Customer Due Diligence Form - Company

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 the Act we require you to complete this form. If you are a "Licensed Managing Intermediary" as defined in the Anti-Money Laundering and Countering Financing of Terrorism (Class Exemption) Amendment Notice (No 2) 2015, contact us for a simplified on-boarding process.

Applicant details

Company Name:	
Trading Name (if different):	
Company Number/NZ Business Number:	
Registered address:	
Suburb:	
City:	**Postcode:**
Primary Business Activity:	

Does the Company have any nominee shareholder or nominee director or nominee general partner?

- ☐ No
- ☐ Yes (please provide details and a copy of a custodial agreement)

Nature and Purpose of the proposed business relationship with Amova NZ / type of services sought:

- ☐ Investment
- ☐ Retirement Saving
- ☐ Income Generation
- ☐ Other (please specify)

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, the nature of the entity is and what is has been established to achieve:

For example: XYZ Ltd is an insurance company which generates its wealth by selling insurance products to their customers

Source of Funds

Describe the origin of the funds to be invested with Amova NZ (‘origin’ refers to both how the funds were generated and which registered bank the funds are coming from)

Shareholder details – greater than 25% shareholding (attach additional pages if required)

Shareholder 1

First Name(s):	
Surname:	
Date of birth:	
Residential address:	
Suburb:	
City:	**Post code:**
Phone:	**Email:**
Country of Citizenship:	

Shareholder 2

First Name(s):	
Surname:	
Date of birth:	
Residential address:	
Suburb:	
City:	**Post code:**
Phone:	**Email:**
Country of Citizenship:	

Company 1

Entity Name:	
Registration number:	
Registered address:	
Suburb:	
City:	**Post code:**

Company 2

Entity Name:	
Registration number:	
Registered address:	
Suburb:	
City:	**Post code:**

When professional entities are appointed, as President/Secretary/Treasurer for the Applicant Organisation, we require verification documents for the individual(s) representing the corporate entity/agent.

Detail of Directorships

Director 1

Name:	
Date of birth:	
Residential address:	
Suburb:	
City:	**Post code:**
Mobile:	**Email:**
Role / Relationship to the entity:	

Director 2

Name:	
Date of birth:	
Residential address:	
Suburb:	
City:	**Post code:**
Mobile:	**Email:**
Role / Relationship to the entity:	

Director 3

Name:	
Date of birth:	
Residential address:	
Suburb:	
City:	**Post code:**
Mobile:	**Email:**
Role / Relationship to the entity:	

Director 4

Name:	
Date of birth:	
Residential address:	
Suburb:	
City:	**Post code:**
Mobile:	**Email:**
Role / Relationship to the entity:	

Beneficial Owners ("BO")

There may be more than one BO associated with a customer. BO is ultimately an individual (natural person) who satisfies any one of the below elements, or any combination of the three elements

- A person who has effective control over the Trust; or
- A person whose behalf a transaction is conducted; or
- A person who has vested interest of at least 25% in the Trust property or person on whose behalf a transaction is conducted.

☐ If BO is the same person as recorded in the previous sections, then tick this box and provide the name(s) of the BO(s) here

OR

Complete details of the BO(s) below. Attach additional pages if required. Beneficial owners may include the President, Secretary, Treasurer, Current committee or management team, Board members

[2] Persons with effective control over an Organisation –Generally includes the CEO, President, Secretary, Treasurer, Chairman, Board or any other person that can make decisions binding the organisation.

Beneficial Owner 1

Name:	
Date of Birth:	
Residential address:	
Suburb:	
City:	**Post code:**
Role / Relationship to the entity:	

Beneficial Owner 2

Name:	
Date of Birth:	
Residential address:	
Suburb:	
City:	**Post code:**
Role / Relationship to the entity:	

Person Authorised to Act on Behalf

The below named persons are authorised to act on behalf of the Applicant. Certified identity and proof of address documents are required for each of the below named persons. See appendix A for requirements.

FULL NAME	RELATIONSHIP	EMAIL	MOBILE	SIGNATURE

Authorised person - If you're signing for the Applicant as an authorised person, please **provide** a copy of the Authority document / power of attorney that grants the authority.

Please state the number of persons required to sign / countersign any instruction ☐

Section D – Declaration and Undertaking

I/We, warrant and undertake as follows:

a. I/We have the authority to bind the Applicant and am/are authorised to complete/execute the application to invest with Amova NZ on the Applicant's behalf. This document is enforceable against the Applicant; and

b. All resolutions/approvals (in connection with this investment with Amova NZ) required under the Applicant's Governing Document and required by law have been passed or obtained and remain in full effect; and

c. The information provided in connection with this application is complete and correct and that I/we will advise Amova NZ if these details change; and

d. I/we have obtained the consent of any individual(s) whose personal information is provided in connection with this application. They have authorised the collection, use or disclosure of their information in accordance with Amova NZ's Privacy Statement (as stated on the website nz.amova-am.com).

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.

Applicant 1

Name:	
Signature:	
Date:	
Role/Designation:	

Applicant 2

Name:	
Signature:	
Date:	
Role/Designation:	

For a company – If there are two or more company directors then a minimum of two directors need to sign. No witness is required. If there is just one director then that director signs on behalf of the Applicant and their signature must be witnessed.

To avoid delays please enclose copies of:

1. If electronic verification of Identity and address is not selected in Appendix A below, provide certified documents for all directors, beneficial owners and persons acting on behalf. Refer to our Guidance document (attached) for acceptable documentation

2. Latest financial statements

3. Where the Applicant company is incorporated outside New Zealand, provide company's certificate of incorporation

4. A bank encoded deposit slip or internet banking printout confirming the bank account details

5. Shareholders agreement and Company constitution if applicable

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

Appendix A – Verification of Identity and Address

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires Amova NZ to verify the identity of new clients. We have two options for identifying clients

Option 1: Electronic Identity Verification and Proof of Address

Amova NZ can confirm the identity and /or address of many of our clients in New Zealand and Australia electronically, with their permission. Please note that we use an external third party not owned by Amova NZ to conduct identity checks this way. If you select this option, we will send an email or txt message to the relevant persons with a link to conduct the verification process, a webcam or phone camera is required. Please provide one of the following forms of photographic identification

☐ I consent Amova NZ to electronically verifying the identity and proof of address of the individuals included in this application

Please note, if we are unable to verify the identity of a person using this method, we will contact you to provide certified documents.

Option 2: Certified Copies of Identity Documents – if electronic identity verification is not selected

☐ I will provide certified identification documents

Documents requirements

Proof of Identity (must be certified)

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

- Passport
- New Zealand firearms license

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 license
- 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 license

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 authorized by law in the 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 Amova NZ.
- 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 Amova NZ.

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."