

Organisation Account Opening Form for Managed Investment Schemes

This form is to be used to open an organisation account with China Construction Bank (New Zealand) Limited ("Bank") for Managed Investment Schemes (as that term is defined in the Financial Markets Conduct Act 2013 [FMCA]) and other investment funds.

Note: On request, the Bank can provide the applicant with this form in a different format which may make it easier to read (for example on A3 sized paper and using larger font).

Please contact the Bank if this would assist.

1. Customer Details

A. Managed Investment Scheme (the "Scheme")

Scheme Name:

Details of governing document:

IRD number (if applicable)

Country of Incorporation/Registration

<input type="text"/>	<input type="text"/>
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B. Supervisor

Supervisor Name:

Is the Supervisor licensed under the FMCA?

Yes No

Address

Registered Office/Address:

Mailing address: (if different)

Suburb:

Postcode

<input type="text"/>	<input type="text"/>
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Suburb:

Postcode

<input type="text"/>	<input type="text"/>
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Town/City

Country

<input type="text"/>	<input type="text"/>
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Town/City:

Country

<input type="text"/>	<input type="text"/>
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C. Custodian (this entity will be the Account Owner)

Custodian number: (if existing customer)

Registered Office/Address:

Custodian name:

Suburb:

Postcode

<input type="text"/>	<input type="text"/>
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Custodian number:

Country of incorporation/registration:

<input type="text"/>	<input type="text"/>
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Town/City:

Country

<input type="text"/>	<input type="text"/>
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Phone:(home)

Phone:(mobile)

<input type="text"/>	<input type="text"/>
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Mailing address: (if different)

Postcode

<input type="text"/>	<input type="text"/>
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Phone: (work)

Fax:

<input type="text"/>	<input type="text"/>
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Suburb:

Postcode

<input type="text"/>	<input type="text"/>
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Email Address:

Town/City

Country

<input type="text"/>	<input type="text"/>
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IRD number:

GIIN (for financial institutions):

<input type="text"/>	<input type="text"/>
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What does your organisation do?

Please provide your ANZSIC Code (if known):

Main Country of tax residency:

Is the organisation GST registered?

Yes No

If GST registered, are at least 75% of your supplies subject to GST at 15%?

Yes No

RWT exempt?

Yes No

RWT rate:

To determine your applicable RWT rate, please refer to the Inland Revenue Department website for guidance at www.ird.govt.nz

10.5% 17.5% 28%

30% 33%

Exempt (Prior 1 April 2020, please include a copy of your exemption certificate)

Non-resident withholding tax

Approved issue levy (AIL)

Additional Country(s) of tax residency: (other than New Zealand - if any)

Foreign Tax Identification Number(s) (TIN):

Reason if for TIN not provided:

1 - Country does not issue TIN 2 - Country does not require TIN

3 - Applied for TIN. Will provide 4 - Cannot obtain TIN. Please provide reason below:

D: Relevant Individuals

You must disclose:

(a) each **individual** who is a **beneficial owner** of the Custodian. A beneficial owner includes each individual:

- who owns (directly or indirectly) more than 25% of the Custodian or the Supervisor;
- who has **effective control** of the Custodian (whether or not that person is a director, employee or owner of the Custodian); and/or
- on whose behalf any transaction is conducted in connection with the Scheme – this may include individuals acting on behalf of the Custodian or the Manager specified in section 2 below; and

(b) whether any such person is a US citizen – that is, a person who was born in the US or who has acquired US citizenship, unless that person has formally renounced his or her citizenship.

Full Name: <input style="width: 95%;" type="text"/> Date of Birth: <input style="width: 95%;" type="text"/> Country(s) of citizenship: <input style="width: 95%;" type="text"/> US citizen? Yes No Address: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> Relationship to the Custodian/Scheme <input style="width: 95%; height: 20px;" type="text"/>	Name: <input style="width: 95%;" type="text"/> Date of Birth: <input style="width: 95%;" type="text"/> Country(s) of citizenship: <input style="width: 95%;" type="text"/> US citizen? Yes No Address: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> Relationship to the Custodian/Scheme <input style="width: 95%; height: 20px;" type="text"/>
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Full Name: <input style="width: 95%;" type="text"/> Date of Birth: <input style="width: 95%;" type="text"/> Country(s) of citizenship: <input style="width: 95%;" type="text"/> US citizen? Yes No Address: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> Relationship to the Custodian/Scheme <input style="width: 95%; height: 20px;" type="text"/>	Name: <input style="width: 95%;" type="text"/> Date of Birth: <input style="width: 95%;" type="text"/> Country(s) of citizenship: <input style="width: 95%;" type="text"/> US citizen? Yes No Address: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> Relationship to the Custodian/Scheme <input style="width: 95%; height: 20px;" type="text"/>
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Full Name: <input style="width: 95%;" type="text"/> Date of Birth: <input style="width: 95%;" type="text"/> Country(s) of citizenship: <input style="width: 95%;" type="text"/> US citizen? Yes No Address: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> Relationship to the Custodian/Scheme <input style="width: 95%; height: 20px;" type="text"/>	Name: <input style="width: 95%;" type="text"/> Date of Birth: <input style="width: 95%;" type="text"/> Country(s) of citizenship: <input style="width: 95%;" type="text"/> US citizen? Yes No Address: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> Relationship to the Custodian/Scheme <input style="width: 95%; height: 20px;" type="text"/>
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2. Scheme Manager Details

Manager name <input style="width: 95%; height: 20px;" type="text"/> Is the Manager licensed under the FMCA? Yes No Mailing Address:(if different) <input style="width: 95%; height: 40px;" type="text"/>	Registered office/Address: <input style="width: 95%; height: 20px;" type="text"/> Suburb: <input style="width: 45%; height: 20px;" type="text"/> Postcode: <input style="width: 45%; height: 20px;" type="text"/> Town/City: <input style="width: 45%; height: 20px;" type="text"/> Country: <input style="width: 45%; height: 20px;" type="text"/>
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3. Scheme information

What is the source of the Scheme's fund/wealth?

What is the source of the funds to be deposited into the Account?

Please provide details of the nature and purpose of the Account in view of the Scheme's activities:

Does the Scheme have more than 10 scheme participants (beneficiaries)?

Yes No

If yes, please provide details of the class or type of scheme participant (beneficiary):

If no, please provide the identification and verification documentation specified in the Checklist in section 9 for each scheme participant (beneficiary).

4. Authorised Signatories

Is authority to operate the Account delegated to the Manager or any other third party (e.g. via a deed of arrangements)?

Yes No

If yes, please provide details:

Please include details of all intended Authorised Signatories below:

Authorised Signatory 1:

Customer Number: (if existing customer)

Title: Mr. Mrs. Ms. Miss.
Other

First name(s):

Surname:

Date of Birth

Relationship to organisation:

Occupation:

By signing below, the Authorised Signatory agrees to be an Authorised Signatory to the Customer's account and agrees to the statements set out in section 7 below

Signature of Authorised Signatory:

ID Type:

ID No.:

Expiry of ID:

Phone: (home)

Phone:(mobile)

Phone:(work)

Fax:

Email:

Residential Address:

Suburb:

Postcode:

Town/City

Country

Mailing Address: (if different)

Suburb:

Postcode:

Town/City

Country

ID Type:

ID No.:

Expiry of ID:

Authorised Signatory 4:

Customer Number: (if existing customer)

Title: Mr. Mrs. Ms. Miss.
 Other _____

First name(s):

Surname:

Date of Birth

Relationship to organisation:

Occupation:

By signing below, the Authorised Signatory agrees to be an Authorised Signatory to the Customer's account and agrees to the statements set out in section 7 below

Signature of Authorised Signatory:

ID Type: _____

ID No.: _____

Expiry of ID: _____

Phone: (home) _____ Phone:(mobile) _____

Phone:(work) _____ Fax: _____

Email:

Residential Address:

Suburb: _____ Postcode: _____

Town/City _____ Country _____

Mailing Address: (if different)

Suburb: _____ Postcode: _____

Town/City _____ Country _____

ID Type: _____

ID No.: _____

Expiry of ID: _____

Authorised Signatory 5:

Customer Number: (if existing customer)

Title: Mr. Mrs. Ms. Miss.
 Other _____

First name(s):

Surname:

Date of Birth

Relationship to organisation:

Occupation:

By signing below, the Authorised Signatory agrees to be an Authorised Signatory to the Customer's account and agrees to the statements set out in section 7 below

Signature of Authorised Signatory:

ID Type: _____

ID No.: _____

Expiry of ID: _____

Phone: (home) _____ Phone:(mobile) _____

Phone:(work) _____ Fax: _____

Email:

Residential Address:

Suburb: _____ Postcode: _____

Town/City _____ Country _____

Mailing Address: (if different)

Suburb: _____ Postcode: _____

Town/City _____ Country _____

ID Type: _____

ID No.: _____

Expiry of ID: _____

Authorised Signatory 6:

Customer Number: (if existing customer)

Title: Mr. Mrs. Ms. Miss.
 Other

First name(s):

Surname:

Date of Birth

Relationship to organisation:

Occupation:

By signing below, the Authorised Signatory agrees to be an Authorised Signatory to the Customer's account and agrees to the statements set out in section 7 below

Signature of Authorised Signatory:

ID Type:

ID No.:

Expiry of ID:

Phone: (home) Phone:(mobile)

Phone:(work) Fax:

Email:

Residential Address:

Suburb: Postcode:

Town/City Country

Mailing Address: (if different)

Suburb: Postcode:

Town/City Country

ID Type:

ID No.:

Expiry of ID:

Note: The Bank is, or may be required to verify your identity, the identity of the people named in this application form and certain other information provided in this form.

5. Account Details

Accounts

Account Name

The Account name should match the same name of the organisation/Customer on page 1 of this form. Otherwise please advise the reason and any variation to the account name is subject to acceptance by the Bank.

Preferred method of contact:

Purpose of account

Contact Name - 1 :

Address:

Phone:

Mobile:

Fax:

Email:

Contact Name - 2:

Address:

Phone:

Mobile:

Fax:

Email:

Contact Name - 3:

Address:

Phone:

Mobile:

Fax:

Email:

Currency of Account: NZD USD RMB HKD
 JPY EUR GBP Other, please specify

Products: Current Account Savings Account Current Account (For Loan security purpose)
 Term Deposit Pledge Term Deposit Others, Please specific:

Account Operating Authority

*If no box is selected, any Authorised Signatory can act individually in relation to the account.
 The Account Operating Authority may be different to the authority rules applying to Online Banking.*

All instructions provided to the Bank in relation to the operation and management of the account are governed by the authority set out below:

Any Authorised Signatory, acting individually

Any two Authorised Signatories, acting jointly

At least Authorised Signatories, acting together

Other (as described below), subject to acceptance from the Bank:

6. Privacy

This form collects personal information about you (if you are an individual), and other key individuals who have control or ownership of your organisation and the Authorised Signatories (together, Related Persons). The Bank is committed to your privacy. Please refer to the Bank's Account Terms and Conditions for a full description of the Bank's privacy policy (Privacy Policy). The Bank's Privacy Policy contains a full description of how the Bank collects, stores, protects and uses you and your Related Persons' personal information.

The information is being collected for a number of specified purposes set out in the Bank's Privacy Policy including to enable the Customer to open and operate an account with the Bank and to enable the Bank to contact the Customer with information regarding other Bank products and services. Where the Bank collects or provides information to credit reference agencies, that information is for the purpose of allowing both the Bank and other agencies to engage the services of the credit reference agency to provide information for the assessment of credit and to collect money owed by you.

The intended recipients of the information include the Bank, its affiliates and related entities (including other members of the CCB New Zealand Group), agents, government departments, other providers of credit, credit reference agencies, third party service providers, previous and current employers, research firms, direct marketing firms engaged by the Bank and other persons described in the Bank's Privacy Policy.

The information is being collected by the Bank (and/or its affiliates and related entities including any other member of CCB New Zealand Group). The information will be held by the Bank or any other member of CCB New Zealand Group at Level 29, Vero Centre, 48 Shortland Street, Auckland, New Zealand and/or the principal offices of the Bank's ultimate parent bank, China Construction Bank Corporation at no. 25 Financial Street, Xicheng District, Beijing 100033, the People's Republic of China. The information may also be held at such other third party providers when that information has been shared with another third party in accordance with the Bank's Privacy Policy.

Failure to provide this information or provision of incorrect information may result in your application for Bank products and services being declined, or you being unable to open an account with the Bank. It also may affect the level of service that the Bank is able to provide to you

You (and your Related Persons) have the right to access and request the correction of, all personal information about you (or your Related Persons) supplied to and held by the Bank (or any other member of the CCB New Zealand Group, including the Bank's ultimate parent bank, China Construction Bank Corporation in the People's Republic of China).

7. Declaration

By completing this application form you consent to the Bank's Account Terms and Conditions and any other terms and conditions which may apply or which are contained in this application form.

A copy of the Bank's Account Terms and Conditions is available on request from the Bank's Office at Level 29, Vero Centre, 48 Shortland Street, Auckland or by phone at +64 9 338 8200.

You certify that all the information in this application is true, correct, and complete in every respect.

You agree that the Account Owners and Authorised Signatories in this form may operate the account in accordance with the signing requirements specified in this application form and in accordance with the Bank's Account Terms and Conditions and any other terms and conditions that may apply.

You authorise the Bank to make any enquires in relation to the statements given in this application, which it considers necessary, and for that purpose to disclose to and obtain information from any other bank, financial institution, lender, accountant, solicitor, advisor, credit rating and credit reporting agencies and if necessary to disclose to any person the Bank may appoint to collect any outstanding debt or any other party any additional information including the details of your accounts or financial affairs, and you authorise any party approached to provide such information to the Bank.

If you provide the Bank with an email address of the organisation on page 1 of this form, you consent to receiving notices and other communications (including information that any laws or other regulatory requirements require us to provide you in writing) from the Bank by email to such email address.

You confirm that you are an Account Owner and have the authority to sign this form on behalf of the Customer organisation. By signing below, you certify that you are authorised to provide the personal information in respect of the named individuals included in this form. You agree to notify the Bank of any changes in details (including name, registered address and those affecting account and tax residency information). By signing below, you agree to the statements in this declaration.

We, the Scheme by its Custodian, by its _____ (insert designation of signatories, e.g. directors) agree to the terms and conditions set out in this form relating to the account.

Signed by the Scheme, by its Custodian, by its (insert designation of signatories, e.g. directors)	
Signature:	
Name of Signatory:	
Date:	

Signed by the Scheme, by its Custodian, by its (insert designation of signatories, e.g. directors)	
Signature:	
Name of Signatory:	
Date:	

Signed by the Scheme, by its Custodian, by its (insert designation of signatories, e.g. directors)	
Signature:	
Name of Signatory:	
Date:	

Signed by the Scheme, by its Custodian, by its (insert designation of signatories, e.g. directors)	
Signature:	
Name of Signatory:	
Date:	

Signed by the Scheme, by its Custodian, by its (insert designation of signatories, e.g. directors)

Signature:

Name of Signatory:

Date:

Signed by the Scheme, by its Custodian, by its (insert designation of signatories, e.g. directors)

Signature:

Name of Signatory:

Date:

Signed by the Scheme, by its Custodian, by its (insert designation of signatories, e.g. directors)

Signature:

Name of Signatory:

Date:

Signed by the Scheme, by its Custodian, by its (insert designation of signatories, e.g. directors)

Signature:

Name of Signatory:

Date:

Note: *If the Custodian is a company, it should be signed by two Directors or the sole Director. If the Custodian is another type of organisation, it should be signed by all Trustees, Partners, etc. (unless the Bank agrees otherwise).*

8. Bank Use Only

Client Number:

Bank Relationship Manager Name:

Wholesale Investor category reviewer(if applicable):

Notes and Comments (if any):

9. Checklist

Application Form

Identification - See Below:

1. The Custodian as Account Owner must provide:

Documentation downloaded from the New Zealand Companies Office or other relevant documentation that verifies the name, registered office and organisation number.

2. For each Authorised Signatory signing this form:

(a) a copy of an original passport; or
(b) a New Zealand Driver's Licence and a credit card issued by a New Zealand bank

(a) a bank statement or credit card statement from a registered bank addressed to the customer showing the name and address given by the customer; or
(b) an invoice from a utility supplier addressed to the customer and showing the name and address provided by the customer; or
(c) electronic means acceptable to the Bank.

3. Each Relevant Individual identified in section 1(D) and each scheme participant of a Scheme with less than 10 scheme participants must provide the following identification and verification information:

(a) a copy of an original passport; or
(b) a New Zealand Driver's Licence **and** a credit card issued by a New Zealand bank; or
(c) electronic means acceptable to the Bank.

(a) a bank statement or credit card statement from a registered bank addressed to the customer showing the name and address given by the customer; or
(b) an invoice from a utility supplier addressed to the customer and showing the name and address provided by the customer; or
(c) electronic means acceptable to the Bank.

Please note that in some circumstances the Bank may need further information and/or evidence about the Managed Investment Scheme and the identity of any individuals mentioned in this form or otherwise connected with the Scheme.