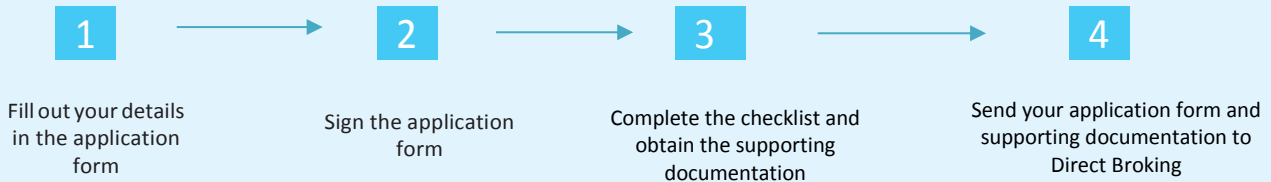


Company Account Application Form

You'll need an account with First NZ Capital Securities Limited (FNZC), trading as Direct Broking, to have access to this service.

HOW TO BECOME A CLIENT



Please ensure you carefully read the following:

Before signing this application form, you should ensure you have received, where required, independent professional advice.

Opening an account with Direct Broking requires us to collect and verify your identification.

COMPANY APPLICANTS – LIST OF REQUIREMENTS

Please provide:

Photo Identification – A certified copy of any one of the following in the full name of all Beneficial Owners that own more than 25% of the company and for any Authorised Representatives:

- Passport;
- New Zealand Driver's License;
- Another combination of identification as agreed to by Direct Broking

Please note if using a New Zealand Driver's License as photo identification further supporting documentation will be required. For example; the front and back of a credit card, or a government issued statement such as a Rates Bill or an IRD statement.

Certified documents must be signed and include the name of the certifier, their occupation and the date. The certifier must be at least 18 years of age and cannot be related to the person, the spouse or partner of the person or living at the same address as the person.

The document being certified and the signature of the certifier must not be dated **more than three months** before the date this application form is signed.

We must receive the original signature on the certification; we cannot accept a photocopy of the certification and the signature.

Acceptable certifiers are:

- Justice of the Peace;
 - Lawyer (must be from a Financial Action Task Force (FATF) member country (including NZ));
 - Chartered Accountant (must be member of Chartered Accountants Australia and New Zealand);
 - A sworn employee of the NZ Police who holds the office of constable (any rank);
 - Notary Public;
 - New Zealand Honorary Consul;
 - Member of Parliament; or
 - Commonwealth representative; includes Ambassador, High Commissioner, Commissioner, Minister, Counsellor, Charge d'Affaires, Head of Mission, Consular Officer, Pro-Consul, Trade Commission or Tourist Commissioner of a Commonwealth country.
- Alternatively, if you wish to take your documents to an FNZC Office a member of staff can copy and verify the document as a true copy.

Note for the certifier or verifier:

Please use the following wording when certifying / verifying a document. *"I confirm that I have sighted the original of this document and that this is a true copy and represents a form of the required identity / information of the person(s) concerned."* Please also print your name, sign and date the document.

FOR OFFICE USE ONLY

Authorised by	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0

Account number	<input type="text"/>
Account type	<input type="text"/>

SECTION 1. COMPANY ACCOUNT HOLDER DETAILS

Company Name		COMPULSORY	
Country of Establishment	COMPULSORY	Company Number	COMPULSORY
Country of Primary Place of Business		COMPULSORY	

If the Country of Establishment or Country of Place of Primary Business is not New Zealand, refer to the “FAQS” page on the Direct Broking website for further instructions.

NZX Prescribed Person Confirmation

As an NZX Market Participant, First NZ Capital Securities Limited (FNZC) is prohibited under the NZX Participant Rules from buying or selling securities for a Prescribed Person of any other NZX Firm.

Are you or any person associated with this account a Prescribed Person (i.e. one of the following):

- a) A Director, Partner, Managing Principal, Responsible Executive, Shareholder or Employee of an NZX Market Participant; or
- b) The spouse, de facto partner or dependent child of a person referred to in (a)

Yes No

If ‘Yes’ please provide details below. If ‘No’, please notify us if you or any person associated with this account becomes a prescribed person.

NZX Prescribed Person Details

Name	
Relationship to NZX Employee	
NZX Employee Name	
NZX Firm	
Position	

Listed Entity Director/Officer Details

Is any applicant or authorized person on this account a Director or Officer of an entity that has securities listed on any

Recognised Securities Exchange? Yes No

If ‘Yes’, please complete the Director/Officer details below.

Director / Officer Name	
Relationship to Listed Entity	
Listed Entity Name	
Registered Exchange	

Your answers to the following questions will assist us to accurately and appropriately classify your company’s financial status. Therefore, it would be beneficial to seek assistance from your accountant or tax advisor as you work through each question.

SECTION 2. ACCOUNT TAXATION INFORMATION

Direct Broking will deduct resident withholding tax or non-resident withholding tax based on the information provided by you.

Please tick and complete ALL tax questions with relevant numbers and details below including for multiple tax residencies.

Question 1

Are you a tax resident of New Zealand? Yes No

If yes, please provide IRD number

IRD Number

Tax Rate: 0%* 28%

For New Zealand residents, if a valid IRD number is not provided, the default tax rate of 33% will be applied in respect of any interest earned (and for dividends the rate will be 33%).

Prescribed Investor Rate: 0% 28%

For information in helping you select your PIR or RWT rate visit www.ird.govt.nz

De Minimis:

If you hold overseas investments that cost in aggregate of \$50,000 or less, please tick the 'NO' box. If you hold such assets that in aggregate cost more than \$50,000, please tick the 'YES' box.

No Yes

*If you hold a valid Certificate of Exemption and are able to receive resident withholding income without deduction of tax, please attach a copy to be exempt from withholding. Any changes to the status of the Certificate of Exemption must be notified to Direct Broking.

Question 2

Are you incorporated in the US or are Non-US and have one or more beneficial owners who are US Citizens or Tax Residents? Yes No

If yes, please provide the Social Security Numbers (SSN's) of all US Persons

Employer Identity Number (EIN):

*You are also required to supply additional information under the Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Information (AEOI), otherwise known as CRS. Please refer to the Direct Broking website to download this form.

You need to inform Direct Broking if any information changes during a tax year.

SECTION 3. COMPANY DIRECTORS

List all Directors below and complete Section 6 for each Director.

Please make extra copies of this page and attach them to your application if there are more than four Directors.

Please ensure you also complete Section 4 for any Beneficial Owners who have a shareholding in the Company of 25% or more.

Name of Director

Complete tick boxes below and Section 6.

- Tick if this Director is the primary contact (only one person can be the primary contact)
- Tick if this Director is authorised to trade on behalf of the Company
- Tick if this Director will receive contract notes by email
- Tick if this Director holds a shareholding of 25% or more.

Name of Director

Complete tick boxes below and Section 6.

- Tick if this Director is the primary contact (only one person can be the primary contact)
- Tick if this Director is authorised to trade on behalf of the Company
- Tick if this Director will receive contract notes by email
- Tick if this Director holds a shareholding of 25% or more.

Name of Director

Complete tick boxes below and Section 6.

- Tick if this Director is the primary contact (only one person can be the primary contact)
- Tick if this Director is authorised to trade on behalf of the Company
- Tick if this Director will receive contract notes by email
- Tick if this Director holds a shareholding of 25% or more.

Name of Director

Complete tick boxes below and Section 6.

- Tick if this Director is the primary contact (only one person can be the primary contact)
- Tick if this Director is authorised to trade on behalf of the Company
- Tick if this Director will receive contract notes by email
- Tick if this Director holds a shareholding of 25% or more.

SECTION 4. BENEFICIAL OWNERS

To comply with anti-money laundering laws we need to establish the identity of individuals who have a controlling interest in the Company applying for this trading account and CMT.

List all Beneficial Owners who have a **25% or more shareholding**, and complete Section 6.

You do not need to repeat this Section if the Beneficial Owner is also a Director-Shareholder.

Name of Beneficial Owner

- If the Beneficial Owner is an individual person, complete Section 6.

Name of Beneficial Owner

- If the Beneficial Owner is an individual person, complete Section 6.

Name of Beneficial Owner

- If the Beneficial Owner is an individual person, complete Section 6.

Name of Beneficial Owner

- If the Beneficial Owner is an individual person, complete Section 6.

SECTION 5. ADDRESS DETAILS FOR ACCOUNT HOLDER

Residential address for Company

COMPULSORY		
	Postcode	Country

Postal address for Company Tick if your postal address is the same as your residential address.

	Postcode	Country
--	----------	---------

Correspondence address for Company

All correspondence from the share registries about your shareholdings will be sent to your Correspondence address. All shareholdings will be registered to the address you select below.

Correspondence address is:

Residential address Postal address

It is important that you keep your address details up-to-date with Direct Broking and the applicable share registries. If a discrepancy is noted, we are obliged to withhold the distribution of proceeds from the sale of securities.

SECTION 6. ASSOCIATED INDIVIDUALS

Complete Section 6 for any Directors and/or Beneficial Owners who are individuals.

Please make extra copies of this page and attach them to your application if there are more than four Directors and/or Beneficial Owners.

FIRST INDIVIDUAL PERSON

Tick to specify the role(s) of the individual named below.

Director Beneficial Owner with 25% or more shareholding

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY	
Middle Name(s)	COMPULSORY	
Surname	COMPULSORY	
Date of Birth	COMPULSORY	Country of Birth
	COMPULSORY	COMPULSORY
Phone (business)	Phone (home)	
Mobile		
Email	COMPULSORY	
Residential address	COMPULSORY	
Town/City	Postcode	
Occupation	COMPULSORY	

Is the individual a resident for tax purposes in any country outside of New Zealand? (Compulsory)

No Yes

Is the individual named above a citizen in any other country outside of New Zealand? (Compulsory)

No Yes

If the answer to one or both is 'Yes' please refer to the 'FAQs' page on the Direct Broking website.

SECOND INDIVIDUAL PERSON

Tick to specify the role(s) of the individual named below.

Director Beneficial Owner with 25% or more shareholding

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY	
Middle Name(s)	COMPULSORY	
Surname	COMPULSORY	
Date of Birth	COMPULSORY	Country of Birth
	COMPULSORY	COMPULSORY
Phone (business)	Phone (home)	
Mobile		
Email	COMPULSORY	
Residential address	COMPULSORY	
Town/City	Postcode	
Occupation	COMPULSORY	

Is the individual a resident for tax purposes in any country outside of New Zealand? (Compulsory)

No Yes

Is the individual named above a citizen in any other country outside of New Zealand? (Compulsory)

No Yes

THIRD INDIVIDUAL PERSON

Tick to specify the role(s) of the individual named below.

Director Beneficial Owner with 25% or more shareholding

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY
Middle Name(s)	COMPULSORY
Surname	COMPULSORY
Date of Birth	COMPULSORY
Country of Birth	COMPULSORY
Phone (business)	Phone (home)
Mobile	
Email	COMPULSORY
Residential address	COMPULSORY
Town/City	Postcode
Occupation	COMPULSORY

Is the individual a resident for tax purposes in any country outside of New Zealand? (Compulsory)

No Yes

Is the individual named above a citizen in any other country outside of New Zealand? (Compulsory)

No Yes

If the answer to one or both is 'Yes' please refer to the 'FAQs' page on the Direct Broking website.

FOURTH INDIVIDUAL PERSON

Tick to specify the role(s) of the individual named below.

Director Beneficial Owner with 25% or more shareholding

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY
Middle Name(s)	COMPULSORY
Surname	COMPULSORY
Date of Birth	COMPULSORY
Country of Birth	COMPULSORY
Phone (business)	Phone(home)
Mobile	
Email	COMPULSORY
Residential address	COMPULSORY
Town/City	Postcode
Occupation	COMPULSORY

Is the individual a resident for tax purposes in any country outside Zealand? of New Zealand? (Compulsory)

No Yes

Is the individual named above a citizen of any country outside of Zealand? (Compulsory)

No Yes

SECTION 7. BANK ACCOUNT DETAILS

Please provide the details of your bank account below. The bank account must be a New Zealand domestic bank account in the name of the Company.

The bank account is used for Identification and AML purposes. This is the only bank account Direct Broking can receive from, or pay monies to unless otherwise agreed in writing. Direct Broking may debit this bank account in the event the Cash Management Trust Account (CMT) does not hold sufficient funds to pay for the purchase of securities or fees. All sale proceeds and distributions will be credited to your CMT. Please refer to the Direct Broking website Terms and Conditions for more information regarding the CMT.

Bank

Bank Account Name COMPULSORY

Branch

Bank Account Number COMPULSORY

SECTION 8. FINANCIAL DETAILS

Question 1. Source of Company's Funds for Investment Purposes

The Anti-Money Laundering Act (AML) requires Direct Broking to collect information in points 1 & 2. It helps us to form a decision to open your account and to provide services to you. It is also an integral part of our ongoing AML monitoring safeguards.

How did the company accumulate its wealth?

If inheritance / gift, from who, when and how much?

If savings, how long and from what occupation?

Sale of property, type (farm, residential) location and sale value

If salary / business income, please state nature of employment and tick a salary bucket opposite

Nature of Employment _____			
Less than \$99K \$501K - \$750K <input type="checkbox"/>	\$100K – 250K \$751K- \$999K <input type="checkbox"/>	\$251K – 400K \$1M - \$2.99M <input type="checkbox"/>	\$401K - \$600k \$3M and over <input type="checkbox"/>

If salary/business income, describe the business in relation to the income

Does the company receive income from other sources

If Yes to above, what is the source of this income

Question 2. Nature and purpose of business relationship

Why do the Directors / Beneficial Owners wish to open an account with Direct Broking?

How often will transactions be made?

Occasionally Once a month Frequently Only New Issues

What dollar value are transactions likely to be?

Does the Company intend to hold stock?

Long Term Short Term Depends on Market Volatility

What is the expected total dollar value the investment is to reach?

What is the expected time for the total of investment to be reached?

SECTION 9. SECURITY QUESTIONS

When contacting Direct Broking you may be asked to verify your identity by correctly answering one or more security questions. This section should be completed by the primary contact for the Company.

Suggested questions include: What is my Mother's maiden name? What town was I born in? What was the name of my first pet? What was the model of my first car? What was the name of my first school? Where did I go on my honeymoon?

Question	COMPULSORY	Answer
Question	COMPULSORY	Answer
Question	COMPULSORY	Answer

SECTION 10. YOUR NEW ZEALAND SHAREHOLDINGS

Trading in New Zealand (NZX)

To submit orders into the markets provided by NZX, your security holdings must be registered to a Common Shareholder Number (CSN). CSNs are nine digits long, begin with the number 3 and must be in the full, legal name of the person who owns the shares. If you do not have a CSN, we will allocate one for you.

If you already have a CSN, please write it here

If you have any existing security holdings which are not under a CSN, or if your existing registration details differ from your full legal name and registration address, please contact Direct Broking for guidance.

SECTION 11. AUTHORISED REPRESENTATIVES

Any Authorised Representatives are to be listed here.

Authorised Representatives are non-Account Holders authorised by you to trade on the Company’s trading account and to deal with the Company’s investment in the CMT. Authorised Representatives are not authorised to make changes to your account details.

We will accept instructions from any Authorised Representative or Account Holder without reference to the other Account Holders (if applicable), unless the Account Holders provide instructions to the contrary. Authorised Representatives should sign below – they do not need to sign Section 10.

FIRST CONTACT

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY
Middle Name(s)	COMPULSORY
Surname	COMPULSORY
Date of Birth	COMPULSORY
Country of Birth	COMPULSORY
Residential address	COMPULSORY
Suburb	
Town/City	
Phone (business)	
Email	
Occupation	COMPULSORY
Employer	COMPULSORY
Relationship to applicant	

Tick if the Authorised Representative should receive contract notes by email.

Signature

|| || 2 0

SECOND CONTACT

Please tick: Mr Mrs Miss Ms Other

First Name	COMPULSORY
Middle Name(s)	COMPULSORY
Surname	COMPULSORY
Date of Birth	COMPULSORY
Country of Birth	COMPULSORY
Residential address	COMPULSORY
Suburb	
Town/City	
Phone (business)	
Email	
Occupation	COMPULSORY
Employer	COMPULSORY
Relationship to applicant	

Tick if the Authorised Representative should receive contract notes by email.

Signature

|| || 2 0

SECTION 12. SIGNATURE(S) REQUIRED HERE

This Application Form must be signed as a deed in accordance with the Companies Act 1993 (or other applicable legislation) and your constitutional documents.

I am / We are authorised to provide the information set out in this Application Form. This information is complete and accurate. I / We will contact you if any information changes. Failure to provide information or providing false information is serious under New Zealand Law.

I / We have not been declined service from any other financial service provider.

I / We have read, understand and agree to be bound by the Terms and Conditions.

I / We have received a copy of the Broker Disclosure Statement.

I / We agree and acknowledge that the services will be provided by FNZC on the Terms and Conditions, as amended from time to time.

I/we also agree, and authorise, Direct Broking to:

- pay for my/our securities purchase through Direct Broking from my/our funds invested in the CMT
- in the event the CMT does not contain sufficient funds for the payment of securities purchased or fees charged, deduct the necessary funds from the Bank Account nominated in Section 6 above; and
- invest my/our funds in specific currencies within the CMT (or the Bank Account nominated in Section 6) following my/our sale of securities through Direct Broking, in accordance with this application form, the Terms and Conditions and any specific instructions from me/us.

The CMT will be your default settlement account unless otherwise instructed.

DIRECTOR(S) SIGN HERE

Signature
Full name
<input type="text" value="2 0"/>

Signature
Full name
<input type="text" value="2 0"/>

Turn to the next page for instructions about returning your application form, and the required documentation, to Direct Broking.

SECTION 13. FINAL CHECK LIST

- Application form is complete, with all compulsory fields filled in
- The signature of at least two Directors in Section 12; or the witnessed signature of the Sole Director in Section 12.
- A clear and certified or verified copy of photo identification for all Directors
- A clear and certified or verified copy of photo identification for all beneficial owners that own more than 25% of the company
- Proof of Residential Address for all Directors
- Proof of Bank Account (bank statement – scan, photo or hard copy) showing bank logo / name, company's full name, and bank account number
- RWT Exemption Certificate (if applicable)
- Automatic Exchange of Information for Entity Self-Certification form completed

WHAT'S NEXT?

Return this application form and required documentation by post to:

Direct Broking, PO Box 1118, Wellington 6140, New Zealand

Application Forms with your original signature must be delivered by post; we cannot accept faxed or emailed copies because we are required to hold your original signature on file.

If there are any issues with your Application Form or we require additional information you will be contacted

We have sole discretion to either accept or decline applications.

When your application has been approved and established, you will receive an email or letter advising:

- Your Direct Broking Client Account Number
- Instructions for internet and telephone trading
- Our contact details if you require any assistance.

If you have any queries, please contact us on:

email: info@directbroking.co.nz

phone: 0800 805 777

Once received, your Application Form will be reviewed and verified before your trading account and CMT is created. You should allow at least 10 business days for this process.