



# Chartered Accountants

John Nobilo, B.Com.,CA (PP)

Member of NZICA

## Company

### Identity verification form

Please send this completed form and supporting documents to: : **National Accountants Limited, PO Box 300 114 Albany 0752**  
Please call us on **09 415-7518** if you have any queries.

**Please use block letters**

#### 1. Company details

Full legal name of the company  Company Identifier/Registration Number

Trading as (if different)

Registered office address or principle business address

Country where the company is incorporated  
 New Zealand  Other (please specify)

#### 2. Details of all company directors

*If there are more than four directors, please copy section below and attach noting the company name.*

##### Director 1

Title  Mr  Mrs  Ms  Miss  Dr  Other  Surname

Given name(s)  Date of birth

Address

##### Director 2

Title  Mr  Mrs  Ms  Miss  Dr  Other  Surname

Given name(s)  Date of birth

Address

**Director 3**

Title  Mr  Mrs  Ms  Miss  Dr  Other  Surname

Given name(s)  Date of birth 

D	D	M	M	Y	Y	Y	Y
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Address

**Director 4**

Title  Mr  Mrs  Ms  Miss  Dr  Other  Surname

Given name(s)  Date of birth 

D	D	M	M	Y	Y	Y	Y
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Address

**3. Shareholders**

Please provide details of shareholders holding more than a 25% shareholding of the company **Shareholder 1**

Individual  Company

Title  Mr  Mrs  Ms  Miss  Dr  Other  Surname

Given name(s)  Date of birth 

D	D	M	M	Y	Y	Y	Y
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Address

Company number (if applicable) 

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 Percentage of shares held %

**Shareholder 2**

Individual  Company

Title  Mr  Mrs  Ms  Miss  Dr  Other  Surname

Given name(s)  Date of birth 

D	D	M	M	Y	Y	Y	Y
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Address

Company number (if applicable) 

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 Percentage of shares held %

**Shareholder 3**

Individual  Company

Title  Mr  Mrs  Ms  Miss  Dr  Other  Surname

Given name(s)  Date of birth   
D D M M Y Y Y Y

Address

Company number (if applicable)  Percentage of shares held %

Do any of the shareholders hold shares in the company on behalf of another person?  Yes  No  
If 'Yes' please provide details below:

*If any shareholder is a company itself, please provide full name and date of birth of all shareholders of that shareholder company on a separate sheet (or in the case of a complex structure contact us at john@nationalaccountants.co.nz).*

**4. Source of funds**

Is this company a vehicle for holding personal assets, or does it have nominee shareholders or shares in bearer form?  Yes  No

If 'Yes' evidence of source of funds or wealth must be provided as outlined in section 7.

**5. Effective control/Acting on behalf of the company**

Is there anyone else not listed above who has effective control of the applicant company or who is authorised to carry out transactions on its behalf, e.g. senior management, accountant or solicitor? Please list below.

Title  Surname or full legal name of company

Given name(s)  Date of birth   
D D M M Y Y Y Y

Address

Relationship/nature of authority held:  E.G SOLICITOR, ACCOUNTANT

Title  Surname or full legal name of company

Given name(s)  Date of birth   
D D M M Y Y Y Y

Address

Relationship/nature of authority held:  E.G SOLICITOR, ACCOUNTANT

**6. Confirmation by director or authorised person**

I am: (tick one)

- A director of the company (must be listed in section 2)
- Acting in other authorised capacity for the company (state here)

E.G SOLICITOR, ACCOUNTANT

and in that capacity I am authorised to provide the above information and where required I have provided certified identity and address documents for the individuals listed in sections 2, 3 and 5 of this form, and I confirm that to the best of my knowledge and belief:

- (a) such information is true and correct; and
- (b) the information that is recorded in the documents provided is correct.

Signatory

Date

D	D	M	M	Y	Y	Y	Y
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Name of signatory

**7. Verification of identify documents (to be completed by compliance officer )**

**IMPORTANT NOTE**

Please verify identity and provide proof of address documents for each person listed in section 2, 3 and 5.

*You must sight original or certified copy of documents listed in option 1, 2 or 3 below. When accepting previously certified documents, please ensure the documents have been certified not more than 3 months prior.*

**Option 1: ONE document from this section**

NZ passport (identity page)	NZ firearms licence
Overseas passport (identity page)	NZ certificate of identity

**Option 2: NZ Driver Licence PLUS (ONE of the documents from this section)**

Super Gold Card	Full birth certificate
NZ citizenship certificate/citizenship certificate issued by foreign government	Bank statement or IRD statement issued in individual's name in the last 6 months

**Option 3: 18+ identity card PLUS (ONE of the documents from this section)**

NZ full birth certificate/birth certificate issued by a foreign government	NZ citizenship certificate/citizenship certificate issued by a foreign government
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**Proof of address**

The document needs to be addressed to the individual and address as detailed in respective section 2, 3 and 5. The document must be dated within the previous 6 months.

- For directors: Print out of the directors page from the companies office website
- For shareholders: Print out of the shareholdings page of the companies office website
- Others: Letter or invoice from utility company, bank statement or letter from government agency (e.g. IRD, rates bill)

**Other documents**

Proof of source of funds or wealth where the company is a vehicle for holding personal assets, or a company with nominee shareholders or shares in bearer form, evidence of the source of funds or wealth must be provided, e.g. bank statement, financial statements or a sale and purchase agreement.

**Identity and address documents included with this form (should include all people listed in section 2, 3 and 5)**

Full name: PERSON LISTED EITHER IN SECTION 2 or 3

Identity document 1 e.g. PASSPORT or DRIVER LICENCE

Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

Full name: PERSON LISTED EITHER IN SECTION 2 or 3

Identity document 1 e.g. PASSPORT or DRIVER LICENCE

Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

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Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

If there are any other individuals whose identity is required to be verified, please copy this section and attach.

## 8. Declaration

### DECLARATION BY COMPLIANCE OFFICER

#### Name of Compliance Officer

I, , confirm that

1. I have sighted today the original of each document verifying the identity and address of the individuals named in section 7 of this document, and attached to this statement are true copies of those documents initialled by me.
2. Where I have been unable to sight all original documents, certified copies of the relevant documents have been provided.
3. I have no reason to believe that these persons are not who they claim to be.
4. National Accountants Limited has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that National Accountants Limited is relying on me to perform those functions for it.

Date

D	D	M	M	Y	Y	Y	Y
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Signature of Compliance Officer

### Information for Compliance Officer about trusted referee certifying documents

If you are unable to perform verification (i.e. meeting individuals and sighting original documents), copies of documents can be certified by a trusted referee using the following declaration (written and signed on each document copy):

"I, (full name of trusted referee), (type of trusted referee), confirm that I have sighted today the original of this document and that this document is a true copy of the original, and this document represents the identity of (full name of individual).

(Signature of trusted referee)

(Dated)"

The trusted referee must:

- Be one of the following: Lawyer, Justice of the Peace, notary public, registered medical doctor, chartered accountant, police constable, registered teacher, kaumatua, member of Parliament or minister of religion
- Not live at the same address, be the spouse or partner of, or be related to the person named in the document being certified •  
Be over 16 years of age

## 9. Checklist for Compliance Officer

- I have completed section 7 by including details of all the individuals named in section 2, 3 and 5
- I have verified the identity of all individuals named in section 7 and have attached copies (initialled by me) of originals or previously certified documents to prove identity and address for those individuals
- Where I have been unable to sight all individuals named in section 2, 3 and 5, I will forward separately certified copies of the necessary documents. I understand that National Accountants will be unable to process the application until all the relevant documentation has been received
- I have checked the Companies Office website to verify the shareholder information and in cases where there is a shareholder who is a company I have attached to this form the name of that company and the full name and date of birth of its shareholders (in case of complex company structures please email [john@nationalaccountants.co.nz](mailto:john@nationalaccountants.co.nz))
- The confirmation in section 6 has been completed
- I have attached a copy evidencing source of funds or wealth (if applicable)
- I have signed the Compliance Officer declaration (section 8)