

Customer Due Diligence Form - Individual



Amova Asset Management New Zealand Limited (Amova NZ) is required to identify and verify the identity of customers, persons acting on behalf of customers and beneficial owners pursuant to the Anti- Money Laundering and Countering Financing of Terrorism Act 2009. To meet our obligations under AML/CFT Act we require you to complete this form.

Applicant Details

First Name(s):

Surname:

Date of birth:

Registered address:

Suburb:

City:

Postcode:

Phone:

Email:

Occupation:

Nature and Purpose of the proposed business relationship with / type of services sought?

Expected Account Activity

Initial Investment: (\$)

Deposits (please select at least one) ☐ Regular ☐ Lump sum (one-off) ☐ Now and then ☐ Other (please specify)

Withdrawals (please select at least one) ☐ Regular ☐ Lump sum (one-off) ☐ Now and then ☐ Other (please specify)

Source of Wealth

Describe the source of your wealth:

Source of Funds

Describe the origin of the funds to be invested with ('origin' refers to both how the funds were generated and which registered bank the funds are coming from):

Identification and Proof of Address

As part of your application, we need to verify your identity. We do this electronically – please provide one of the following:

New Zealand Passport number:	
Expiry date (dd/mm/yyyy):	

OR

New Zealand driver licence number:	
Version number:	
Expiry date (dd/mm/yyyy):	

If you do not hold either of these, please provide documents in accordance with our guidance in Appendix A.

Declaration and Undertaking

I warrant and undertake as follows:

- a. The information provided in connection with this application is complete and correct and that I will advise Amova NZ if these details change; and
- b. We authorise the collection, use or disclosure of our personal information in accordance with Amova NZ's Privacy Statement (as stated on the website [nz.amova-am.com](https://www.amova-am.com)).
- c. Amova NZ may:
 - i. Collect, use and store the information provided in this application, any information provided at a later date, and information collected from selected external agencies and entities, including Cloudcheck who perform electronic identity verification, to verify customer identity and address in accordance with the requirements of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (the "purpose"), and
 - ii. Disclose to, and receive from, such selected external and independent agencies and entities, such information about me/us as it considers appropriate for the purpose.

Name:
Signature:
Date:

Please forward completed form with required documentation to: support@goalsgetter.co.nz

Appendix A – Verification of Identity and Address

Proof of Identity (must be certified)

Option 1: Please provide one of the following forms of photographic identification:

- Passport
- New Zealand firearms licence

OR

Option 2 (set) - If you do not have any of the above types of identification available you may provide one of the following:

- Birth certificate
- Citizenship certificate

Together with, one of the following forms of photographic identification:

- New Zealand driver licence
- 18+ Card
- Current international driving permit

OR

Option 3 (set) - If you do not have any of the above types of identification available you may provide one of the following:

- New Zealand driver licence

Together with, one of the following:

- Document issued by a registered bank that contains your full name and signature
- Bank statement addressed to you dated within the last 3 months
- Any New Zealand Government Department statement addressed to you dated within the last 3 months
- New Zealand SuperGold Card

Proof of Residential Address (must be certified):

Provide one of the following, issued and dated within the last 3 months, showing your name and current residential address:

- NZ driver licence (if current address recorded on the licence)
- Bank account statement
- Utility bill
- Rates bill
- Government agency statement

Certification of Documents

Persons eligible to certify documents ("Trusted referee")

All identity and proof of address documents need to be certified as true copies by one of the following 'Trusted referees' (see certification statement below):

- Member of the Police;
- Justice of peace;
- Chartered Accountant;
- Notaries Public/Practicing Solicitor/Lawyer/Commissioners for Oaths;
- Registered medical doctor;
- Members of Parliament;

When certification occurs overseas, a person authorised by law in that country to take statutory declarations or equivalent in the customer's country

Certification requirements

- A Trusted referee must:
 - be at least 16 years of age;
 - not be related to the Applicant;
 - not be the spouse or partner of the Applicant;
 - not be a person who lives at the same address as the Applicant;
 - not be a person involved in the transaction or with .
- The Trusted referee's full name, occupation, signature, contact details (i.e. address and phone number) and the date of certification must be clearly stated on the document.
- The Trusted referee must sight the originals and make a statement to the effect that the documents are a true copy of the original and represent the identity of the named individual (see example below).
- Certification must be carried out in the three months preceding the presentation of the documents.
- Copies of documents with original certification must be provided to

Example of acceptable certification for photographic identity document	Example of acceptable certification for proof of address or other documents
"I hereby certify this to be a true copy of the original sighted by me and the photograph bears a true resemblance to the named individual presenting the document."	"I hereby certify this to be a true copy of the original document sighted by me."