# AML for a Company (Form 4)

Use this form if you are completing AML identification requirements for a New Zealand registered Company which does not have shares in bearer form.**

NZ Funds is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML / CFT Act) to collect identity and address information on its clients.

Return this form and original certified copies to New Zealand Funds Management Limited, Private Bag 92226, Victoria Street West, Auckland 1142, or by email to registry@nzfunds.co.nz.

## 1. Company details

**Company name**

**Are you an existing client?**

If Yes, enter in your NZ Funds client number.

**Registered office address**

Street

Suburb | Town / City | Postcode

**Principal business address (if different from above)**

Street

Suburb | Town / City | Postcode

**Business activity**

**Company registration number**

## 2. Individual completing this form

**Name of individual authorised to act on behalf of the Company**

Title | First name | Middle name(s) | Surname

If this person is not a director, complete and attach an 'AML Form 2 for a Representative Acting on Behalf of a Client'.

## 3. Source(s) of funds and wealth

**Please attach a narrative of the source of the funds being invested and the source of the wealth of the Client.**

Append copies of documentary evidence of the source of funds to this form. We may need to contact you for further information.

## 4. Identification requirements for the Company

**Attach both of the following identification documents (from Companies Office website).**

☐ Company extract ☐ Certificate of incorporation

** Shares in bearer form are negotiable instruments whose terms state that they are payable to the bearer.

## 5. Identity verification by your Financial Adviser or an NZ Funds employee*

**Verify that the details shown by the attached documents correctly represent the Company identity and source of funds and wealth information provided on this form.**

Attach copies to this completed form before signing and dating the statement below.

Name

I _____ confirm that I

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 Financial Adviser / NZ Funds employee* _____ Day Month Year

## 6. Significant shareholders (who each own more than 25%)

**List full names of significant shareholders below and complete 'AML Form 1 for an Individual' for each.**

If any of the significant shareholders are Trusts, please complete a separate 'AML Form 3 for a Trust' for each, and if any of the significant shareholders are Companies please complete a separate 'AML Form 4 for a Company' for each.

### Significant shareholder 1

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Significant shareholder 2

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Significant shareholder 3

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

## 7. Nominee shareholders† (who own any amount)

**List full names of any nominator of shareholders and nominee shareholders below and complete 'AML Form 1 for an Individual' for each.**

If any nominator of shareholders or nominee shareholders are Trusts, please complete a separate 'AML Form 3 for a Trust' for each, and if any nominator of shareholders or nominee shareholders are Companies please complete a separate 'AML Form 4 for a Company' for each.

### Nominee shareholder 1

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Nominator of shareholder 1

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Nominee shareholder 2

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Nominator of shareholder 2

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

* To complete verification the adviser, employee or other authorised person must be listed on the NZ Funds 'Register of Individuals Authorised to perform CDD'.

† A nominee shareholder holds shares on behalf of an actual or beneficial owner (the Nominator). In these situations, we may contact you for further information.

## 8. Directors and others with effective control

List full names of all the Directors and any other individuals who have effective control of the Company. Complete 'AML Form 1 for an Individual' for each.

### Director or other individual 1

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Director or other individual 2

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Director or other individual 3

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Director or other individual 4

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Director or other individual 5

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

## 9. Nominee Directors^

List full names of any nominator of Directors and nominee Directors below and complete 'AML Form 1 for an Individual' for each.
If any nominator of directors is a Company please complete a separate 'AML Form 4 for a Company' for each.

### Nominee Director 1

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Nominator of Director 1

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Nominee Director 2

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

### Nominator of Director 2

| Title | First name | Middle name(s) | Surname |
|---|---|---|---|
| | | | |

## 10. Exception handling procedures

Please contact NZ Funds on **0800 377 2277** or via email at **onboarding@nzfunds.co.nz** for assistance should any exception arise.

^ A nominee Director acts on the instructions of another person (the Nominator). In these situations, we may contact you for further information.