shares in bearer form (tick if applicable).

If it is or does, please contact us as we will need to obtain further information from you.

**Director Details**

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other .....

Full Name:

Date Of Birth:

DAY		MONTH		YEAR			

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

Mailing Address (if different from above):

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

Occupation:

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

**Director Details**

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other .....

Full Name:

Date Of Birth:

DAY		MONTH		YEAR			

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

Mailing Address (if different from above):

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

Occupation:

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

If there are more than two directors, please use the applicable supplementary application sheet, which can be found on our website: [www.leveragedequities.co.nz](http://www.leveragedequities.co.nz). This must be attached to this Application Form when it is submitted.

**3. If you are a TRUST applicant please complete all of section 3 showing details of all trustees, each of whom must sign**

**Trust Details**

Name of the Trust:

IRD Number:

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

Principal contact person:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

**Trustee Details (individual)**

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Full Name:

Date Of Birth:

DAY		MONTH		YEAR					

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

Mailing Address (if different from above):

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

Occupation:

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

Please indicate if you are an Independent Trustee:

☐ Yes

☐ No

**Trustee Details (individual)**

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other .....

Full Name:

Date Of Birth:

DAY		MONTH		YEAR			

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

Mailing Address (if different from above):

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

Occupation:

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

Please indicate if you are an Independent Trustee: ☐ Yes ☐ No

**Trustee Details (company)**

Full Legal Name:

Trading Name (if applicable):

Principal Business or Registered Office Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

Jurisdiction of incorporation:

Company identifier or registration number:

IRD Number:

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

Principal contact person:

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

Please indicate if you are an Independent Trustee: ☐ Yes ☐ No

If there are more than two individual trustees or corporate trustees, please use the applicable supplementary application sheet, which can be found on our website: [www.leveragedequities.co.nz](http://www.leveragedequities.co.nz). This must be attached to this Application Form when it is submitted.

## Source of funds or wealth of the Trust

### Settlor Details

☐ Mr   ☐ Ms   ☐ Mrs   ☐ Miss   ☐ Dr   ☐ Other .....

Full Name:

Date Of Birth:

DAY		MONTH		YEAR			

### Settlor Details

☐ Mr   ☐ Ms   ☐ Mrs   ☐ Miss   ☐ Dr   ☐ Other .....

Full Name:

Date Of Birth:

DAY		MONTH		YEAR			

Please provide details of the origin of the settlor's wealth. For example, the settlor may have inherited family wealth, accumulated business earnings, or funds from the sale of property.

.....

.....

.....

.....

Please provide details of the source of any income the trust is receiving. For example, it may be income from underlying business activities and/or investments held.

.....

.....

.....

.....

#### 4. NATURE/PURPOSE OF BUSINESS RELATIONSHIP (all applicants must complete this section)

We are required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 to obtain information on the nature and purpose of your proposed business relationship with us.

- ☐ Please confirm that the nature and purpose of your proposed business relationship with us is that you wish to enter into the Margin Lending Facility to borrow monies from us for the purposes of investing those monies (tick if applicable).

If not, please provide information on the nature and purpose of your proposed business relationship with us:

.....

We will contact you if we require further information.

#### 5. BENEFICIAL OWNERS (complete this section if it is relevant)

We are required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 to conduct customer due diligence on any beneficial owner of a customer.

A beneficial owner is an individual who has effective control of a customer or person on whose behalf a transaction is conducted or who owns 25% or more of the customer or person on whose behalf a transaction is conducted. For example, in the case of:

- a partnership, the beneficial owners may include general and limited partners
- a company, the beneficial owners may include shareholders, senior management (such as the CEO), and any other person with effective control (such as some directors)
- a trust, the beneficial owners may include (a) a beneficiary of the trust and (b) any other individual who has effective control over the trust, specific trust property, or the power to amend the trust deed, or remove or appoint trustees (which might include a protector or special trustee (if there are any) or one or more of the beneficiaries of the trust)

Please provide the following information in relation to each beneficial owner\* (as applicable):

##### Beneficial Owner Details

☐ Mr   ☐ Ms   ☐ Mrs   ☐ Miss   ☐ Dr   ☐ Other .....

Full Name:

Date Of Birth: 

DAY	MONTH

YEAR			

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

Mailing Address (if different from above):

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

Nature of beneficial interest:

\*If a trust or partnership, including in relation to the applicable trustees or partners.

Nature of beneficial interest:  
e.g. shareholder, senior manager, beneficiary, etc.

**Beneficial Owner Details**

☐ Mr   ☐ Ms   ☐ Mrs   ☐ Miss   ☐ Dr   ☐ Other .....

Full Name:

Date Of Birth:

DAY		MONTH		YEAR		

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

Mailing Address (if different from above):

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

Nature of beneficial interest:

If there are more than two beneficial owners, please use the applicable supplementary application sheet, which can be found on our website: [www.leveragedequities.co.nz](http://www.leveragedequities.co.nz). This must be attached to this Application Form when it is submitted.

**Nature of beneficial interest:**  
e.g. shareholder, senior manager, beneficiary, etc.

## 6. ACTING ON BEHALF OF CUSTOMER (complete this section if it is relevant)

We are required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 to conduct customer due diligence on any person acting on behalf of a customer.

Acting on behalf of the customer is when a person is authorised to carry out transactions or other activities on behalf of the customer. This includes persons who have authority to act on behalf of the business, for example an accountant or persons able to transact on the business account.

Please provide the following information in relation to each person acting on behalf of the customer:

### Authorised Person Details

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Full Name:

.....

Date Of Birth:

DAY		MONTH		YEAR			

Residential Address:

Street No./Name:

.....

Suburb/RD No.:

.....

Town/City:

Postcode:

.....

Country:

.....

Mailing Address (if different from above):

Street No./Name/PO Box:

.....

Suburb/RD No.:

Mail Centre:

.....

Town/City:

Postcode:

.....

Country:

.....

The relationship to the customer:

.....

Phone Work:

Phone Home:

.....

Phone Mobile:

Fax:

.....

E-mail:

.....

### Authorised Person Details

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Full Name:

Date Of Birth:

DAY		MONTH		YEAR			

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

Mailing Address (if different from above):

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

The relationship to the customer:

Phone Work:

Phone Home:

Phone Mobile:

Fax:

E-mail:

If there are more than two persons acting on behalf of a customer, please use the applicable supplementary application sheet, which can be found on our website: [www.leveragedequities.co.nz](http://www.leveragedequities.co.nz). This must be attached to this Application Form when it is submitted.

## 7. VERIFICATION OF IDENTIFICATION (all applicants must complete this section)

We are required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 to confirm and verify details about our customers. To do this, we require copies of the documents set out below. These documents must be certified by a trusted referee (see below).

In some circumstances we may need to ask you to provide further evidence of your identity, or ask you for other information.

If you cannot provide these documents, please contact us to discuss.

### Individual Investors

Provide the items required by ONE of the following:

- The identity page of your current passport (showing your full name, date of birth, signature, and photograph) AND a rates, phone, electricity, or other utility bill, or a bank statement from the last three months, addressed to you at your residential address.
- Your current New Zealand driver licence AND your full birth certificate or a certificate of New Zealand or foreign citizenship AND a rates, phone, electricity, or other utility bill, or a bank statement from the last three months, addressed to you at your residential address.

### Companies

Provide ALL of the following:

- The certificate of incorporation.
- If the address you have given us as your postal address is not your registered office address, a bank statement (or similar formal communication) from the last three months addressed to the company at the mailing address given. You do not need provide this if your mailing address is the same as your registered office address.
- For each director, the information set out under the heading 'Individual Investors' above.

## Trusts

Provide ALL of the following:

- The trust deed.
- A bank statement (or similar formal communication) from the last three months addressed to the trust or its trustee(s) at the mailing address given.
- The information set out under the heading 'Individual Investors' above for each trustee OR if the trustee is a company, the information set out under the heading 'Companies' above for that company (including the information set out under the heading 'Individual Investors' above for each director).
- A description of the class of beneficiaries (if it is not set out in the trust deed) OR if the trust is a fixed trust with less than 10 beneficiaries, the information set out under the heading 'Individual Investors' for each beneficiary.
- The origin of the settlor's wealth or the source of any trust income.

## Beneficial owners

If the customer has a beneficial owner(s), provide the information set out under the heading 'Individual Investors' above for each such person OR if the person is a company, the information set out under the heading 'Companies' above for that company OR if the person is a trust, the information set out under the heading 'Trusts' above for that trust.

## Person acting on behalf of the customer

If a person will act on behalf of the customer, provide the information set out under the heading 'Individual Investors' above for each such person OR if the person is a company, the information set out under the heading 'Companies' above for that company.

## For all identification provided, documents provided must be certified

The copies provided must be certified by a trusted referee and we require original certified copies. A trusted referee must be at least 16 years old and must not be your spouse or partner, related to you, or someone who lives at the same address as you.

A trusted referee can be any of the following:

- Authorised Financial Adviser
- Commonwealth representative
- Minister of Religion
- Police Officer
- New Zealand Lawyer
- Justice of the Peace
- Notary Public
- Registered Medical Doctor
- New Zealand Honorary Consul
- Kaumatua
- Member of Parliament
- Registered Teacher
- Chartered Accountant
- NZX Advisor

The trusted referee must sight the original document, and provide a written statement to the effect that the copy provided is a true and correct copy and represents your identity.

Certification must include the name, occupation, and signature of the trusted referee and the date of confirmation, and must have been carried out in the last three months. If you cannot identify a suitable referee please contact us to discuss.

A politically exposed person includes (a) an individual who holds, or has held at any time in the preceding 12 months, in any overseas country the prominent public function of: (i) Head of State or head of a country or government; or (ii) government minister or equivalent senior politician; or (iii) Supreme Court Judge or equivalent senior Judge; or (iv) governor of a central bank or any other position that has comparable influence to the Governor of the Reserve Bank of New Zealand; or (v) senior foreign representative, ambassador, or high commissioner; or (vi) high-ranking member of the armed forces; or (vii) board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any State enterprise; and (b) an immediate family member of a person referred to in paragraph (a), including: (i) a spouse; or (ii) a partner, being a person who is considered by the relevant national law as equivalent to a spouse; or (iii) a child and a child's spouse or partner; or (iv) a parent.

## 8. POLITICALLY EXPOSED PERSON

- ☐ I/We confirm that I am not/none of us is a 'politically exposed person', and no beneficial owner is a 'politically exposed person' (tick if applicable)

## 9. BANK ACCOUNT DETAILS (all applicants must complete this section)

To enable us to transfer loan proceeds please attach an original pre encoded bank deposit slip for a New Zealand Dollar bank account and (if you wish to draw funds in Australian Dollars) an Australian Dollar bank account.

**These are the bank accounts from which we will also direct debit any amounts becoming due (including fees and interest charges) under the Margin Lending Facility. By signing the Application Form and direct debit authorities you are providing us with the consent to do so.**

## 10. SHAREBROKER DETAILS (all applicants must complete this section)

Which Sharebroking Firm(s) will you be using for the purposes of the Margin Lending Facility?

.....  
.....

Name of Advisor(s):

Phone:

**11. MAXIMUM LOAN FACILITY REQUESTED (all applicants must complete this section)**\$ Amount:  
.....**12. DIVIDEND PAYMENTS (all applicants must complete this section)**

How would you prefer your dividends?

☐ Cash☐ Dividend Reinvestment Plan (DRP)**13. AUTHORISED AGENTS/ALTERNATE CONTACTS (optional)**

Please provide the names of any authorised agents that we may contact in the event you are unavailable if a margin call occurs.

Name:  
.....

Relationship to Applicant:

Phone:  
.....Name:  
.....

Relationship to Applicant:

Phone:  
.....**14. TRANSFERRING SECURITY (this section is to be completed by all applicants transferring Securities to us by way of security under the Margin Lending Agreement)**

<i><b>Name of Company</b></i>	<i><b>Number of Securities</b></i>	<i><b>Common Shareholder Number (CSN)</b></i>	<i><b>Authorisation Code</b></i>

**15. ESTABLISHMENT FEES (this section applies to all applicants)**

Please attach a cheque payable to Leveraged Equities Finance Limited for \$125.

**16. POWER OF ATTORNEY (optional)**

Each of the Borrower and the Guarantor for valuable consideration irrevocably appoints Leveraged Equities Finance Limited and every officer of Leveraged Equities Finance Limited, severally, to be the Borrower's and Guarantor's attorney ("Attorney") with full power to:

- (at the Borrower's or Guarantor's expense) do everything necessary or expedient to give effect to any transaction or other thing contemplated by the Margin Lending Facility with Leveraged Equities Finance Limited, including without limitation, executing, amending, completing any blanks in any document and doing anything which, in the Attorney's opinion, is desirable to protect Leveraged Equities Finance Limited's interests under the Margin Lending Facility (even if the Attorney has a conflict of duty in doing so, or has a direct or personal interest in the means or result of the exercise of any of the Attorney's powers); and
- delegate the Attorney's powers to any person for any period and to revoke a delegation, and to appoint one or more substitute Attorney's to exercise any of the powers given to the Attorney (each such substitute attorney shall be also an "Attorney");

and the Borrower and Guarantor ratify anything done by the Attorney or any delegate in accordance with this clause.

## 17. SIGNATURE & DISCLOSURE (all applicants must complete this section)

Please have each party to the application initial beside each of these statements in the space provided and sign in full in the relevant section.

- (a) I/We acknowledge that I/we wish to apply for a Margin Lending Facility with Leveraged Equities Finance Limited. ....
- (b) I/We hereby declare that the information given herewith in support of my/our application for a Margin Lending Facility with Leveraged Equities Finance Limited is true and correct, and is not misleading (including by omission). ....
- (c) I/We acknowledge that I/we agree to Leveraged Equities Finance Limited obtaining, using and exchanging personal credit information about me/us for the purposes of applying for and maintaining a Margin Lending Facility with Leveraged Equities Finance Limited. ....
- (d) I/We acknowledge that I/we have received a disclosure copy of the Leveraged Equities Finance Limited's "Make the Most of Your Potential" Brochure incorporating the terms and conditions of the Margin Lending Facility ("the Brochure") and the Product Disclosure Statement for the Margin Lending Facility ("PDS"). I/We have read and understood the Brochure and the PDS and agree to be bound by the terms and conditions contained within the Brochure. ....
- (e) I/We have read and understand the risks associated with operating a Margin Lending Facility. ....
- (f) I/We have funds or additional securities available should a margin call be made. ....
- (g) I/We understand that my securities may be sold to clear a margin call. ....
- (h) I/We acknowledge that I/we have made a declaration (before executing this Application Form) that any credit to be provided pursuant to the Margin Lending Facility is to be used primarily for business and/or investment purposes. I/We confirm that I/we read and understood the declaration. ....

In accordance with the Privacy Act 1993, Leveraged Equities Finance Limited is authorised to:

- (i) Collect and hold personal information about me/us for the purposes of carrying out my/our instructions, administering my/our account, operating the Margin Lending Facility and for Leveraged Equities Finance Limited's own marketing purposes.
- (j) Record all telephone conversations between me/us and Leveraged Equities Finance Limited for the purpose of verification of instructions, administrative and training purposes.
- (k) Disclosure information about me/us where required under any relevant regulations or legislation and to any of the people set out in the Brochure.
- (l) Disclosure information about me/us to the authorised agents named above and any Guarantor. I/We agree that margin calls may be made to the authorised agents named in section 13.
- (m) Request me/us at any time to provide the names of one or more credit references to assist in assessing my/our credit worthiness, and to exchange credit information about me/us with them and with credit reporting agencies at any time.
- (n) Terminate my/our account with Leveraged Equities Finance Limited and/or suspend its services to me/us if I/we or any Guarantor fails to provide Leveraged Equities Finance Limited with any relevant information that it requests from me/us or any Guarantor.
- (o) Collect, hold, and disclose any personal information about me/us, any beneficial owner of me/us, or any authorised agent that has been provided to you for the purposes of you meeting your obligations under any laws described in clause 17.22 of the terms and conditions contained in the Brochure.

I/We am/are entitled to see, and to have corrected any information Leveraged Equities Finance Limited holds about me/us.

I/We agree that, where I/we have given an email address in this Application Form, Leveraged Equities Finance Limited can send formal notices to me/us at that email address.

### INDIVIDUAL or JOINT APPLICANTS (please sign here)

Name: .....

Signature: .....

Date: 

--	--

--	--

--	--	--	--

  
DAY MONTH YEAR

Name: .....

Signature: .....

Date: 

--	--

--	--

--	--	--	--

  
DAY MONTH YEAR

### COMPANY APPLICANTS (please ensure that at least one Director also completes and signs the Guarantor section (section 18) and signs here)

Director Name: .....

Signature: .....

Date: 

--	--

--	--

--	--	--	--

  
DAY MONTH YEAR

Director Name: .....

Signature: .....

Date: 

--	--

--	--

--	--	--	--

  
DAY MONTH YEAR

### TRUST APPLICANTS (please have the Trustees sign here)

Trustee Name: .....

Signature: .....

Date: 

--	--

--	--

--	--	--	--

  
DAY MONTH YEAR

Trustee Name: .....

Signature: .....

Date: 

--	--

--	--

--	--	--	--

  
DAY MONTH YEAR

Trustee Name: .....

Signature: .....

Date: 

--	--

--	--

--	--	--	--

  
DAY MONTH YEAR

Trustee Name: .....

Signature: .....

Date: 

--	--

--	--

--	--	--	--

  
DAY MONTH YEAR

## 18. GUARANTORS (all company applicants must be guaranteed)

I/We understand that by signing below I/we unconditionally and irrevocably guarantee to Leveraged Equities Finance Limited the payment of all monies due under the Margin Lending Facility set out in Leveraged Equities Finance Limited's "Make the Most of Your Potential" brochure ("the Brochure") and any other transaction document when they are due and the performance of all obligations under the Margin Lending Facility and any other transaction document. If the applicant named in section 1 Individual/Joint applicant, section 2 Company applicant, section 3 Trust applicant **(delete as appropriate)** ("the Borrower") does not pay Leveraged Equities Finance Limited any monies when due, I/we will pay as detailed in the Brochure.

I/We acknowledge that I/we have received a copy of the Brochure. I/We have read and understood the Brochure and agree to be bound by the terms and conditions contained in it.

I/We as Guarantor agree that Leveraged Equities Finance Limited may seek from a credit reporting agency, a credit report containing personal information about me/us to assess whether to accept me/us as Guarantor for credit applied for, or provided to, the Borrower.

I/We as Guarantor declare that:

- (a) all amounts payable to the issuer of the Securities have been paid and no issuer holds a lien over the Securities; and
  - (b) all the information I/we have given you is correct and not misleading; and
  - (c) I/we will provide you with any information or documents that you may require; and
  - (d) I/we have not withheld any information that might have caused you not to enter into the transaction documents with the Borrower or the guarantee with me/us; and neither I/we nor any other person breach any law or any obligation by entering into the guarantee; and my/our obligations under the guarantee are valid and binding; and
  - (e) I/we have taken such independent financial and legal advice as I/we think fit prior to entering into the guarantee; and
  - (f) I/we will make sure that any new or existing director of the Borrower promptly joins any guarantee if you ask; and
  - (g) I/we will promptly pay all amounts due to the issuer of the Securities which might result in the issuer having a lien over the Securities; and
  - (h) I/we shall do everything necessary to ensure the Securities are not liable to be forfeited; and
- (i) I/we shall not permit or allow any act or omission to occur, which may result in any of your rights or remedies being prejudiced or adversely affected; and
- (j) I/we will tell you if anything has happened which prevents me/us repeating any one or more of the above declarations at any time.

In accordance with the Privacy Act 1993, Leveraged Equities Finance Limited is authorised to:

- (k) Collect and hold personal information about me/us for the purposes of my/our guarantee, administering the Borrower's account, operating the Margin Lending Facility and for Leveraged Equities Finance Limited's own marketing purposes.
- (l) Record all telephone conversations between me/us and Leveraged Equities Finance Limited for administrative and training purposes.
- (m) Disclose information about me/us where required under any relevant regulations and legislation and to any of the people set out in the Brochure.
- (n) Disclose information about me/us to the Borrower and/or the authorised agents named in section 13.
- (o) Request me/us at any time to provide the names of one or more credit references to assist in assessing my/our credit worthiness, and to exchange credit information about me/us with them and with credit reporting agencies at any time.
- (p) Terminate the Borrower's account with Leveraged Equities Finance Limited and/or suspend its services to the Borrower if I/we fail to provide Leveraged Equities Finance Limited with any relevant information that it requests from me/us.

I/We am/are entitled to see, and to have corrected any information Leveraged Equities Finance Limited holds about me/us.

I/We agree that, where I/we have given an email address in this Application Form, Leveraged Equities Finance Limited can send formal notices to me/us at that email address.

I/We agree that if Leveraged Equities Finance Limited approves the Borrower's application for credit, this guarantee remains in force until the Margin Lending Facility covered by the Borrower's application and any other transaction document terminates, all amounts due under the Margin Lending Facility and any other transaction document have been paid in full and I/we are formally released from my/our guarantee obligations.

### SIGNED as a deed by the Guarantor(s):

Guarantor Name:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR	

Occupation:

.....

Address:

.....

Address:

.....

City/town of residence:

.....

### IN THE PRESENCE OF:

Full Name of Witness:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR	

Occupation:

.....

Address:

.....

Address:

.....

City/town of residence:

.....

Guarantor Name:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR	

Occupation:

.....

Address:

.....

Address:

.....

City/town of residence:

.....

Full Name of Witness:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR	

Occupation:

.....

Address:

.....

Address:

.....

City/town of residence:

.....

## 19. SUPPLEMENTARY APPLICATION SHEETS

I/We have attached the following supplementary application sheets to this Application Form (tick as applicable):

- ☐ Individual or joint applicant supplementary application sheet.
- ☐ Company applicant supplementary application sheet.
- ☐ Trust applicant supplementary application sheet.
- ☐ Beneficial owner supplementary application sheet.
- ☐ Acting on behalf of customer supplementary application sheet.

### CHECKLIST

- Fully completed Application Form.
- Any supplementary application sheets.
- Establishment fee for applicant(s).
- Copies of all documentation referred to in section 7.
- Original bank slips.

### PLEASE SEND YOUR APPLICATION TO:

Leveraged Equities Finance Limited, PO Box 621, Wellington 6140,  
or deliver to Level 21, Vodafone on the Quay, 157 Lambton Quay, Wellington.