



AML for a Partnership (Form 7)



Use this form if you are completing AML identification requirements for a Partnership.
NZ Funds is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML / CFT Act) to collect identity and address information on its clients.
Return this form and original certified copies to New Zealand Funds Management Limited,
Private Bag 92226, Victoria Street West, Auckland 1142, or by email to registry@nzfunds.co.nz.

1. Partnership details

Partnership name

Are you an existing client?

If Yes, enter in your NZ Funds client number.

Address

Street / PO Box

Suburb

Town / City

Postcode

Nature / purpose of Partnership

2. Individual completing this form

Name of individual authorised to act on behalf of the Partnership

Title First name Middle name(s) Surname

If this person is not a Partner, complete and attach an 'AML Form 2 for a Representative Acting on Behalf of a Client'.

3. Source(s) of funds and wealth

Please attach a narrative of the source of the funds being invested and the source of the wealth of the Client.
Append copies of documentary evidence of the source of funds to this form. We may need to contact you for further information.

4. Jurisdiction

In which jurisdiction is the Partnership based? New Zealand or another country? Please specify.

5. Identification requirements for the Partnership

Attach the following identification documents for the Partnership as appropriate.

- The Partnership agreement* or deed, if available, together with any amendments Letter of bank account authorised signatories, if available (from the bank) Proof of address, if available (bank statements or IRD correspondence)

6. Identity verification by your Financial Adviser or an NZ Funds employee*

Verify that the details shown by the attached documents correctly represent the Partnership identity information, source of funds and wealth provided on this form. Attach copies to this completed form before signing and dating the statement below.

Name
I, confirm that I
have sighted documents provided (copies of which are attached to this form), and have used those documents to verify client identity information as is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

Signature of Financial Adviser / NZ Funds employee* Day Month Year

* To complete verification the adviser, employee or other authorised person must be listed on the NZ Funds 'Register of Individuals Authorised to perform CDD'.

7. Partners

For all Partners (or any parties if they have effective control of the Partnership):

- List full name below and complete 'AML Form 1 for an Individual' for each; and/or
- If any of the Partners are Trusts, please complete and attach 'AML Form 3 for a Trust'.
- If any of the Partners are Companies, please complete and attach 'AML Form 4 for a Company'.

Partner 1

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Partner 2

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Partner 3

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Partner 4

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Trust Partner

Company Partner

8. Nominee Partners[^]

List full names of any nominator of Partners and nominee Partners below and complete 'AML Form 1 for an Individual' for each.

If any of the Nominator of Partners or nominee Partners are Trusts, please complete a separate 'AML Form 3 for a Trust' for each, and if any Nominator of Partners or nominee Partners is a Company please complete a separate 'AML Form 4 for a Company' for each.

Nominee Partner 1

Title	First name	Middle name(s)	Surname

Nominator of Partner 1

Title	First name	Middle name(s)	Surname

Nominee Partner 2

Title	First name	Middle name(s)	Surname

Nominator of Partner 2

Title	First name	Middle name(s)	Surname

[^] A nominee Partner acts on the instruction of another person (the Nominator). In these situations, we may contact you for further information.

9. Exception handling procedures

Please contact NZ Funds on 0800 377 2277 or via email at onboarding@nzfunds.co.nz for assistance should any exception arise.