

Client Information Form - Trusts

To meet our requirements under anti-money laundering legislation, we are required to collect certain information and undertake certain background checks before providing services to clients. This form will assist you to provide the information we need to obtain under the legislation.

Please complete this form and return to your Bayleys agent with the required attachments.

A. TRUST DETAILS

Please provide a certified copy of your trust deed and any subsequent deed of retirement/appointment or any amendments to the trust deed.

Full name of trust:	<input type="text"/>		
Address: Street No:	<input type="text"/>	Street:	<input type="text"/>
Unit:	<input type="text"/>	Suburb:	<input type="text"/>
Town/City:	<input type="text"/>	Postcode:	<input type="text"/>
Country:	<input type="text"/>		
Key contact person, including title or position:	<input type="text"/>		
Key contact person phone number:	<input type="text"/>		

B. NATURE AND PURPOSE FOR ENGAGING BAYLEYS

Please let us know the type of activity you are looking to undertake, the service you require from us and the reason for that service, for example, 'sale of trust property in accordance with the terms of the trust deed'.

C. PROOF OF ADDRESS

Please check the box to indicate the document you are providing. The document needs to be addressed to the trust and dated in the last 12 months.*

- Letter or Invoice from utility company e.g. power bill
- Bank statement
- Letter from Government agency e.g. rates bill, Inland Revenue correspondence
- Recent services bill which shows the residential address receiving the service e.g. Sky TV bill
- Other. Please detail:

*Proof of address for a trustee may be accepted where the trust does not have a physical address or is operating at the address of the trustee.

D. TRUSTEE DETAILS

(1) Full name:

(2) Full name:

(3) Full name:

(4) Full name:

Each trustee will also need to provide an Individual Client Form and provide the required documents as set out in that form.

E. CORPORATE TRUSTEE DETAILS

If one or more of the trustees is a corporate trustee, provide also the details of the persons authorised to act on behalf of that corporate trustee in Section H below:

Name of Corporate Trustee:

Company Number or NZBN:

F. BENEFICIARY DETAILS

If your trust has 10 or more beneficiaries, or is a discretionary trust*, describe each class or type of beneficiary (or list the relevant section in the trust deed).

Does any beneficiary have a vested interest of more than 25% in the trust's assets? YES NO

If the trust is a charitable trust, briefly describe the objects of the trust:

G. CORPORATE BENEFICIARY DETAILS

If the trust has a corporate beneficiary, then provide the details of any individuals that hold more than a 25% shareholding of that corporate beneficiary in section H below.

Name of corporate beneficiary:

Company Number or NZBN:

*A discretionary or family trust exists when the trustees determine how the assets of the trust are to be distributed.

H. BENEFICIAL OWNER DETAILS

Please provide details of any beneficial owner of the trust, if not otherwise listed in this form.

*A 'beneficial owner' is any person (other than the trustees):

- who has effective control of the trust or specific trust property; or
- who has the power to amend the trust deed or remove or appoint trustees; or
- on whose behalf the transaction is conducted; or
- that has a vested interest of more than 25% in the trust's assets; or
- who is a director, or who owns more than 25%, of a trustee company

(1) Full name:

Designation

(for example: has effective control, person on whose behalf the transaction is conducted)

(2) Full name:

Designation

(for example: has effective control, person on whose behalf the transaction is conducted)

(3) Full name:

Designation

(for example: has effective control, person on whose behalf the transaction is conducted)

(4) Full name:

Designation

(for example: has effective control, person on whose behalf the transaction is conducted)

Each person listed above will also need to provide an Individual Client Form and provide the required documents as set out in that form.

I. ENHANCED CUSTOMER DUE DILIGENCE - SOURCE OF WEALTH / FUNDS

Please provide brief details to evidence the trust's original source of wealth or source of funds (for example salary, savings, rental income, drawings) in the box below.

Please attach evidence of the way in which you generate income - this might be a copy of the trust's latest tax return, or a bank statement showing regular deposits of income, financial or investment statements. Documents attached should be originals or copies certified by a trusted referee*. Please describe the documents you have attached as evidence. Your Bayleys agent may need to ask you to provide further documents:

* A trusted referee must be over the age of 16, must not be someone who lives at the same address as you or someone with an interest or ownership in your property, or in any way related to the transaction. A trusted referee must be any one of the following:

- | | |
|--|--|
| <input type="checkbox"/> New Zealand Lawyer | <input type="checkbox"/> Registered teacher |
| <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Kaumātua |
| <input type="checkbox"/> Notary Public | <input type="checkbox"/> Member of Parliament |
| <input type="checkbox"/> Registered Medical Doctor | <input type="checkbox"/> Minister of Religion |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Commonwealth Representative |
| <input type="checkbox"/> Police constable | <input type="checkbox"/> NZ Honorary Consul |

If you are certifying documents overseas, then the documents must be certified by a person who has the legal authority to take statutory declarations or the equivalent in that country.

Certification must have been carried out in the last three months. The trustee referee must sight the original document and make the following statement on the document:

- "I [name], [title], confirm that:
 - I have sighted the original of this document
 - This document which I have signed and dated is a true copy of the original document and represents a true likeness of [name]

Original certifications of the photocopied documents must be provided. Scans or photocopies will not be accepted.

J. PRIVACY

By signing and submitting this form you consent to the collection, use, disclosure, storage and processing of the personal information you have supplied to us in accordance with the Privacy Act 1993 and our privacy policy (available on our website) and undertake to us that you have been authorised to give that consent on behalf of any other people whose personal information you have supplied to us. In particular, you authorise us to disclose your personal information to:

- third parties who perform functions on our behalf, such as hosting and data storage providers and providers who help us meet our obligations under anti-money laundering legislation (including for the purpose of verifying your identity and address information);
- credit reporting agencies;
- regulatory bodies or law enforcement agencies as required by law; and
- meet our legal obligations, including under anti-money laundering legislation.

You have a right to access and correct all personal information that you have supplied to us.

We will provide you (on request) with the name and address of any entity to which information has been disclosed. You may withdraw your consent at any time.

K. CONFIRMATION

As a trustee/person acting in capacity for the trust (delete one), I confirm that the information above is correct, that I agree to the Privacy Statement in Section J above, and that I have authority to provide this information.

Full name of trustee/
authorised person:

Signature of trustee/
authorised person:

Date:

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