



AML Form for a Representative acting on behalf of a Client (Form 2)

1 | Client details

Account name

Existing client

- Yes
 No

NZ Funds client number

N	Z	F							
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2 | Representative details

Name of Representative

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

Relationship to Client

3 | Identification requirements for acting on behalf

Provide the following identification documents for the acting on behalf relationship as appropriate.

- Power of attorney and certificate of non-revocation Document evidencing authority
 Birth certificate or guardianship order of a minor

4 | Identity verification by an Authorised Individual*

Tick the document(s) selected previously, verify that the details shown by the documents correctly represent the company identity information provided on this form. Attach copies to this completed form before signing and dating the statement below.

Name
I, , Authorised Financial Adviser,

have sighted documents provided (copies of which are attached to this form), and have used those documents to verify client identity information as is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

Signature of Authorised Individual Day - Month - Year

* An Authorised Individual refers to an Authorised Financial Adviser listed on the NZ Funds 'Register of Individuals Authorised to perform CDD'.