

## Revolution Investment Funds

### Application form

Information memorandum date – 21 January 2025

Please mail this Application Form, together with any other relevant documentation, to **The Operations Team, FundRock NZ Limited, PO Box 25003, Wellington 6140, New Zealand** or email to [contact@fundrock.com](mailto:contact@fundrock.com).

Please complete this form in **CAPITAL LETTERS**

1.

TYPE OF INVESTOR			
What type of investor are you?			
<input type="checkbox"/>	Individual	<input type="checkbox"/>	Joint ownership
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trust
<input type="checkbox"/>	Company	<input type="checkbox"/>	Retirement scheme
<input type="checkbox"/>		<input type="checkbox"/>	Power of attorney
<input type="checkbox"/>		<input type="checkbox"/>	Estate
<input type="checkbox"/>		<input type="checkbox"/>	Other
Are you an existing unitholder?			
<input type="checkbox"/>	Yes	Unitholder Number:	<input type="text"/>
<input type="checkbox"/>	No		
Are you a portfolio investor proxy (PIP)? (also known as custodians, nominees or wrap accounts)			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

2.

INVESTOR DETAILS			
<b>2.A Nature and Purpose</b> - All Investors to complete this section. AND <b>2.B Entity details</b> – to be completed by Companies, Trusts, and Partnerships. OR <b>2.C Individuals</b> and individuals investing as <b>joint owners</b> should complete section <b>2.C</b>			
<b>2.A Nature and Purpose</b> - All Investors to complete this section. Details of major source of funds used for this investment – Please provide evidence			
<input type="checkbox"/>	Personal employment	<input type="checkbox"/>	Inheritance
<input type="checkbox"/>	Business earnings	<input type="checkbox"/>	Other – please specify
<input type="checkbox"/>			
If investor type is a Company or Partnership, is this entity a vehicle for holding personal assets?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Primary reason for the investment			
<input type="checkbox"/>	Retirement	<input type="checkbox"/>	Income
<input type="checkbox"/>	Other:		
How often do you intend to transact on this account?			
<input type="checkbox"/>	Regularly	<input type="checkbox"/>	Occasionally
<input type="checkbox"/>	One-Off		
If investor type is a Company or Partnership, do you have any nominee directors, nominee shareholders or nominee partners?			
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
<input type="checkbox"/>	If yes, please provide name(s) and copy of identity verification:		

## 2.B Entity Details

Entity Name – (Companies, Trusts and partnerships)

If Entity is a Trust, specify the Trust type (Examples may include 'family', 'discretionary')

Date established



IRD number

PIR\*

☐ 0% ☐ 10.5% ☐ 17.5% ☐ 28%

If applicable, i.e. where beneficiaries are named in the Trust documents, provide beneficiaries' full Name & date of birth

Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Name:	<input type="text"/>	Date of birth:	<input type="text"/>

## 2.C For individual and joint ownership investors

Individual 1 – Complete for each applicant, director, trustee where relevant

Title:	<input type="text"/>	First name(s):	<input type="text"/>
Surname:	<input type="text"/>		
Date of birth:	<input type="text"/>	IRD number:	<input type="text"/>
PIR*	<input type="checkbox"/> 0% <input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28%		
Tax status:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident		

Individual 2 – Complete for each applicant, director, trustee where relevant

Title:	<input type="text"/>	First name(s):	<input type="text"/>
Surname:	<input type="text"/>		
Date of birth:	<input type="text"/>	IRD number:	<input type="text"/>
PIR*	<input type="checkbox"/> 0% <input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28%		
Tax status:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident		

Individual 3 – Complete for each applicant, director, trustee where relevant

Title:	<input type="text"/>	First name(s):	<input type="text"/>
Surname:	<input type="text"/>		

Date of birth:	<input type="text"/>	IRD number:	<input type="text"/>
PIR*	<input type="checkbox"/> 0% <input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 28%		
Tax status:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident		

\*PIR – Prescribed Investor Rate. We will use the highest Prescribed Investor Rate for joint holders. If you are unsure what your PIR is, visit [www.ird.govt.nz](http://www.ird.govt.nz) and search for ‘Prescribed Investor Rate’, contact Inland Revenue on 0800 227 774, or speak to your tax advisor. If your PIR is invalid or you do not choose one, the default 28% will apply.

3.

### CONTACT DETAILS

#### Physical address

Unit No:	<input type="text"/>	Street No:	<input type="text"/>	Street name:	<input type="text"/>
Suburb:	<input type="text"/>	City:	<input type="text"/>		
Postcode:	<input type="text"/>	Country:	<input type="text"/>		

#### Postal address (if different from physical address)

Unit No:	<input type="text"/>	Street No:	<input type="text"/>	PO Box / Street name:	<input type="text"/>
Suburb:	<input type="text"/>	City:	<input type="text"/>		
Postcode:	<input type="text"/>	Country:	<input type="text"/>		

#### Home phone

#### Work phone

#### Email address

4.

### FOREIGN ACCOUNT TAX COMPLIANCE ACT - For the purposes of the provisions of the United States legislation commonly known as the Foreign Account Tax Compliance Act ('FATCA')

#### To be completed by individuals and joint (individual) ownership investors

Individual 1:	<input type="text"/>
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#### Are you a citizen or tax resident of the United States?

<input type="checkbox"/> Yes	US Taxpayer Information Number (TIN) <sup>1</sup> :	<input type="text"/>
<input type="checkbox"/> No		

Individual 2:	<input type="text"/>
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#### Are you a citizen or tax resident of the United States?

<input type="checkbox"/> Yes	US Taxpayer Information Number (TIN) <sup>1</sup> :	<input type="text"/>
<input type="checkbox"/> No		

Individual 3:	<input type="text"/>
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#### Are you a citizen or tax resident of the United States?

<input type="checkbox"/> Yes	US Taxpayer Information Number (TIN) <sup>1</sup> :	<input type="text"/>
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<sup>1</sup> For more about TIN numbers please refer to [Taxpayer Identification Numbers \(TIN\) | Internal Revenue Service \(irs.gov\)](https://www.irs.gov/individuals/international/tin)

<input type="checkbox"/>	<input type="checkbox"/>	No
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For entities (including trusts): Is the entity a US company, trust, or partnership for US tax purposes?

<input type="checkbox"/>	<input type="checkbox"/>	Yes	US Taxpayer Information Number (TIN) or exemption code (for exempt payees) <sup>1</sup> :	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	No		

If no, which of the following describes your FATCA status?

<input type="checkbox"/>	<input type="checkbox"/>	New Zealand financial institution*	<input type="checkbox"/>	A participating foreign financial institution*
<input type="checkbox"/>	<input type="checkbox"/>	Partner jurisdiction financial institution	<input type="checkbox"/>	A deemed-compliant foreign financial institution**
<input type="checkbox"/>	<input type="checkbox"/>	Other financial institution	<input type="checkbox"/>	Active non-financial foreign entity ***
<input type="checkbox"/>	<input type="checkbox"/>	Passive non-financial foreign entity ****	<input type="checkbox"/>	An exempt beneficial owner**

\* A custodial or depository institution, an investment entity, or a specified insurance company for FATCA purposes  
 \*\* As defined in the relevant US Treasury Regulations  
 \*\*\* A non-US entity that is not a Financial Institution but falls within the 'active' categories, including a listed company (and its related entities), many registered charities, and entities (including companies) for whom less than 50% of gross assets and income are considered passive  
 \*\*\*\* Generally, any Non-Financial Foreign Entity that is not 'active' (see above) will be 'passive'.

If the entity has a Global Intermediary Identification Number (GIIN), please provide it

If you are an entity that is considered as a Passive Non-Financial Foreign Entity, please contact us to discuss the status of your controlling owners. For help in determining your status for FATCA purposes, see the Inland Revenue's website at [www.ird.govt.nz/international/nzwithos/fatca/fatca-index.html](http://www.ird.govt.nz/international/nzwithos/fatca/fatca-index.html). You need to provide us with further information if there is a change in circumstances which renders the above certification incorrect or unreliable. We may request further information from you in the future for this purpose

## 5. COMMON REPORTING STANDARDS ('CRS') - For the purposes of OECD's Standard for Automatic Exchange of Financial Account Information in Tax Matters which incorporates the Common Reporting Standard ('CRS')

**For individual and joint ownership investors (including each controlling person of a passive non-financial entity investor – see the entities section below)**

Individual 1:

Are you a tax resident in any country other than New Zealand or the United States?

<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please specify the other country/countries in which you are a tax resident in:

Please provide your foreign taxpayer identification number/tax number (TIN)<sup>1</sup> for each of those countries:

If you do not have a foreign TIN<sup>1</sup> for a country, please provide an explanation:

If you are a controlling person of an entity (as specified in the entities section below), please specify what type of controlling owner you are:

Individual 2:

Are you a tax resident in any country other than New Zealand or the United States?

Yes	No
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If yes, please specify the other country/countries in which you are a tax resident in:

Please provide your foreign taxpayer identification number/tax number (TIN)<sup>1</sup> for each of those countries:

If you do not have a foreign TIN<sup>1</sup> for a country, please provide an explanation:

If you are a controlling person of an entity (as specified in the entities section below), please specify what type of controlling owner you are:

Individual 3:

Are you a tax resident in any country other than New Zealand or the United States?

Yes	No
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If yes, please specify the other country/countries in which you are a tax resident in:

Please provide your foreign taxpayer identification number/tax number (TIN)<sup>1</sup> for each of those countries:

If you do not have a foreign TIN<sup>1</sup> for a country, please provide an explanation:

If you are a controlling person of an entity (as specified in the entities section below), please specify what type of controlling owner you are:

**To be completed by Entities including Companies, Trusts, and Partnerships**

Is the Entity a tax resident in any country other than New Zealand or the United States?

Yes	No
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If yes, please specify the other country/countries in which the Entity is a tax resident in:

Please provide the entity's foreign taxpayer identification number (TIN)<sup>1</sup> for each country:

If you do not have a foreign TIN<sup>1</sup>, please provide an explanation:

For CRS purposes, is the Entity a:

Financial institution <sup>1</sup>	Active non-financial entity <sup>2</sup>	Passive non-financial entity <sup>3</sup> (PNFE)
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If the entity is a PNFE, is any controlling person<sup>4</sup> a tax resident in any other country than New Zealand?

Yes	No
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If yes, each controlling person must complete an individual self-certification. If the controlling person is specified on page 2 then please complete the individual sections(s) above. If the controlling person is not specified on page 2, please contact us for a self-certification form to complete. In either case, please indicate on the form what type of controlling person the individual is<sup>4</sup>.

- <sup>1</sup> If the entity is a financial institution for FATCA purposes, it is likely (but not certain), to be a financial institution for CRS purposes.
- <sup>2</sup> An active non-financial entity includes a listed company (and its related entities), government entities and international organisations. See the links below for the full definition.
- <sup>3</sup> A passive non-financial entity generally covers an entity that:
  - a. Is not a financial institution; and
  - b. Either derives predominantly (50% or more) passive income (as defined for CRS purposes) and/or predominantly has assets that produce or are held for the production of passive income.
- <sup>4</sup> A controlling person is defined as any natural person who exercises control over an entity. In the case of a trust, the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate control over the trust will be included. This means that the term may include a director, partner, trustee, settlor, beneficiary, protector of a trust, or other natural person exercising ultimate effective control over the entity.

For more information on CRS, and determining your status for CRS purposes, please see the Inland Revenue's website at [www.ird.govt.nz/international/exchange/crs/crs-glossary/crs-glossary.html](http://www.ird.govt.nz/international/exchange/crs/crs-glossary/crs-glossary.html) and [www.taxpolicy.ird.govt.nz/topical-issues/implementing-aeoi](http://www.taxpolicy.ird.govt.nz/topical-issues/implementing-aeoi). In addition to the above, you need to provide us with further information if there is a change in circumstances which render the below certification incorrect or unreliable. We may also request further information from you in the future for this purpose.

6.

## INVESTMENT DETAILS

I wish to invest the following amounts (in NZD) in the following Fund:

Fund	Initial investment	Subsequent investment
Revolution Private Debt PIE fund (NZD)	\$	\$

### Payment details

Bank account name: Bank account name and number will be provided once your account is confirmed to be open.  
 Bank account number: Contact +64 4 4999 654 or [contact@fundrock.com](mailto:contact@fundrock.com).  
 Reference: Your name or client reference

7.

## BANK ACCOUNT & DISTRIBUTION – you must provide a New Zealand bank account which in in the same name as your Revolution Investment Funds Holding

### Account name

### Bank name

### Branch name

### Account number

Please ensure you provide a bank deposit slip, bank statement or confirmation from your bank verifying your account name and number

Please specify whether you would like any distributions to be paid to your bank account or reinvested in additional units in the Fund. If no option is selected, distributions will be reinvested.

<input type="checkbox"/>	Reinvestment in additional units	<input type="checkbox"/>	Direct credit to the above bank account
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8.

## IDENTITY VERIFICATION

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires us to verify the identity of new investors in the Revolution Investment Funds. This means your application must be accompanied by relevant certified documents as outlined in the Checklist for Identity Verification and Certification of Documents sections below.

For natural persons, verification of identity and proof of address can be done online, by us, instead, using Cloudcheck at no cost to you. If you elect to use the Cloudcheck service:

- you must tick the appropriate box under the Declaration section below;
- you must send in non-certified copies of those documents related to your identity (e.g. passport) and proof of address (e.g. utility bill) with your application; and
- you must send in original certified copies of all other documents listed in the Checklist for Identity Verification that is related to your investor type (e.g. for individual or joint account, an original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the name and account number)

Our requirements may change from time to time, and we may be required to ask you for additional information in the future, including if we are unable to verify your identity by using the Cloudcheck service.

## Checklist for identity verification

### Individual or joint account

	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
	Certified true copy of identification for each applicant with the certification not more than three months old <sup>1</sup>
	Original or certified true copy of address verification for each applicant that is not more than three months old <sup>2</sup>

### Partnership account

	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
	Certified true copy of identification for each partner with the certification not more than three months old <sup>1</sup>
	Original or certified true copy of address verification for each partner that is not more than three months old <sup>2</sup>
	Original or certified true copy of the Partnership Deed with the certification not more than three months old

### Trust account

	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
	Certified true copy of identification for each trustee and beneficial owner* with the certification not more than three months old <sup>1</sup>
	Original or certified true copy of address verification for each trustee and beneficial owner* that is not more than three months old <sup>2</sup>
	Original or certified true copy of the Trust Deed with the certification not more than three months old
	Evidence of source(s) of wealth

### Company account

	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
	Certificate of Incorporation
	Proof of address of registered office
	Trading name (if applicable)
	List of directors and authorised signatories

	Certified true copy of identification for each director, beneficial owner* of the company, authorised signatory or anyone else acting on behalf of the company in respect of the investment, with the certification not more than three months old <sup>1</sup>
	Original or certified true copy of address verification for each director and authorised signatory that is not more than three months old <sup>2</sup>

#### \* Beneficial owners:

A beneficial owner is an individual who has effective control of a customer or person on whose behalf a transaction is conducted, or who owns 25% or more of the customer or person on whose behalf a transaction is conducted. Examples are:

- Beneficial owners of a company may include shareholders, senior management (e.g. CEO), and any other person with effective control (such as some directors).
- Beneficial owners of a trust may include a beneficiary of the trust, and any other individual who has effective control over the trust, specific trust property, or the power to amend the trust deed, or remove or appoint trustees or one or more of the beneficiaries of the trust.

### Power of attorney

	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
	Certified true copy of identification for each applicant with the certification not more than three months old <sup>1</sup>
	Original or certified true copy of address verification for each applicant that is not more than three months old <sup>2</sup>
	Original or certified true copy of the Power of Attorney with the certification not more than three months old
	Original or certified true copy of the Certificate of Non-Revocation with the certification not more than three months old

#### Estate account

	Original or certified true copy of bank deposit slip, bank statement or confirmation from your bank verifying the account name and number
	Certified true copy of identification for each executor with the certification not more than three months old <sup>1</sup>
	Original or certified true copy of address verification for each executor that is not more than three months old <sup>2</sup>
	Original or certified true copy of the Probate with the certification not more than three months old

For investor types not listed above, please contact us directly.

<sup>1,2</sup> Please refer to Notes section on page 10.

9.

#### PRIVACY ACT 2020

This statement relates to the personal information that you are providing to FundRock NZ Limited (FundRock), as manager of the Revolution Investment Funds, by way of this application and any subsequent personal information which you provide in the future. The personal information you have supplied may be collected, used, stored, and shared by FundRock, Revolution Asset Management Pty Ltd, Public Trust, and Adminis Limited (and any of their related entities and service providers) for the purposes of enabling them to arrange and manage your investment, and to contact you in relation to your investment. FundRock will provide you (on request) with the name and address of any entity to which it has disclosed your information. You have the right to access all personal information held about you by FundRock. If any of the information is incorrect, you have the right to request to have it corrected.

10.

#### DECLARATION

By signing below, I confirm that:

- I have received, read, and retained a copy of the current version of the Revolution Investment Funds Information Memorandum.
- I agree to be bound by the terms and conditions of the wholesale master trust deed and establishment deeds for the Revolution Investment Funds, as amended from time to time;
- I agree and consent to the terms outlined above in relation to the Privacy Act 2020 and the supply of personal information and FATCA and CRS related information;
- I acknowledge that I am authorised to provide personal information on behalf of the applicant and evidence of this authority is provided (in the case of a parent/guardian/other providing information about the applicant).
- I consent to FundRock providing any information relating to my CRS or FATCA status or CRS or FATCA matters to the New Zealand Inland Revenue Department, and agree to notify FundRock in writing immediately if there is any change which I become aware of which would render any of the above information incorrect, and to re-submit information to FundRock upon request;
- where applicable, those signing this application form are persons with authority to sign this form on behalf of the entity named;
- I agree to update the information I have provided if my circumstances change;
- I consent to receiving electronic communications (including email) from FundRock, Revolution Asset Management Pty Ltd, Public Trust, or Adminis Limited relating to my investment in the Revolution Investment Funds and as otherwise set out in the terms above in relation to the Privacy Act 2020;
- I authorise FundRock and Revolution Asset Management Pty Ltd to disclose information relating to me to any regulatory authority in New Zealand as may be required from time to time under applicable law;
- I certify that all information given in this form is true and correct;
- I understand that the value of my investment in the Revolution Investment Funds is subject to fluctuations and may rise and fall from time to time;
- I understand that none of FundRock, Revolution Asset Management Pty Ltd, Public Trust, or Adminis Limited or any other person guarantees my investment in the Revolution Investment Funds;
- I understand the manner in which the fees will be deducted from my investment.
- I understand that any interest income earned from monies held in the applications/redemption bank account may be retained by FundRock for their own benefit;
- I agree that in the event this account holds zero units for a period of 6 months or more, FundRock may close the account; and



- I agree that in the event this account holds a balance of less than \$500 and stays at or below that level for at least three consecutive calendar months, FundRock may close the account and return the remaining account balance to the bank account listed above.

If you would like to have your identification verified online using Cloudcheck, please confirm and tick the box below. There is no cost to you for using Cloudcheck.

☐ I consent, for the purposes of verifying my identity, to the personal information that I have provided being used with and, where necessary, disclosed to third parties, including the following sources: (1) the NZTA for the purpose of checking the Driver Licence and MOTO databases; (2) the Department of Internal Affairs for the purpose of checking the Passport, Birth Certificate and Citizenship Certificate databases; (3) Land Information New Zealand; (4) the Companies Office; (5) Centrix Group Limited, Equifax, Illion and other data sources used by Cloudcheck as required (and I authorise these parties, including those not listed, that may be used by Cloudcheck, to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided)

Signature of applicant 1, director or trustee

Date signed

☐ I consent, for the purposes of verifying my identity, to the personal information that I have provided being used with and, where necessary, disclosed to third parties, including the following sources: (1) the NZTA for the purpose of checking the Driver Licence and MOTO databases; (2) the Department of Internal Affairs for the purpose of checking the Passport, Birth Certificate and Citizenship Certificate databases; (3) Land Information New Zealand; (4) the Companies Office; (5) ) Centrix Group Limited, Equifax, Illion and other data sources used by Cloudcheck as required (and I authorise these parties, including those not listed, that may be used by Cloudcheck, to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided)

Signature of applicant 2, director or trustee

Date signed

☐ I consent, for the purposes of verifying my identity, to the personal information that I have provided being used with and, where necessary, disclosed to third parties, including the following sources: (1) the NZTA for the purpose of checking the Driver Licence and MOTO databases; (2) the Department of Internal Affairs for the purpose of checking the Passport, Birth Certificate and Citizenship Certificate databases; (3) Land Information New Zealand; (4) the Companies Office; (5) ) Centrix Group Limited, Equifax, Illion and other data sources used by Cloudcheck as required (and I authorise these parties, including those not listed, that may be used by Cloudcheck, to use any information that they hold in their credit reporting bureau about me to compare the information that I have provided)

Signature of applicant 3, director or trustee

Date signed

## NOTES

1. **Identification details – please provide details and a certified copy of the documents set out below, depending on the option that you choose:**

### Option 1

ONE of the following

- Personal details page of your passport

### Option 2

ONE of the following

- New Zealand or foreign full birth certificate
- Certificate of New Zealand citizenship or a certificate issued by a foreign government

ONE of the following

- New Zealand driver license or 18+ card
- Valid and current international driving permit and a license from another country with a translation

### Option 3

- A New Zealand driver license

ONE of the following

- A document issued by a registered bank that contains your name and signature, for example a credit card, debit card or eftpos card
- A statement issued by a government agency to you in the 12 months immediately preceding the date of the application, for example a statement from Inland Revenue

2. **Proof of address details – investors must provide proof (either original or certified copy of the residential address addressed to them that is not more than 3 months old.**

ONE of the following

- Bank statement
- Utility bill (e.g. electricity bill, gas bill or landline and internet bill)
- Inland revenue statement

## CERTIFICATION OF DOCUMENTS

We will accept photocopied documents certified by someone who is over 16 years of age and is ONE of the following

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Commonwealth Representative (as defined in the Oaths and Declarations Act 1957)</li> <li>• Member of the Police</li> <li>• Justice of the Peace</li> <li>• Registered medical doctor</li> <li>• Kaumātua</li> <li>• Registered teacher</li> <li>• Minister of religion</li> </ul> | <ul style="list-style-type: none"> <li>• Lawyer (as defined in the Lawyers and Conveyancers Act 2006)</li> <li>• Notary public</li> <li>• New Zealand Honorary consul</li> <li>• Member of Parliament</li> <li>• Chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996)</li> <li>• A person who has the legal authority to take statutory declarations or the equivalent in New Zealand</li> </ul> |
|--|--|

When certification occurs overseas, copies of international identification provided by a customer resident overseas must be certified by a person authorised by law in that country to take statutory declarations or the equivalent in the customer's country.

The person certifying your document must NOT be any of the following:

- related to you; for example, your parent, child, brother, sister, aunt, uncle or cousin
- your spouse or partner
- a person who lives at the same address as you
- a person involved in the transaction or business requiring the certification

If insufficient identification and address verification is provided, your application will be rejected and your payment returned. Payments returned to investors will not be eligible to accrue any interest

The person certifying your documents MUST sight the originals and make a statement to the effect that the documents are a true copy and represent the identity of the named person. The certification MUST include the following with the certification not more than three months old

- Name and signature of the person certifying the documents
- Date of certification
- The capacity in which the person is certifying the documents (from the list of individuals above)