

# Leveraged Equities

## Application Pack

COMPANY, INCORPORATED SOCIETY, INCORPORATED CHARITABLE  
TRUST, PARTNERSHIP, LIMITED PARTNERSHIP OR UNINCORPORATED  
ASSOCIATION

**This Application Pack comprises two documents:**

1. Client Application Form, and
2. Declaration as to Purpose.

Please complete both documents (as applicable) and return them to us.

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1. APPLICANT *continued*

Second Director, Partner, Officer, or Trustee (individual)

Mr Ms Mrs Miss Dr Other

Full Name: Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name:

Date of Birth:

Grid for Date of Birth with DAY, MONTH, YEAR labels

Country of Birth:

New Zealand Other (please state):

Countries of Citizenship/Nationality:

New Zealand Other/Additional:

Controlling person type:

Controlling Person Type: Please supply ALL Controlling Person Types that the individual holds (e.g. Trustee, Director, Settlor).

Please confirm, are you a nominee director?

Yes No

Nominee Director: A nominee director of a Company carries out their role in accordance with the directions or instructions of another person who is not a director.

If 'Yes', please name the individual you represent and ensure this person's details are disclosed in 3. Anti-Money Laundering and Tax Disclosures - Beneficial Ownership

Full name of individual:

Email: By providing an email address in this form you are consenting to receiving information required to be provided under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities' products and services by email.

Contact Information:

Mobile:

Phone Work:

Email:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country: New Zealand Other (please state):

Tax Details

I certify that I am a tax resident in the following country/countries (please select the country/countries where you are tax resident and supply Tax Identification Numbers (TIN) for those countries):

New Zealand: (IRD Number)

Australia: (Tax File Number)

United States: (Social Security Number)

United Kingdom: (National Insurance Number)

Other Country (please state):

United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, are you a United States Person?

Yes No

If 'Yes', please complete IRS Form W-9, which is available at www.irs.gov/pub/irs-pdf/fw9.pdf or via Leveraged Equities.

Check the box if form is required

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. This must be attached to this Client Application Form when it is submitted.





1. APPLICANT *continued*

**First Authorised Company Director Details**

Mr  Ms  Mrs  Miss  Dr  Other

**Full Name:** Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name:

Date of Birth: 

DAY			MONTH			YEAR			

Country of Birth:  New Zealand  Other (please state):

Countries of Citizenship/Nationality:  New Zealand  Other/Additional:

**Email:** By providing an email address in this form you are consenting to receiving information required to be provided under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities's products and services by email.

**Contact Information:**

Mobile:

Phone Work:

Email:

**Residential Address:**

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:  New Zealand  Other (please state):

**Mailing Address:** (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:  New Zealand  Other (please state):

**Tax Details**

I/We certify that the individual is a tax resident in the following country/countries (please select the country/countries where they are a tax resident and supply Tax Identification Numbers (TIN) for those countries):

New Zealand: 

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 (IRD Number)

Australia: 

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 (Tax File Number)

United States: 

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 (Social Security Number)

United Kingdom: 

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 (National Insurance Number)

Other Country (please state): \_\_\_\_\_ 

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**United States Person**

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, is the individual a United States Person?  Yes  No

**If 'Yes', please complete IRS Form W-9, which is available at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf) or via Leveraged Equities.**  Check the box if form is required

1. APPLICANT *continued*

Second Authorised Company Director Details

Mr  Ms  Mrs  Miss  Dr  Other

**Full Name:** Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name:

Date of Birth: 

DAY			MONTH			YEAR			

Country of Birth:  New Zealand  Other (please state):

Countries of Citizenship/Nationality:  New Zealand  Other/Additional:

**Email:** By providing an email address in this form you are consenting to receiving information required to be provided under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities's products and services by email.

Contact Information:

Mobile:

Phone Work:

Email:

Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:  New Zealand  Other (please state):

Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:  New Zealand  Other (please state):

Tax Details

I/We certify that the individual is a tax resident in the following country/countries (please select the country/countries where they are a tax resident and supply Tax Identification Numbers (TIN) for those countries):

New Zealand: 

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 (IRD Number)

Australia: 

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 (Tax File Number)

United States: 

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 (Social Security Number)

United Kingdom: 

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 (National Insurance Number)

Other Country (please state): 

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United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, is the individual a United States Person?

Yes  No

**If 'Yes', please complete IRS Form W-9, which is available at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf) or via Leveraged Equities.**

Check the box if form is required

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 Client Application Form when it is submitted.

## 2. AUTHORISED PERSONS

This section only needs to be completed if you wish to nominate someone to instruct on your account in addition to the Applicant(s) recorded in Section 1.

### First Authorised Person details

Mr  Ms  Mrs  Miss  Dr  Other

**Full Name:** Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name:

Date of Birth:

DAY			MONTH			YEAR			

Country of Birth:  New Zealand  Other (please state):

Countries of Citizenship/Nationality:  New Zealand  Other/Additional:

Relationship to Applicant:

Occupation:

**Email:** By providing an email address in this form you are consenting to receiving information required to be provided under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities's products and services by email.

### Contact Information:

Mobile:

Phone Work:

Email:

### Residential Address:

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:  New Zealand  Other (please state):

### Mailing Address: (Only complete if mailing address is different to the residential address)

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:  New Zealand  Other (please state):

## 2. AUTHORISED PERSON *continued*

### Second Authorised Person details

Mr    Ms    Mrs    Miss    Dr    Other

**Full Name:** Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

Full Name:

Date of Birth:

DAY		MONTH			YEAR				

Country of Birth:

New Zealand    Other (please state):

Countries of Citizenship/Nationality:

New Zealand    Other/Additional:

Relationship to Applicant:

Occupation:

**Email:** By providing an email address in this form you are consenting to receiving information required to be provided under the relevant legislation by email (where permitted) and receiving information about Leveraged Equities's products and services by email.

*Contact Information:*

Mobile:

Phone Work:

Email:

*Residential Address:*

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:

New Zealand    Other (please state):

*Mailing Address: (Only complete if mailing address is different to the residential address)*

Street No./Name/PO Box:

Suburb/RD No.:

Mail Centre:

Town/City:

Postcode:

Country:

New Zealand    Other (please state):

If there are more Authorised Persons, 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 Client Application Form when it is submitted.

### 3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES

#### Please confirm how you intend to use your margin lending facility:

Occasional shorter term borrowing to fund participation in market opportunities as they arise (e.g. new issues, rights issues and share purchase plans)  Yes  No

More regular longer term borrowing aimed at growing and/or diversifying your investment portfolio  Yes  No

Withdrawing borrowed funds to your bank account for use in other business/ investment opportunities  Yes  No

#### Ownership and Control

An entity or individual could hold ownership and/or control via differential voting rights, power to appoint the majority of senior management, control through debt instruments, control through positions held, control through informal means such as through close personal connections to relatives or associates.

Please confirm, is there any information about the Entity's ownership and/or control that has not already been provided in this document?  Yes  No

If 'Yes', please provide the relevant information below.

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#### Politically Exposed Person

Is any Director, Partner, Officer, Trustee, Authorised Person, or Beneficial Owner either:

- an individual who holds, or has held at any time in the preceding 12 months, a **prominent public function** in any country (other than New Zealand); or
- an immediate family member of a person referred to above, including a spouse, partner, child, child's spouse/ partner or a parent.

If 'Yes', please provide details of the public function held and the country:

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**Prominent Public Function:** e.g. head of a country, government minister, senior politician, senior Judge, governor of a central bank, ambassador, high commissioner, high ranking member of the armed forces, or senior position in a State enterprise.

**Origin of wealth:** A detailed description of the activity which has generated your net worth, e.g. employment earnings (please specify the nature of your employment), sale of a business (please specify the nature of the business and industry).

Please provide details of the **origin of your wealth** and evidence e.g. if the origin of your wealth is business income then a copy of the business financial statements:

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**Source of funds:** A description of the origin and means of transfer for monies being paid into their Leveraged Equities account e.g. electronic transfer from their New Zealand bank account.

Please provide details of the **source of any funds** to be paid into your account with Leveraged Equities:

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Please also provide proof of residential address as specified in the Appendix.

**Nominee Shareholder:** A nominee shareholder means a shareholder who carries out the role of shareholder in accordance with the directions or instructions of another person who is not a shareholder.

**Nominee Director:** A nominee director of a Company carries out their role in accordance with the directions or instructions of another person who is not a director (but does not include a director who is required to follow, or accustomed to following, the directions or instructions of a holding company of the Company or an appointing shareholder).

**Bearer Shares:** A bearer share accords ownership in a company to whoever holds the physical bearer share certificate and ownership can be transferred by delivery of the physical share certificate. NB: New Zealand incorporated companies are unable to issue bearer shares.

**Nominee general partner:** A nominee general partner of a limited partnership carries out their role in accordance with the directions or instructions of another person who is not a general partner.

**Origin of Wealth:** A detailed description of the activity which has generated their net worth, e.g. employment earnings (please specify the nature of their employment), sale of a business (please specify the nature of the business and industry).

**Source of Funds:** A description of the origin and means of transfer for monies being paid into your Leveraged Equities account e.g. electronic transfer from your New Zealand bank account.

### 3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

#### Applicant Information

Please answer the following questions:

- Is the applicant a vehicle for holding personal assets?  Yes  No
- Does the company have **nominee shareholders** or **nominee directors** or **shares in bearer form**?  Yes  No
- If the Applicant is a Limited Partnership, does it have a **nominee general partner**?  Yes  No

#### Source of Funds/Wealth

Complete this section if:

- You answered 'Yes' to any of the questions in the Applicant Information section above; or
- The Applicant is incorporated, registered, established, or operating outside New Zealand. This information is only required in certain situations, please speak with us before completing this section. We will confirm whether it is needed.

If it has been confirmed we require it, please provide details of the **origin of the Applicant's wealth** (and evidence, if required). For example, if the origin of your wealth is business income, include a copy of the business financial statements.

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If it has been confirmed we require it, please provide details of the source of any funds to be paid at account opening into your account with Leveraged Equities and evidence. For example, if the **source of funds** is the proceeds from an investment, include a confirming document from the company or bank where the investment was made.

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Please also provide proof of residential address as specified in the Appendix.

**3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES** *continued*

**Beneficial Ownership**

To meet our regulatory requirements we must identify all Beneficial Owners of the Applicant. Please note this includes nominee shareholders and individuals they represent that meet the standards outlined below, and persons whose directions or instructions are followed by virtue of every nominee director or nominee general partner arrangement.

**First Beneficial Owner Details**

**Beneficial owner:** An individual who owns more than 25% of the Applicant, who has **effective control** of the Applicant, and/or with ultimate ownership or control of the Applicant, whether directly or indirectly.

How is the individual the beneficial owner?

- They own more than 25% of the Applicant       They have effective control of the Applicant  
 They are the ultimate owners/controllers of the Applicant

Are they an individual whose directions or instructions are followed by a nominee director?       Yes       No

If 'Yes', please name the director: \_\_\_\_\_

*Only answer this question if the Entity is a Limited Partnership.*

Is the beneficial owner a person whose directions or instructions are followed by virtue of a nominee general partner arrangement?       Yes       No

**Personal and Contact Information**

- Mr     Ms     Mrs     Miss     Dr     Other

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

Date of Birth: 

DAY			MONTH			YEAR					

Country of Birth:       New Zealand       Other (please state): \_\_\_\_\_

Countries of Citizenship/Nationality:  New Zealand       Other/Additional: \_\_\_\_\_

Controlling person type: \_\_\_\_\_

**Residential Address:**

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

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

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

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

Country:     New Zealand       Other (please state): \_\_\_\_\_

**Tax Details**

I/We certify that the Beneficial Owner is a tax resident in the following country/countries (please select the country/ countries where they are a tax resident and supply Tax Identification Numbers (TIN) for those countries):

- New Zealand: 

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 (IRD Number)
- Australia: 

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 (Tax File Number)
- United States: 

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 (Social Security Number)
- United Kingdom: 

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 (National Insurance Number)
- Other Country (please state): \_\_\_\_\_ 

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**United States Person**

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, is the Beneficial Owner a United States Person?       Yes       No

**If 'Yes', please complete IRS Form W-9, which is available at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf) or via Leveraged Equities.**       Check the box if form is required

**Effective control:** an individual with effective control can include those with the ability to control the Applicant, those in senior management positions and/or those with the ability to dismiss those in senior management positions.

**Full Name:** Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

**Controlling Person Type:** Please supply ALL Controlling Person Types that the individual holds (e.g. Trustee, Director, Settlor).

### 3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES *continued*

#### Second Beneficial Owner Details

**Beneficial owner:** An individual who owns more than 25% of the Applicant, who has **effective control** of the Applicant, and/or with ultimate ownership or control of the Applicant, whether directly or indirectly.

How is the individual the beneficial owner?

- They own more than 25% of the Applicant       They have effective control of the Applicant
- They are the ultimate owners/controllers of the Applicant

Are they an individual whose directions or instructions are followed by a nominee director?       Yes       No

If 'Yes', please name the director:

*Only answer this question if the Entity is a Limited Partnership.*

Is the beneficial owner a person whose directions or instructions are followed by virtue of a nominee general partner arrangement?       Yes       No

#### Personal and Contact Information

Mr     Ms     Mrs     Miss     Dr     Other

Full Name:

Date of Birth: 

DAY			MONTH				YEAR												

Country of Birth:       New Zealand       Other (please state):

Countries of Citizenship/Nationality:  New Zealand       Other/Additional:

Controlling person type:

*Residential Address:*

Street No./Name:

Suburb/RD No.:

Town/City:

Postcode:

Country:     New Zealand       Other (please state):

#### Tax Details

I/We certify that the Beneficial Owner is a tax resident in the following country/countries (please select the country/ countries where they are a tax resident and supply Tax Identification Numbers (TIN) for those countries):

- New Zealand: 

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 (IRD Number)
- Australia: 

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 (Tax File Number)
- United States: 

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 (Social Security Number)
- United Kingdom: 

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 (National Insurance Number)
- Other Country (please state): 

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#### United States Person

A United States (US) Person can include US citizens or US tax residents or persons born in the US. If you are unsure, you should contact your tax adviser.

Please confirm, is the Beneficial Owner a United States Person?       Yes       No

**If 'Yes', please complete IRS Form W-9, which is available at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf) or via Leveraged Equities.**

Check the box if form is required

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 Client Application Form when it is submitted.

**Effective control:** an individual with effective control can include those with the ability to control the Applicant, those in senior management positions and/or those with the ability to dismiss those in senior management positions.

**Full Name:** Include First Name, Middle Name(s) and Last Name. Please do not use initials or abbreviations.

**Controlling Person Type:** Please supply ALL Controlling Person Types that the individual holds (e.g. Trustee, Director, Settlor).

**3. ANTI-MONEY LAUNDERING AND TAX DISCLOSURES** *continued*

**Anti-Money Laundering disclosures**

**Nominee General Partner:** A nominee general partner of a limited partnership carries out their role in accordance with the directions or instructions of another person who is not a general partner.

**Nominee Director:** A nominee director of a Company carries out their role in accordance with the directions or instructions of another person who is not a director (but does not include a director who is required to follow, or accustomed to following, the directions or instructions of a holding company of the Company or an appointing shareholder).

**Nominee Shareholder:** A nominee shareholder means a shareholder who carries out the role of shareholder in accordance with the directions or instructions of another person who is not a shareholder.

If the applicant is a company, is the company a **nominee general partner** of a Limited Partnership (NZ or overseas)?  Yes  No

If the applicant is a limited partnership (NZ or overseas), does it have any nominee general partners? If 'Yes', please list their details below.  Yes  No

If the applicant is a company, does it have any **nominee directors**? If 'Yes', please list their details below.  Yes  No

If the applicant is a company, does it have any **nominee shareholders**? If 'Yes', please list their details below.  Yes  No

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

Status:  Nominee Director  Nominee Shareholder  Nominee General Partner

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

Status:  Nominee Director  Nominee Shareholder  Nominee General Partner

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

Status:  Nominee Director  Nominee Shareholder  Nominee General Partner

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

Status:  Nominee Director  Nominee Shareholder  Nominee General Partner

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

Status:  Nominee Director  Nominee Shareholder  Nominee General Partner

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

Status:  Nominee Director  Nominee Shareholder  Nominee General Partner

**Source of Funds/Wealth:**

If you answered 'Yes' to any of the Anti-Money Laundering questions above, please provide the following documents and information unless already provided in the application form:

Please provide details of the **origin of the Applicant's wealth**:

**Origin of Wealth:** A detailed description of the activity which has generated their net worth, e.g. employment earnings (please specify the nature of their employment), sale of a business (please specify the nature of the business and industry).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Source of Funds:** A description of the origin and means of transfer for monies being paid into your Leveraged Equities account e.g. electronic transfer from your New Zealand bank account.

Please provide details of the **source of any funds** to be paid at account opening into the Applicant's account with Leveraged Equities and evidence e.g. if the source of funds is the proceeds from an investment then a confirming document from the company or bank where the investment was made:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please also provide proof of residential address as specified in the Appendix.



## 5. TAX DETAILS *continued*

### Limitation on Benefits Certification

To ensure we are able to deduct the appropriate rate of United States Resident Withholding Tax in respect of US investments, clients must certify they are eligible for treaty benefits and must specify the relevant Limitation on Benefits provision they satisfy under the Double Tax Agreement between New Zealand and the United States. This requirement was brought about by the Internal Revenue Service (of the United States) and impacts all clients investing in US Securities. If you do not currently hold any US Securities, we recommend that you still complete the certification. We will hold the appropriate documentation on file for future investment decisions.

#### Is the entity eligible for treaty benefits?

**Yes**, I/we certify that the entity meets all provisions of the applicable treaty that are necessary to claim a reduced rate of withholding, including any limitation on benefits provisions, and derives the **income** as the beneficial owner.

If 'Yes', please select the following Limitation on Benefits provision that applies to your circumstances:

**Company or trust that meets the ownership and base erosion test.** This includes **companies and trusts which are owned and controlled by New Zealand residents AND** more than half of the Company's/trust's income is accrued or paid to the Company or individuals who are resident in either New Zealand or the United States.

**Tax exempt pension trust or pension fund.** This includes pension funds and pension trusts where more than half the beneficiaries or participants are **New Zealand residents.**

**Other tax exempt organisation.** This includes religious, charitable, scientific, artistic, cultural, or educational organisations provided more than half the beneficiaries, members, or participants are **New Zealand residents.**

**Government.** This includes Government entities, political subdivisions, and local authorities.

**None of the above.**

**Income:** Within the meaning of section 894 of the Internal Revenue Code (Income affected by treaty) and the regulations thereunder.

**Companies and trusts which are owned and controlled:** More than 50% of the voting power and value of the Company's shares, or more than 50% of the beneficial interests in the case of trusts, and where ownership is indirect all in the chain of ownership must also be New Zealand residents.

**New Zealand residents:** Includes individuals and other persons liable to tax in New Zealand by reason of tax residence.

**If you selected 'None of the above', please complete the appropriate W-8 Series form which are available at [www.irs.gov/businesses/corporations/fatca-related-forms](http://www.irs.gov/businesses/corporations/fatca-related-forms) or via your Investment Adviser. If you are unsure which form you need, please discuss this with your tax adviser/accountant.**

Check the box if form is required

**No**, I/we certify that the entity is not eligible.

The summaries provided are for the general convenience of taxpayers but may not be relied upon for making a final determination that you meet a Limitation on Benefit test. Rather you must check the text of the Limitation on Benefit Article in the United States - New Zealand Double Tax Agreement to determine which tests are available under that treaty and the particular requirements of those tests.

#### 1. Entity Type Classification

**Please answer all of the following;**

Is the **entity managed on a discretionary basis by a Financial Institution, AND** is more than 50% of the entity's income generated from investment activities in **financial products?**  Yes  No

Is the entity a trust which generates more than 50% of its income from investment activities in financial products, **AND** has a **trustee which is a Financial Institution?**  Yes  No

Is the entity a bank, non-bank deposit taker, custodian, investment fund and fund manager, private equity, hedge fund or an insurer?  Yes  No

Is the entity an investment entity that carries on a business of trading in financial assets for or on behalf of a customer, **AND** has more than 50% of its income attributable to investment activities?  Yes  No

If you answered **YES** to **ANY** of the above questions, please complete 3. *Financial Institutions* section.

If you answered **NO** to **ALL** of the above questions, please complete 2. *Non-Financial Entity* section.

#### 2. Non-Financial Entity

Is the account held for an Active or Passive Non-Financial Entity?

##### Active Non-Financial Entity

An **Active Non-Financial Entity** is one where, in the preceding calendar year, **less than 50%** of the entity's gross income was **passive income**, **AND** where **less than 50%** of the assets held by the entity were assets held for the production of **passive income**.

This also includes the following entities:

- A Holding Company, other than a Holding Company of a Financial Institution that does not hold itself out to be a PE fund, VC fund or Leveraged Buyout Fund, or any similar type of investment vehicle.
- A registered charity (even if it derives predominantly passive income)
- A Listed Company that is not an Investment Entity/Exchange Traded Fund

##### Passive Non-Financial Entity

A **Passive Non-Financial Entity** is one where, in the preceding calendar year, the entity earned **50% or more** of its gross income from **passive investments** **OR** where **50% or more** of the entity's assets were held for the production of **passive income** in the preceding calendar year.

**Entity managed by another Financial Institution:** An institution manages the entity if it is responsible for making and executing investment decisions without needing prior approval from management, the board or trustees of the entity. Ad hoc investment advice isn't 'management' of the entity.

**Financial products:** Any asset that may be held in an account, such as shares, bonds, debentures, and money.

**Trustee which is a Financial Institution:** A 'Financial Institution' includes trustee corporations, and can include lawyer and accountant nominee or trust companies. However, it will exclude lawyers or accountants acting as a trustee in a personal capacity. It also usually excludes trustee companies which are only a trustee of a single trust. If in doubt, please contact the Trustee.

**Passive Investments/Income:** Passive income includes dividends, interest, rents and royalties (other than rents and royalties derived in the active conduct of a trade/business), annuities, and amounts received under cash insurance contracts.





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

## 12. ESTABLISHMENT FEES

***This section applies to all Applicants***

A one-off application fee of \$125 is payable to Leveraged Equities Finance Limited for processing this application. Make this payment direct to the bank account below, using the name of the account as reference.

Bank of New Zealand, Auckland  
Account number: 02 0100 0044799 000  
Account name: Leveraged Equities Finance Limited

## 13. POWER OF ATTORNEY

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:

- a) (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
- b) 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.

## 14. SIGNATURE AND DISCLOSURE

Every person named as one of the Account Holders or as an Authorised Person must initial next to each statement in the space provided.

- (a) 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). \_\_\_\_\_
- (b) 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. \_\_\_\_\_
- (c) I/We will advise Leveraged Equities Finance Limited if any of our tax details change. \_\_\_\_\_

Every person named as one of the Account Holders must initial next to each statement in the space provided.

- (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 confirm that I/we have disclosed to all persons whose personal information I/we have included in this application form of the fact that their personal information has been disclosed to Leveraged Equities Finance Limited as part of this application, the purpose for which it is collected, who it may be shared with, their rights of access, our identity, and how to contact Leveraged Equities Finance Limited \_\_\_\_\_
- (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 am/are required to make a declaration that any credit to be provided under the Margin Lending Facility is to be used wholly or predominantly for business and/or investment purposes (using the separate form in the Application Pack). I/We confirm that I/we have read and understood the declaration \_\_\_\_\_
- (i) I/We understand that provision of false, inaccurate or incomplete information may constitute an offence(s) and penalties may apply. \_\_\_\_\_
- (j) I/We have obtained the necessary consent and authorisation to allow disclosure and use of information provided in the Tax Residency Self Certifications. \_\_\_\_\_
- (k) I/We will notify Leveraged Equities Finance Limited of any changes to any information within 30 days of the change occurring and, where required, will provide Leveraged Equities with a new self-certification of tax residency. \_\_\_\_\_

In accordance with the Privacy Act 2020, Leveraged Equities Finance Limited is authorised to:

- (a) 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.
- (b) Record all telephone conversations between me/us and Leveraged Equities Finance Limited for the purpose of verification of instructions, administrative and training purposes.
- (c) Disclose information about me/us where required under any relevant regulations or legislation and to any of the people set out in the Brochure.
- (d) Disclose 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 10. Authorised Agents/Alternate Contacts.
- (e) 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.
- (f) 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.
- (g) 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 17.17 of the terms and conditions contained in the Brochure.

I am/We 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.

**14. SIGNATURE AND DISCLOSURE** *continued*

**Instructions for Signing**

- **Every person** named as one of the Account Holders must sign below
- At least two Directors must sign on behalf of a Company, unless the Company only has one Director in which case the Director's signature must be witnessed as set out below
- Where a person signs on behalf of another as their Attorney, a copy of the Power of Attorney must be provided, and a signed and completed certificate of non-revocation of power of attorney must accompany this Application Form.

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

Signature: \_\_\_\_\_

Date:

DAY		MONTH			YEAR				

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

Signature: \_\_\_\_\_

Date:

DAY		MONTH			YEAR				

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

Signature: \_\_\_\_\_

Date:

DAY		MONTH			YEAR				

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

Signature: \_\_\_\_\_

Date:

DAY		MONTH			YEAR				

**Witness (if a Company has only one Director then the Director's signature must be witnessed as set out below)**

Name of Witness: \_\_\_\_\_

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

Address

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

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

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

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

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

Country:  New Zealand  Other (please state): \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

DAY		MONTH			YEAR				

## 15. 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. Applicant ("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 2020, 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 10.
- (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.

**8. GUARANTOR** *(continued)*

**Signed as a deed by the Guarantor(s):**

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

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

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: 

DAY	MONTH		YEAR						

Date: 

DAY	MONTH		YEAR						

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

**In the presence of:**

Full Name of Witness: \_\_\_\_\_

Full Name of Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: 

DAY	MONTH		YEAR						

Date: 

DAY	MONTH		YEAR						

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

## 16. SUPPLEMENTARY APPLICATION SHEETS

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

- Applicant supplementary application sheet.
- Acting on behalf of customer (Authorised Person) supplementary application sheet.
- Beneficial owner supplementary application sheet.
- Power of attorney supplementary application sheet.

### Checklist

- Fully completed Application Form and Declaration as to Purpose.
- Any supplementary application sheets as above.
- Establishment fee for applicant(s).
- Copies of all documentation referred to in *Appendix: Proof of Identity and Address Verification Requirements*
- Original bank slips.

### Please send your application to:

Leveraged Equities Finance Limited, PO Box 621, Wellington 6140, or deliver to Level 22, NTT Tower, 157 Lambton Quay, Wellington.

## APPENDIX: PROOF OF IDENTITY AND ADDRESS VERIFICATION REQUIREMENTS

If you are a **Company, Incorporated Society, Incorporated Charitable Trust, or Authorised Company**, we need to see **ALL** these documents from an official/independent source:

- Certificate of Incorporation
- Confirmation of Directors
- Confirmation of identity of shareholders
- All documents that bind and regulate the entity (e.g. Company Constitution)

If the ownership and control structure is not captured in any of the documents referred to above, a document confirming ownership and control structure

If the **Company** has a nominee director(s), proof of appointment, e.g.:

- written confirmation from another director confirming the name of the nominee director
- written confirmation of any nominee relationship(s) (formal or informal)
- a copy of a written agreement in place between any nominees and the person whose instructions or directions the nominee follows or is accustomed to follow

If the Company has a nominee shareholder(s), written confirmation of shares held.

If you are a **Partnership** or an **Unincorporated Association**, we need to see a copy of Partnership Deed/Agreement which must show:

- the name of your Partnership/Unincorporated Association;
- the names of the Partners/Officers
- the names of other people who can act on behalf of your Partnership/Unincorporated Association
- the legal form and provided proof of its existence
- the ownership and control structure
- the powers that bind and regulate

If you are a **limited partnership**, if applicable, proof of appointment of the nominee general partner e.g.:

- written confirmation from another partner confirming the name of the nominee general partner
- written confirmation of any nominee relationship(s) (formal or informal)
- a copy of a written agreement in place between any nominees and the person whose instructions or directions the nominee follows or is accustomed to follow

### What else is required?

We are also required to verify the identity of each Director, Partner, Officer, Beneficial Owner and Authorised Person involved with the organisation. These requirements are outlined on the right.

### What do you need to provide to set up a direct debit or direct credit to your Leveraged Equities account?

To set up a direct debit we require a completed Authority to Accept Direct Debits.

To set up a direct credit we require your written instruction to do so.

We also require bank account documentation, for example:

- a bank encoded deposit slip with pre-printed details of bank account name and number;
- a bank statement;

- a verification letter or other document of confirmation provided by the entity's bank.

We are able to pay funds to:

- a bank account in the organisation's name;
- the Inland Revenue Department;
- to an accountant's trust account or solicitor's trust account.

If you are a **Director, Partner, Officer, Beneficial Owner** or **Authorised Person**, you need to provide the original for verification, or a certified copy of:

- A current New Zealand Passport
- A current New Zealand Firearms Licence
- Overseas passport or a similar document issued for the purpose of international travel which –
  - contains the name, date of birth, a photograph and the signature of the person in whose name the document is issued; and
  - is issued by a foreign government, the United Nations or an agency of the United Nations.
- A national identity card issued for the purpose of identification, that –
  - contains the name, date of birth and a photograph of the person in whose name the document is issued and their signature or other biometric measure included where relevant; and
  - is issued by a foreign government, the United Nations or an agency of the United Nations.

**If you can't provide any of those forms of identification, you need to provide the original for verification or certified copies of your current New Zealand Driver Licence (showing both sides of the Licence)**

**plus ONE of these documents:**

- Your Birth Certificate or Citizenship Certificate
- A Government agency document with your full name and signature (e.g. SuperGold Card)
- A Government agency statement dated within the last 12 months (e.g. IRD statement)
- A document issued by a registered bank showing your name and signature (e.g. credit/debit card, eftpos card)
- A bank statement dated within the last 12 months issued by a registered bank (delivered by mail, not via internet banking)

### What do we need as proof of residential address?

These documents are only required if you completed the Source of Wealth/Funds information. Provide a copy of **ONE of these documents, dated within the last 12 months** with your name and address displayed on it:

- Utility Bill – the address listed as the address for the fixed service must match the residential address details you have provided
- Rates Bill – the address listed as the property location must match the residential address details you have provided
- Telephone Bill – for landline or broadband services only; mobile phone bills are not accepted

- Bank Statement or Letter – issued by a registered bank and printed on official bank letterhead
- House and/or Contents Insurance Policy
- Share Registry Statement
- KiwiSaver or Superannuation Correspondence - must be issued by a provider other than Forsyth Barr
- Electoral Roll Entry
- Online White Pages Entry
- Document Issued by a New Zealand Government Agency – refer to the list of agencies at [www.govt.nz/organisations](http://www.govt.nz/organisations)
- Local Council or Government Letter
- Retirement Home Correspondence
- Tenancy or Lease Agreement – signed by both the landlord and tenant(s)
- Correspondence from a New Zealand Educational Institution – includes letters from boarding hostels, halls of residence, or homestay confirmations, as well as posted fee invoices or receipts

### Certified copy of a document

A 'certified copy' of a document is one where a trusted referee has viewed the original document and compared it with a scanned or photocopied version. The trusted referee provides a written statement on the copy to the effect that the copy provided is a true and correct copy and represents your identity. The trusted referee's written statement must include their name, occupation, and signature and the date of confirmation. Please note: This confirmation is only valid for three months.

### A 'Trusted Referee' is someone who:

- is at least 16 years old
- is not your spouse or partner
- is not related to you
- does not live at the same address as you
- is not involved in the business or transaction requiring the certification

### They must be a:

- 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)

# Leveraged Equities

## Declaration

Each Applicant who is an individual must sign below. Where the Applicant is a Trust, each individual named as one of the Trustees must sign below.

### Declaration

I hereby declare for the purposes of section 14 of the Credit Contracts and Consumer Finance Act 2003 that any credit provided under the Leveraged Equities Margin Lending Facility is to be used by me wholly or predominantly for business or investment purposes (or for both purposes).

**I confirm by signing below that I have read and understood this declaration.**

Name:

---

Signature:

Date:

DAY		MONTH		YEAR			

---

Name:

---

Signature:

Date:

DAY		MONTH		YEAR			

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Name:

---

Signature:

Date:

DAY		MONTH		YEAR			

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Name:

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Signature:

Date:

DAY		MONTH		YEAR			

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