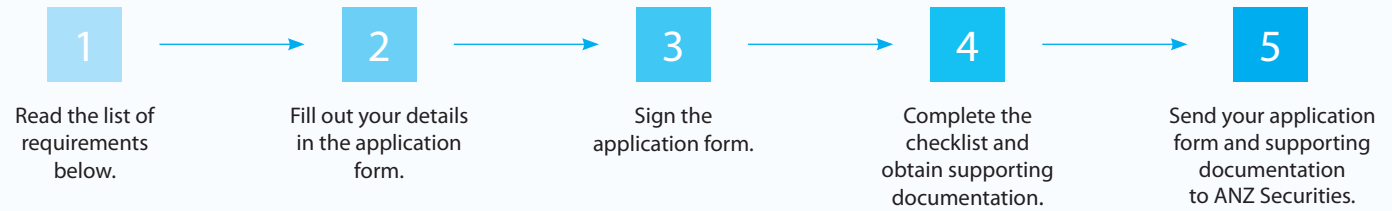


Partnership Account Application Form

You'll need to have a bank account with ANZ Bank New Zealand Limited (ANZ) to have access to this service. If you aren't already an ANZ bank account holder, simply visit anz.co.nz or any branch to open an account.

HOW TO BECOME A CLIENT



Please ensure you carefully read the following:

Before signing this application form, you should ensure you have received, where required, independent professional advice.

Opening an account with ANZ New Zealand Securities Limited (ANZ Securities) requires us to collect and verify your identification, regardless of your existing relationship with ANZ.

PARTNERSHIP APPLICANT – LIST OF REQUIREMENTS

Please provide:

Partnership Agreement or Deed – A certified or verified copy of the Partnership Deed, if there is one.

Certificate of Registration – A copy of the Certificate of Registration for Limited Partnerships, if applicable.

Photo identification – A certified or verified copy of any one of the following in the full name of all individual Partners and for any Authorised Representatives:

- Passport;
- New Zealand Firearms Licence;
- New Zealand Driver's Licence **AND** bank generated statement; or
- Another combination of identification as agreed to by ANZ Securities.

Supplement Form – the appropriate Supplement Form for any Partners who are an Entity.

Certified or verified documents must be signed and include the name of the certifier or verifier, their occupation and the date. The certifier or verifier must be at least 16 years of age and cannot be related to the person, the spouse or partner of the person or living at the same address as the person.

The document being certified or verified and the signature of the certifier or verifier must not be dated **more than three months** before the date this application form is signed.

We must receive the original signature on the certification or verification; we cannot accept a photocopy of the certification or verification and the signature.

Acceptable certifiers are:

- Justice of the Peace;
- Lawyer (must be from a Financial Action Task Force (FATF) member country (including NZ));
- Chartered Accountant (must be member of Chartered Accountants Australia and New Zealand);
- A sworn employee of the NZ Police who holds the office of constable (any rank);
- Notary Public;
- New Zealand Honorary Consul;
- Member of Parliament; or
- Commonwealth representative; includes Ambassador, High Commissioner, Commissioner, Minister, Counsellor, Charge d'Affaires, Head of Mission, Consular Officer, Pro-Consul, Trade Commission or Tourist Commissioner of a Commonwealth country.

Acceptable verifiers are:

- ANZ employees (where you attend an ANZ branch in person with the original documentation).

FOR OFFICE USE ONLY

Authorised by

Signature

Account number

Account type

2 0

SECTION 1. PARTNERSHIP ACCOUNT HOLDER DETAILS

ANZ Customer Number

Partnership Name COMPULSORY

Country of Establishment COMPULSORY

Country of Primary Place of Business COMPULSORY

If the Country of Establishment or Country of Place of Primary Business is not New Zealand, refer to the "FAQS" page on the ANZ Securities website for further instructions.

Is the Partnership a Limited Partnership? Yes No

Does the Partnership have a Deed or Agreement? Yes No

If Yes Please supply a certified or verified copy of the Deed or Agreement with this Application Form

It is mandatory to open an Online Multi-Currency Account (OMCA) for settlement of your trading transactions. An OMCA will be opened for you at the time of opening your trading account with ANZ Securities. Please refer to our website for more information regarding the OMCA.

All sale proceeds and distributions will be credited to your OMCA. Transfer of funds to your ANZ account can be initiated through our website.

Your answers to the following questions will assist us to accurately and appropriately classify your partnership's financial status. Therefore, it would be beneficial to seek assistance from your accountant or tax advisor as you work through each question.

SECTION 2. TAX

In relation to the OMCA, ANZ Securities, as agent for ANZ, will deduct resident withholding tax or non-resident withholding tax based on the information provided by you.

Industry/Activity Description COMPULSORY
 Example: retail, manufacturing, dairy, building, transport, property, investment.

IRD Number COMPULSORY

Business Industry Classification (BIC) code COMPULSORY
 Your BIC can be found on your most recent tax return.

Question 1

Select your partnership's PRIMARY source of income.

<input type="checkbox"/> Interest, dividends, coupons from investment in financial assets	<input type="checkbox"/> Service fees or commissions
<input type="checkbox"/> Rent from letting property	<input type="checkbox"/> Sales proceeds from goods provided
<input type="checkbox"/> Royalties from patents, copyrights etc	<input type="checkbox"/> Other – please specify
<input type="checkbox"/> Donations	<input type="text"/>

Question 2

Is your partnership EXEMPT from New Zealand Resident Withholding Tax? Yes No
 RWT exemption and applicable RWT rates are described on the IRD website.

If No RWT rate: COMPULSORY %

If Yes Effective Date of Exemption: COMPULSORY Please supply a copy of your Certificate of Exemption.

Partnership Account Application Form (cont)

Question 3

In order to answer Question 3, please obtain the "Financial Institution Worksheet" from the "Download Forms" page on the ANZ Securities website. When you completed the "Financial Institution Worksheet", did it indicate that your Partnership is a Financial Institution? Yes No

If **No** Proceed to Question 4a

If **Yes** Proceed to Question 3a

Question 3a

Does your Financial Institution have a Global Intermediary Identification Number (GIIN)? (compulsory) Yes No

GIIN may be obtained through a registration process with the IRS – please refer to the IRS website.

You can also refer to the "Registration Guidance Notes" on the IRD website.

If **No** Proceed to Question 3b

If **Yes** Please supply your Financial Institution's GIIN here:
After providing the details above, proceed to Section 3. Partners.

Question 3b

Has another financial institution agreed to sponsor or document your financial institution? Yes No

If **No** Proceed to Question 4a

If **Yes** Financial Institution's Name

Financial Institution's Country of Establishment

Financial Institution's GIIN (if available)

After providing the details above, proceed to Section 3. Partners

Question 4a

In your last financial year, did 50% or more of your partnership's gross income come from investments that yield interest, dividends, coupons, rent or royalties? Yes No

For a new partnership you will need to estimate this based on the current financial year to date.

Question 4b

In your last financial year, were 50% or more of your partnership's assets held for the production of interest, dividends, coupons, rent or royalties? Yes No

For a new partnership, you will need to estimate this based on the current financial year to date.

If you have answered "No" to Question 4a and Question 4b, proceed to Section 3. Partners

If you have answered "Yes" to either Question 4a or Question 4b, proceed to Question 5.

Question 5

Are any of the parties associated with your partnership (such as those identified later in this application form) US Citizens or Tax Residents (for associated individuals) or established in the US (for associated entities)? Yes No

If **No** Proceed to Section 3. Partners

If **Yes** As part of this application, you must complete and provide a W-8-BEN-E for your partnership
Refer to the "FAQs" page on our website for further instructions.

Partnership Account Application Form (cont)

SECTION 3. PARTNERS

List all Partners below and complete either Section 5 or download the appropriate supplement form for each Partner from our website.

Please make extra copies of this page and attach them to your application if there are more than four Partners.

Name of Partner
<input type="checkbox"/> If the Partner is an Entity, download and print the appropriate supplement form from the "Download Forms" page on our website.
OR
<input type="checkbox"/> If the Partner is an individual person, complete the tick boxes below and Section 5.
<input type="checkbox"/> Tick if this Partner is the primary contact (only one person can be the primary contact).
<input type="checkbox"/> Tick if this Partner is authorised to trade on behalf of the Partnership.
<input type="checkbox"/> Tick if this Partner will receive contract notes by email.

Name of Partner
<input type="checkbox"/> If the Partner is an Entity, download and print the appropriate supplement form from the "Download Forms" page on our website.
OR
<input type="checkbox"/> If the Partner is an individual person, complete the tick boxes below and Section 5.
<input type="checkbox"/> Tick if this Partner is the primary contact (only one person can be the primary contact).
<input type="checkbox"/> Tick if this Partner is authorised to trade on behalf of the Partnership.
<input type="checkbox"/> Tick if this Partner will receive contract notes by email.

Name of Partner
<input type="checkbox"/> If the Partner is an Entity, download and print the appropriate supplement form from the "Download Forms" page on our website.
OR
<input type="checkbox"/> If the Partner is an individual person, complete the tick boxes below and Section 5.
<input type="checkbox"/> Tick if this Partner is the primary contact (only one person can be the primary contact).
<input type="checkbox"/> Tick if this Partner is authorised to trade on behalf of the Partnership.
<input type="checkbox"/> Tick if this Partner will receive contract notes by email.

Name of Partner
<input type="checkbox"/> If the Partner is an Entity, download and print the appropriate supplement form from the "Download Forms" page on our website.
OR
<input type="checkbox"/> If the Partner is an individual person, complete the tick boxes below and Section 5.
<input type="checkbox"/> Tick if this Partner is the primary contact (only one person can be the primary contact).
<input type="checkbox"/> Tick if this Partner is authorised to trade on behalf of the Partnership.
<input type="checkbox"/> Tick if this Partner will receive contract notes by email.

SECTION 4. ADDRESS DETAILS FOR ACCOUNT HOLDER

Physical address for Partnership e.g. Partner address

COMPULSORY		
	Postcode	Country

Postal address for Partnership Tick if your postal address is the same as above

	Postcode	Country
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Correspondence address for Partnership

All correspondence from the share registries about your shareholdings will be sent to your Correspondence address. All shareholdings will be registered to the address you select below.

Correspondence address is:

Physical address Postal address

It is important that you keep your address details up-to-date with ANZ Securities and the applicable share registries. If a discrepancy is noted, we are obliged to withhold the distribution of proceeds from the sale of securities.

Partnership Account Application Form (cont)

SECTION 5. ASSOCIATED INDIVIDUALS

Complete Section 5 for any Partners who are individuals.

Please make extra copies of this page and attach them to your application if there are more than four Partners.

FIRST INDIVIDUAL PERSON

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY		
Middle Name(s)	COMPULSORY		
Surname	COMPULSORY		
Date of Birth	COMPULSORY	Country of Birth	COMPULSORY
Phone (business)		Phone (home)	
Mobile			
Email	COMPULSORY		
Residential address	COMPULSORY		
Town/City		Postcode	
Occupation	COMPULSORY		

- Provide photo identification for the individual as per the final checklist.
- Provide proof of residential address for the individual as per the final checklist.

Is the individual a US resident for tax purposes? (Compulsory)

No Yes

Is the individual named above a US citizen? (Compulsory)

No Yes

If the answer to one or both is 'Yes' please refer to the 'FAQs' page on our website.

THIRD INDIVIDUAL PERSON

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY		
Middle Name(s)	COMPULSORY		
Surname	COMPULSORY		
Date of Birth	COMPULSORY	Country of Birth	COMPULSORY
Phone (business)		Phone (home)	
Mobile			
Email	COMPULSORY		
Residential address	COMPULSORY		
Town/City		Postcode	
Occupation	COMPULSORY		

- Provide photo identification for the individual as per the final checklist.
- Provide proof of residential address for the individual as per the final checklist.

Is the individual a US resident for tax purposes? (Compulsory)

No Yes

Is the individual a US citizen? (Compulsory)

No Yes

If the answer to one or both is 'Yes' please refer to the 'FAQs' page on our website.

SECOND INDIVIDUAL PERSON

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY		
Middle Name(s)	COMPULSORY		
Surname	COMPULSORY		
Date of Birth	COMPULSORY	Country of Birth	COMPULSORY
Phone (business)		Phone (home)	
Mobile			
Email	COMPULSORY		
Residential address	COMPULSORY		
Town/City		Postcode	
Occupation	COMPULSORY		

- Provide photo identification for the individual as per the final checklist.
- Provide proof of residential address for the individual as per the final checklist.

Is the individual a US resident for tax purposes? (Compulsory)

No Yes

Is the individual named above a US citizen? (Compulsory)

No Yes

If the answer to one or both is 'Yes' please refer to the 'FAQs' page on our website.

FOURTH INDIVIDUAL PERSON

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY		
Middle Name(s)	COMPULSORY		
Surname	COMPULSORY		
Date of Birth	COMPULSORY	Country of Birth	COMPULSORY
Phone (business)		Phone (home)	
Mobile			
Email	COMPULSORY		
Residential address	COMPULSORY		
Town/City		Postcode	
Occupation	COMPULSORY		

- Provide photo identification for the individual as per the final checklist.
- Provide proof of residential address for the individual as per the final checklist.

Is the individual a US resident for tax purposes? (Compulsory)

No Yes

Is the individual a US citizen? (Compulsory)

No Yes

If the answer to one or both is 'Yes' please refer to the 'FAQs' page on our website.

Partnership Account Application Form (cont)

SECTION 6. BANK ACCOUNT DETAILS

Please provide the details of your bank account below. The bank account must be a New Zealand domestic bank account in the name of the Partnership.

Bank	ANZ BANK NEW ZEALAND LIMITED	Branch	
Bank Account Name	COMPULSORY	Bank Account Number	COMPULSORY

SECTION 7. FINANCIAL DETAILS

The information you provide will give us an insight into your financial profile.

Source of Funds (COMPULSORY FOR LIMITED PARTNERSHIPS)

Please provide a description and evidence of what has generated the total net worth of the Limited Partnership and / or where the funds have originated from. We have provided examples in the following table:

Source of Funds	Suggested Verification / Evidence
Employment	Copy of pay slip (or bonus) from within last three months Bank statement details IRD Documents
Business Proceeds	Copy of latest audited accounts Letter from solicitor/accountant
Disposal of Business or Assets	Copy of latest audited accounts Letter from solicitor/accountant
Investment Income	Copy of investment / savings certificates, contract notes, or surrender statements Bank statement clearly showing receipt of funds and investment source Letter from solicitor/accountant
Superannuation lump sum or annuity / retirement plan payments	Copy of closing statement Letter confirming collection
Insurance / compensation claim	Copy of closing statement Letter confirming claim
Lottery / Betting Win	Lotteries Commission
Inheritance	Grant of Probate (copy of the will) which must include the value of estate Letter from solicitor/accountant
Gift	Donor's source of wealth – requirements of evidence as stated above for each individual source of wealth and a letter from the donor confirming details of the gift. Letter from solicitor/accountant
Maturity or surrender of life policy	Copy of closing statement Letter confirming surrender
Sale of property	Copy of sale contract Letter from solicitor/accountant

What are the types of financial assets that you are likely to invest in? (compulsory)

- Shares in NZ
- Shares in AU – If you intend to trade on the ASX you also need to download and return your completed CHESS Application Form.
- Shares in US or UK – are registered and administered under the ANZ Securities Custody Service and are subject to an administration fee (in addition to brokerage). If you intend to trade in these markets you will need to download and return your completed Custody Service application form.
- Debt Securities

How often do you intend to place buy/sell orders? (compulsory)

- Once
- Daily
- Weekly
- Monthly
- Annually

How much do you intend to spend per trade? (compulsory)

- \$0 - \$2,500
- \$2,500 - \$5,000
- \$5,000 - \$20,000
- \$20,000 - \$50,000
- Over \$50,000

Partnership Account Application Form (cont)

SECTION 8. SECURITY QUESTIONS

When contacting ANZ Securities you may be asked to verify your identity by correctly answering one or more security questions. This section should be completed by the primary contact for the Partnership.

Suggested questions include: What is my Mother's maiden name? What town was I born in? What was the name of my first pet? What was the model of my first car? What was the name of my first school? Where did I go on my honeymoon?

Question	COMPULSORY	Answer	
Question	COMPULSORY	Answer	
Question	COMPULSORY	Answer	

SECTION 9. YOUR NEW ZEALAND SHAREHOLDINGS

Trading in New Zealand (NZX)

To submit orders into the markets provided by NZX, your security holdings must be registered to a Common Shareholder Number (CSN). CSNs are nine digits long, begin with the number 3 and must be in the full, legal name of the person who owns the securities. If you do not have a CSN, we will allocate one for you.

If you already have a CSN, please write it here

If you have any existing security holdings which are not under a CSN, or if your existing registration details differ from your full legal name and registration address, please contact ANZ Securities for guidance.

SECTION 10. AUTHORISED REPRESENTATIVES

Any Authorised Representatives are to be listed here.

Authorised Representatives are non-Account Holders authorised by you to trade on your trading account on your behalf and to deal with your investment in the OMCA. Authorised Representatives are not authorised to make changes to your account details.

We will accept instructions from any Authorised Representative or Account Holder without reference to the other Account Holders (if applicable), unless the Account Holders provide instructions to the contrary. Authorised Representatives should sign below – they do not need to sign Section 11.

FIRST CONTACT

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY
Middle Name(s)	COMPULSORY
Surname	COMPULSORY
Date of Birth	COMPULSORY
Country of Birth	COMPULSORY
Residential address	COMPULSORY
Suburb	
Town/City	Postcode
Phone (business)	Phone (home)
Email	COMPULSORY
Occupation	COMPULSORY
Employer	COMPULSORY
Relationship to applicant	COMPULSORY

Is the individual a US resident for tax purposes? (Compulsory)

No Yes

Is the individual a US citizen? (Compulsory)

No Yes

SECOND CONTACT

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY
Middle Name(s)	COMPULSORY
Surname	COMPULSORY
Date of Birth	COMPULSORY
Country of Birth	COMPULSORY
Residential address	COMPULSORY
Suburb	
Town/City	Postcode
Phone (business)	Phone (home)
Email	COMPULSORY
Occupation	COMPULSORY
Employer	COMPULSORY
Relationship to applicant	COMPULSORY

Is the individual a US resident for tax purposes? (Compulsory)

No Yes

Is the individual a US citizen? (Compulsory)

No Yes

Partnership Account Application Form (cont)

If the answer to **one or both** of the questions above is "Yes", please refer to the "FAQs" page on our website.

Provide Photo Identification for the individual as per the final checklist.

Provide Proof of Residential address for the individual as per the final checklist.

Tick if the Authorised Representative should receive contract notes by email.

Signature

		2	0		
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Provide Photo Identification for the individual as per the final checklist.

Provide Proof of Residential address for the individual as per the final checklist.

Tick if the Authorised Representative should receive contract notes by email.

Signature

		2	0		
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SECTION 11. SIGNATURE(S) REQUIRED HERE

All Partners must sign below.

The Signature(s) below must reasonably match your signature as per the identification that you have provided.

I/We agree to be bound by the ANZ Securities Client Agreement, as amended from time to time.

I/We confirm that all the details set out in this Application Form are correct.

I/we give ANZ authority to unconditionally and irrevocably accept instructions from ANZ Securities in relation to my/our funds invested in the OMCA.

I/we also agree, and authorise, ANZ Securities to:

- pay for my/our securities purchases made through ANZ Securities from my/our funds invested in the OMCA; and
- invest my/our funds in specific currencies within the OMCA following my/our sale of securities through ANZ Securities, in accordance with this application form, the ANZ Securities Client Agreement and any specific instructions from me/us.

The OMCA will be your default settlement account for trading unless otherwise instructed in writing to us. Therefore I/we agree to and authorise ANZ Securities to pay for my/our securities purchases made through ANZ Securities, from my/our funds invested in the OMCA, and for ANZ Securities to invest my/our funds in the OMCA following my/our sale of securities through ANZ Securities, in accordance with this application form, the ANZ Securities Client Agreement and any specific instructions from me/us.

I/we apply to make an investment in the OMCA subject to the terms and conditions set out in the ANZ Securities Client Agreement and:

- Declare that I/we am/are not (an) undischarged bankrupt(s) and I/we am/are not liable under any proceedings under the Insolvency Act 1967.
- Consent to the collection, use and sharing of personal information provided to ANZ Securities and ANZ as set out in this Application Form and the ANZ Securities Client Agreement.

All Partners accept that they are jointly and severally liable for any instructions provided in relation to the trading account and the OMCA and that ANZ Securities is entitled to act upon the instructions of any Partner acting alone unless written, signed instructions from all such Partners are provided to the contrary.

PARTNERS SIGN HERE

If there are more than four (4) Partners, please make extra copies of this page and attach to your application.

Signature

Full name

		2	0		
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Signature

Full name

		2	0		
--	--	---	---	--	--

Signature

Full name

		2	0		
--	--	---	---	--	--

Signature

Full name

		2	0		
--	--	---	---	--	--

Turn to the next page for instructions about returning your Application Form, and the required documentation, to ANZ Securities.

Partnership Account Application Form (cont)

SECTION 12. FINAL CHECK LIST

- A clear and certified or verified copy of the Partnership Agreement or Deed, if there is one.
- A copy of the Certificate of Registration for Limited Partnerships, if applicable.
- A clear and certified or verified copy of photo identification in the full name of all individual Partners.
- Your ANZ customer number in Section 1.
- The signature of at all Partners in Section 11.
- If a Partner is an Entity, a copy of the appropriate Supplement Form for that Entity.
- If you have nominated an Authorised Representative, a clear and certified or verified copy of their photo identification.
- If you have nominated an Authorised Representative, an original or a clear and certified or verified copy of proof of their residential address.
- A certified or verified copy of a marriage certificate if any documents are in an individual's maiden name.
- A certified or verified copy of the Source of Funds for the Limited Partnership (as described in Section 7).

WHAT'S NEXT?

Return this Application Form and the required forms of identification by post to:

ANZ Securities, PO Box 1790, Wellington 6140, New Zealand

Application Forms with your original signature must be delivered by post; we cannot accept faxed or emailed copies because we are required to hold your original signature on file.

If there are any issues with your Application Form or required forms of identification you will be contacted.

In accordance with the 'How to Invest' section in Schedule Two of the Client Agreement, you may also need to transfer your initial investment amount to the OMCA and any evidence required by this application form.

We have sole discretion to either accept or decline applications.

When your application has been approved and established, you will receive an email or letter advising:

- Your ANZ Securities Client Account Number
- Instructions for internet and telephone trading
- Our contact details if you require any assistance.

If you want to know the status of your application, please contact ANZ Securities on 0800 805 777.

Once received, your Application Form will be reviewed and verified before your trading account and OMCA is created. This can be a lengthy process and you should allow at least 10 business days.

INSTRUCTIONS FOR APPLICANT

HOW TO REQUEST VERIFICATION FROM AN ANZ STAFF MEMBER

1. Provide your identification documentation to the ANZ staff member, as per the list of requirements on your ANZ Securities Application Form.
2. Present this form to the ANZ staff member who is verifying your identification documentation.
3. The ANZ staff member will verify the identification documentation, as per the instructions below.
4. The ANZ staff member will return all documentation to you.
5. Post your verified identification documentation and your Application Form to:

ANZ Securities, PO Box 1790, Wellington 6140, New Zealand.

Please contact ANZ Securities on 0800 805 777 if you have any questions about the certification process.

INSTRUCTIONS FOR ANZ STAFF MEMBER

HOW TO VERIFY DOCUMENTS

1. Sight the original documents
2. Take a copy of the original documents
3. Write the appropriate statement on each copy:
 - Photo ID** – "This is a true copy, the original has been seen, and the original is a true likeness of the customer."
 - Bank account** – "This is a true copy and the original has been seen."
 - Residential address** – "This is a true copy and the original has been seen."
4. Write your full name, your occupation, today's date, and your branch ID on each copy
5. Sign your name on each copy
6. Stamp each copy with your branch stamp
7. Repeat these steps for each copy that you have made.

The client must post all documentation to ANZ Securities at the address listed to the left – please do not post on behalf of the client.