# **Investor Application** Joint



## **PERSON 1:** Personal Details

First name:	Middle name:		Surname:
Date of Birth: D M	Y	Preferred Name	e (optional):
IRD Number:			
Contact Details			
Email address:		Phone:	1obile Landline
Address:		Suburb:	
City:	Country:		Postcode:
Residency			
Are you a NZ Citizen or NZ Perma	nent Resident?	NZ Citizen	NZ Permanent Resident
If not, what is your country of birth	n?		If you are not an NZ Citizen or NZ Permanen Resident, please provide a copy of your visa
Are you a tax resident of another	country?	No	Yes - You have an obligation to pay tax in another country
If yes, what country are you a tax resident of?		Tax Identification Num	ber (TIN):

## **PERSON 2:** Personal Details

First name: N	1iddle name:		Surname:
Date of Birth: D M Y		Preferred Nam	e (optional):
IRD Number:			
Contact Details			
Email address:		Phone:	Mobile Landline
Address:		Suburb:	
City:	Country:		Postcode:
Residency			
Are you a NZ Citizen or NZ Permanent Resident?		NZ Citizen	NZ Permanent Resident
If not, what is your country of birth?			If you are not an NZ Citizen or NZ Permanen Resident, please provide a copy of your visa
Are you a tax resident of another country?		No	Yes - You have an obligation to pay tax in another country
If yes, what country are you a tax resident of?		Tax Identification Nur	nber (TIN):



## JOINT DETAILS:

Tax & Banking Details							
Tax Deduction Rate (Please tick):	10.5%	17.5%	30%	33%	39%	Non-resident	Exempt
Bank Account Name:							
Bank Account Number:							
Documents required: Proof of bank account displa	iying bank logo,	bank accour	nt name an	d bank acco	unt numbe	r.	

## **Financial Declaration**

Southern Cross Partners is a reporting entity under the Anti-Money Laundering and Countering Financing of Terrorism (AML/ CFT) Act 2009. The following questions are designed to assist us with our compliance obligations. More information about the Act can be found at <a href="http://www.legislation.govt.nz/act/public/2009/0035/latest/DLM2140720.htm">http://www.legislation.govt.nz/act/public/2009/0035/latest/DLM2140720.htm</a>

Purpose of Account:	Savings	Investment	Retirement	Other (please specify)
Have you participated in th	is type of ir	vestment in	the past?	No

### Values below are to include the total value of ALL assets held by the investor:

Approx value of all investments/cash:	\$
Approx value of all property:	\$
Approx value of all other assets:	\$

#### How have you mainly acquired these assets? (tick all that apply)

	Salary/Wage	Sale of Investment Property	Sale of home	Interest earned	d on investments/savings
	Business earnings	Dividends from shares	Inheritance	Other (please specify)	
Plea	se note: We may contact	you if we seek further clarification			

## Where did you hear about us? (tick all that apply)

Internet Search	Social Media	Newspaper	Investor Event	
Current Investor	Radio	interest.co.nz	Other (please specify)	



## Identity & Address Verification

The AML/CFT Act 2009 came into effect on 30 June 2013. Southern Cross Financial is legally required to confirm the identity of its customers and any person acting on behalf of the customer. We have your permission to complete verification in relation to your identity and personal information, by whatever manner is most appropriate to our satisfaction. Southern Cross Partners prefers to confirm your identity biometrically via a text to your mobile device. Please note: ID needs to be a current and original Passport or Drivers Licence (NZ & Australian only).

Yes, we request Southern Cross Partners to send us a text message to verify my identity and address.

Please contact us if this is not suitable for you.

## Signatures

By signing this application form we confirm that we have read, understood and agree to be bound by the terms of the Service Disclosure Statement, Investor Agreement and General Terms and Conditions that govern my/our investments through Southern Cross Partners. We confirm the nature of the relationship between the Investor and Southern Cross Partners is that of 'Investor' and 'Loan and Investment Manager'

PERSON 1 Name:	PERSON 2 Name:	
Signed:	Signed:	
Date:	Date:	

FOR INTERNAL USE ONLY	
Compliance Signature:	Date: