Complete the form in its entirety and return to Covisory Trust Services Ltd

Full Name(s) of Client / Ultimate Beneficial Owner(s)	
Current Residential Address	
Passport Number(s) and Country passport Issued from	
	ation; All items below must be completed. If not applicable, please insert N/A)
A. What are your current Business Activ Type of Entity (e.g. Corporate, Trust, etc.)	/ities?
Location of Business (Full Operating Address)	
Country of Registration and Registration Number	
Short Description of Entity's Purpose	
Position held by Ultimate Beneficial Owner including ownership percentage	,
Entity's website (if applicable)	
B. What is your main source of Currer	nt Income?
i. Business	
Dividends Received	
Director's Fees	
ii. Profession	
Dividends Received	
Fee Income	
iii. Employment	
Salary	
Bonus	
Pension Scheme	
iv. Other (eg Trust Distributions)	



C. Do you have any other sources of Current Income?	
Agent's Commission received	
Intellectual Property Royalties received	
Loan Principal / Interest received	
Securities, ie Shares, funds	
Lease / Rents received	
Insurance	
Others	
D. Did you have any wealth generated fro	om previous Rusiness Activities?
i. If Asset / Share Transferred or Sold	m previous business richinics.
Asset Details and Value	
Share Details and Value	
Consideration of Transfer – Cash	
Consideration of Transfer – In kind (Fair/Market Value)	
Place of Transfer	
Date of Transfer	
ii. Employment / Profession	
iii. Membership / Affiliation	
iv. Other	
E. Did you receive an Inheritance and / o	r Gift and/or Distribution from Trusts?
Full Name of Deceased / Donor	
Cash Amount Received	
In-kind Property Received	
Supporting Documents (E.g. Deed, Bank Transfer, probate, will, etc)	
Place of Origin of Wealth	
Date of Transfer of Wealth	



The Ult	imate Beneficial Owner(s) hereby confirm(s)
	They are / He/She is a Foreign Person according to the 'Classification of Taxpayers for US Tax Purposes', and if
	If <u>They</u> / <u>He/She</u> becomes a US person, Covisory will be notified within 30 days of <u>They</u> / <u>He/She</u> becoming a US Person.
	They are / He/She is a US person according to the 'Classification of Taxpayers for US Tax Purposes'.
Accepta	ance of Terms & Conditions by Signatories
I/We dec	clare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate plete.
Date	
Signat	ture(s)
Name	(s) (Full name of Ultimate Beneficial Owner(s)/Client(s))

Please return this form once filled in and signed to Marcus Diprose:

Email | marcus@covisory.com

Postal | Covisory Trust Services, PO Box 137215, Parnell, Auckland 1151, New Zealand



Complete the form in its entirety and return to Covisory Trust Services Ltd

Full Name(s) of Client / Ultimate Beneficial Owner(s)	A. Client
Current Residential Address	Unit 1, 55 Lorrain Street, Christchurch
Passport Number(s) and Country passport Issued from	XY12345668, New Zealand

Origin of Funds

(Please be specific and provide required documentation; All items below must be completed. If not applicable, please insert N/A)

A. What are your current Business Activities?

Type of Entity (e.g. Corporate, Trust, etc.)	Company
Type of Entity (e.g. corporate, Trust, etc.)	Сопрану
Location of Business (Full Operating Address)	1 Parnell Rise, Parnell, Auckland
Country of Registration and Registration Number	New Zealand, 123456789
Short Description of Entity's Purpose	Manufacturing of widgets to export
Position held by Ultimate Beneficial Owner, including ownership percentage	Director and Shareholder, 100% ownership
Entity's website (if applicable)	www.widgets.co.nz

B. What is your main source of Current Income?

i. Business	
Dividends Received	NZD \$200,00 p.a.
Director's Fees	NZD \$300,00 p.a.
ii. Profession	
Dividends Received	NZD \$50,00 p.a.
Fee Income	NZD \$1.5 million p.a.
iii. Employment	
Salary	NZD \$150,00 p.a.
Bonus	NZD \$50,00 p.a.
Pension Scheme	
iv. Other (eg Trust Distributions)	NZD \$40,00 – Distribution from Trust



C. Do you have any other sources of Current Income?

Agent's Commission received	N/A
Intellectual Property Royalties received	NZD \$10,00 p.a.
Loan Principal / Interest received	NZD \$50,00 p.a.
Securities, ie Shares, funds	NZD \$10,00 p.a.
Lease / Rents received	NZD \$100,00 p.a.
Insurance	N/A
Others	

D. Did you have any wealth generated from previous Business Activities?

i. If Asset / Share Transferred or Sold	Commercial Property
Asset Details and Value	Factory at Papakura, NZD \$4 million
Share Details and Value	Portfolio investments, NZD \$750,000
Consideration of Transfer – Cash	NZD \$5.6 million
Consideration of Transfer – In kind (Fair/Market Value)	N/A
Place of Transfer	New Zealand
Date of Transfer	13/11/2006
ii. Employment / Profession	
iii. Membership / Affiliation	
iv. Other	

E. Did you receive an Inheritance and / or Gift and/or Distribution from Trusts?

Full Name of Deceased / Donor	A. Person
Cash Amount Received	NZD \$5000,000.00
In-kind Property Received	Property at (insert full street address)
Supporting Documents (E.g. Deed, Bank Transfer, probate, will, etc)	
Place of Origin of Wealth	New Zealand
Date of Transfer of Wealth	20/10/1984



The Ult	timate Beneficial Owner(s) hereby confirm(s)
	They are / He/She is a Foreign Person according to the 'Classification of Taxpayers for US Tax Purposes', and if
	If <u>They</u> / <u>He/She</u> becomes a US person, Covisory will be notified within 30 days of <u>They</u> / <u>He/She</u> becoming a US Person.
	They are / He/She is a US person according to the 'Classification of Taxpayers for US Tax Purposes'.
Accepta	ance of Terms & Conditions by Signatories
I/We dec	clare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate plete.
Date	
Signat	ture(s)
Name	e(s) (Full name of Ultimate Beneficial Owner(s)/Client(s))

Please return this form once filled in and signed to Marcus Diprose:

Email | marcus@covisory.com

Postal | Covisory Trust Services, PO Box 137215, Parnell, Auckland 1151, New Zealand

