

# Client Change of Details Form

We are constantly updating our client records in order to provide you with the best possible service.

**CURRENT ACCOUNT DETAILS**

Account Number:

Account Name: \_\_\_\_\_

**Please fill in the following section/s which require updating.**

**CHANGE OF NAME**

From: \_\_\_\_\_

To: \_\_\_\_\_

Status: \_\_\_\_\_

**CHANGE OF IRD NUMBER**

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

IRD Number:

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

IRD Number:

**CHANGE OF CONTACT DETAILS**

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

Status: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**Name Change:** Please refer to the verification requirements on the next page.

**Status:** e.g. the Account Name, Account Holder, Authorised Person, Director, Partner, Trustee.

**Status:** e.g. Account Holder, Authorised Person, Director, Partner, Trustee.

*Please Turn Over*

## CHANGE OF ADDRESS DETAILS

### New Residential Address

Name:

Status:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:  New Zealand  Other (please state):

### New Mailing Address

Tick here if same as Residential Address above

Name:

Status:

Mailing Address:

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:  New Zealand  Other (please state):

## VERIFICATION

### Change of Name

We are required by law to verify your identity. These procedures are in place to protect you and to ensure that transactions are being effected for the right person.

Accordingly, please provide the following identification to confirm the name change:

#### 1. Natural Persons

A copy of a Marriage Certificate or Deed Poll or other relevant documentation which links the old name with the new name

#### 2. Company/Incorporated Society/Incorporated Charitable Trust/Authorised Company account

Certificate of Incorporation which confirms the new name of the entity

#### 3. Partnership/Unincorporated Association account

A copy of the relevant pages of the Partnership Deed/Agreement which confirms the new name of the entity

#### 4. Trust account

A copy of the relevant pages of the Trust Deed which confirms the new name of the Trust

### Documents provided for a change of name must be certified

Documents provided must be certified by a trusted referee. 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 must be one of the following:

- Commonwealth representative
- New Zealand Police Constable
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- Minister of Religion
- Lawyer
- Notary Public
- New Zealand Honorary Consul
- Member of Parliament
- Chartered Accountant
- Kaumātua (both Koroua and Kuia)

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.

Status: e.g. Account Holder, Authorised Person, Director, Partner, Trustee.

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## SIGNATURES

I/We authorise Leveraged Equities Limited to make the changes in accordance with my/our instructions on this form. Where I am signing on behalf of other account holders, I confirm that the other account holders consent and duly authorise me to complete and submit this form on their behalf.

Name:

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Signature:

.....

Date:

DAY		MONTH		YEAR					

Name:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR					

Name:

.....

Signature:

.....

Date:

DAY		MONTH		YEAR					

Name:

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Signature:

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Date:

DAY		MONTH		YEAR					