## Client Information Form - Partnerships / Joint Ventures

To meet our requirements under anti-money laundering legislation, we are required to collect certain information and undertake certain background checks before providing services to clients. This form will assist you to provide the information we need to obtain under the legislation.

Please complete this form and return to your Bayleys agent with the required attachments.

	Α.	PART	NERSHIP/	/JOINT	VENTU	IRE DETAILS	5
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A. PARTINERSHIP/SOUNT VENTORE DE	IAILS				
Please provide a certified copy resolutions evidencing any ame this form for guidance).		· -	_	_	-
Full name of partnership or joint venture:					
ldentifier or registration number (if applicable):					
Street No:		Street:			
Unit:		Suburb:			
Town/City:				Postcode:	
Country:					
Key contact person, including title or position:					
Key contact person phone number:					
<b>B.</b> NATURE AND PURPOSE FOR ENGA	AGING BAYLEYS				
Please let us know the type of a the reason for that service, for e					

## **C.** PROOF OF ADDRESS

Please check the box to indicate the document you are providing. The document needs to be addressed to the partnership or joint venture and dated in the last 12 months. It should be an original document or a copy certified by a trusted referee.



Bank statement	company e.g. power bill	
_	ency e.g. rates bill, Inland Revenue correspondence	
_	nows the residential address receiving the service e.g. Sky TV bill	
<b>D.</b> LIMITED PARTNERSHIP / GENERAL	. PARTNER	
Is the partnership a limited part	nership?	□ NO
If so, name of general partner:		
If the General Partner is a comp set out in that form.	any, please provide a Company Client Form and the required docun	nents as
E. PARTNER/AUTHORISED PERSON D	DETAILS	
(1) Full name:		
(2) Full name:		
(3) Full name:		
(4) Full name:		
	lso need to provide an Individual, Company or Trust Client Form (as uired documents as set out in that form.	
F. BENEFICIAL OWNERS OF THE COM	1PANY	
Please provide details of any be this form.	eneficial owner of the partnership or joint venture, if not otherwise li	sted in
A 'beneficial owner" is any pers	on (other than the partners):	
<ul><li>who is a partner holding more t</li><li>who has effective control of the</li><li>on whose behalf the transaction</li></ul>		iture;
(1) Full name:		
Designation (for example: has effective control, person on whose behalf the transaction is conducted)		



(2) Full name:	
Designation (for example: has effective control, person on whose behalf the transaction is conducted)	
(3) Full name:	
Designation (for example: has effective control, person on whose behalf the transaction is conducted)	
(4) Full name:	
Designation (for example: has effective control, person on whose behalf the transaction is conducted)	
Each person listed above will als documents as set out in that for	so need to provide an Individual Client Form and provide the required rm.
G. ENHANCED CUSTOMER DUE DILIC	GENCE - SOURCE OF WEALTH / FUNDS
	this is required, please provide brief details to evidence the partnership or f wealth or source of funds (for example: grants, rental income, drawings) in
	ray in which you generate income - this might be a copy of the partnership rn, or a bank statement showing regular deposits of income, financial or
investment statements. Docume	ents attached should be originals or copies certified by a trusted referee.  you have attached as evidence. Your Bayleys agent may need to ask you to
investment statements. Docume Please describe the documents	ents attached should be originals or copies certified by a trusted referee.

## H. PRIVACY

By signing and submitting this form you consent to the collection, use, disclosure, storage and processing of the personal information you have supplied to us in accordance with the Privacy Act 1993 and our privacy policy (available on our website) and undertake to us that you have been authorised to give that consent on behalf of any other people whose personal information you have supplied to us. In particular, you authorise us to disclose your personal information to:



- a. third parties who perform functions on our behalf, such as hosting and data storage providers and providers who help us meet our obligations under anti money laundering legislation (including for the purpose of verifying your identity and address information);
- b. regulatory bodies or law enforcement agencies as required by law, and
- c. meet our legal obligations, including any ongoing legal obligations under anti money laundering legislation.

You have a right to access and correct all personal information that you have supplied to us.

We will provide you (on request) with the name and address of any entity to which information has been disclosed. You may withdraw your consent at any time.

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As a partner/person acting in the capacity for the partnership or joint venture (delete one), I confirm that the information above is correct, that I agreed to the Privacy Statement in Section H above, and that I have authority to provide this information.

Full name of partner/ authorised person	
Signature of partner/ authorised person	
Date:	D   D   M   M   Y   Y
_	of 16, must not be your spouse or partner, related to you, someone who lives at the same address reership in your property, or in any way related to the transaction. A trusted referee must be any
New Zealand Lawyer	Registered teacher
Justice of the Peace	☐ Kaumãtua
☐ Notary Public	☐ Member of Parliament

If you are certifying documents overseas, then the documents must be certified by a person who has the legal authority to take statutory declarations or the equivalent in that country.

Certification must have been carried out in the last three months. The trustee referee must sight the original document and make the following statement on the document:

Commonwealth Representative

• "I [name], [title], confirm that:

Registered Medical Doctor

Chartered Accountant

Police constable

- · I have sighted the original of this document
- This document which I have signed and dated is a true copy of the original document [and represents a true likeness of [name]]

Original certifications of the photocopied documents must be provided. Scans or photocopies will not be accepted.

☐ Minister of Religion

■ NZ Honorary Consul

