Identification of companies

Integral Master Trust



1. Company details

1.1 General information
Full registered name (New Zealand Companies office):
Trading name (if different):
Company number:
Registered office address (PO Box is not acceptable):
Street:
Suburb: Postcode:
City: Country:
Principal place of business (PO Box is not acceptable):
Street:
Suburb: Postcode:
City: Country:
1.2 Company type (select one)
Public (go to Section 2) Private/proprietary (go to Section 1.3)
1.3 Directors
How many directors are there?
Provide full name and date of birth for each director below.
Full given name(s) Surname Date of birth
If there are more directors, provide details on a separate sheet.

Phone: +64 9 414 4215

Toll Free: 0800 377 333 (NZ only)

Email: integral@nzbritannia.co.nz Web: nzbritannia.co.nz



1.4 Shareholders Provide details of all individuals who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital. Shareholder 1 Date of Full name: birth: Residential address (PO Box is not acceptable): Street: Postcode: Country: Suburb: Shareholder 2 Date of Full name: birth: Residential address (PO Box is not acceptable): Street: Postcode: Suburb: Country: Shareholder 3 Date of Full name: birth: Residential address (PO Box is not acceptable): Street: Country: Suburb: Postcode: Shareholder 4 Date of Full name: birth: Residential address (PO Box is not acceptable): Street: Suburb: Postcode: Country:



15 Details of beneficial owners or th	nose with authority to act on behalf of the comp	nany		
How many beneficial owners and authrorsied persons are there?	Provide full name and date of birth for and authorised person below.	•		
Remember to complete identification for owners include anyone with effective of	forms for each beneficial owner and authorised p control over the company.	person. Beneficial		
Full name	Relationship to the company	Date of birth		
If there are more beneficial owners/authorised person	ns, provide details on a separate sheet.			
2. Company verification p	rocedure			
Ensure you have verified the full name of the company as on the New Zealand Companies Office register. Verify the Company Number issued to the company.				
Select one of the following options.	тпе соптрапу.			
Select one of the following options.				
Perform a search of the New Zea	aland Companies Office register.			
Obtain an original or certified copy of the certification of registration issued by New Zealand Companies office.				
3. Nature and purpose of	business relationship			
3.1 Select as many of the following of	categories as applicable			
Superannuation transfer				
Investment expected to be for lo	onger than four years			
Investment expected to be for s	horter than four years			
Accumulation investment (i.e. funds are being deposited or balance expected to be maintained)				
Decumulation investment (i.e. fu	unds are being drawn down by the client)			

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3.2 Expected transactions (please estimate):

	Expected amount	Frequency (e.g. monthly, annual)
Expected deposits (total initial deposits)	\$	
Regular savings (if any)	\$	
Regular withdrawals (if any)	\$	
Irregular deposits	\$	
Irregular withdrawals	\$	

4. Original source of funds/wealth verification

+1 Original Source of Turius, wealth Verification
You are required to verify the source of funds or wealth of the company, including both original capitalisation funds and any source of income, for any company that is a vehicle for holding personal assets, has nominee shareholders or shares in bearer forms.
Is the company a vehicle for holding personal assets, has nominee shareholders or shares in bearer forms? Yes (complete Section 4) No (go to Section 5)
A letter from a solicitor or chartered accountant that confirms income/wealth of the company.
An audited set of accounts identifying the wealth and income of the company.
Other - please explain document used to verify income/or wealth of the company.
Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.
5. Identification and verification conducted by:
NZBritannia representative's name:
NZBritannia representative's signature:
Date: / /