| JUST DOLLARS TRUSTINVESTMENT form Complete this form if you wish to make **a nil interest investment** with Just Dollars Trust.  Please return this form to Just Dollars Trust, P O Box 4232, Christchurch.  If you would like help in completing the form, please phone us on 03 366 9978 ext 1. | | | |
| --- | --- | --- | --- |
| **ABOUT YOU** | | | |
| First & middle name (s): | | Surname: | |
| Date of Birth: | | Mobile: | |
| Home Phone: | | Work Phone: | | |
| Email Address: | | | |
| Address: | | | |
|  | | | |
| Password ID: (eg mother’s maiden name) | | Gender: Male Female | |
| IRD Number: | | Are you a New Zealand Resident: : Yes No | |
| **ADDITIONAL ACCOUNT HOLDERS (IF APPLICABLE)** | | | |
| First & middle name (s): | | Surname: | |
| Date of Birth: | | Mobile: | |
| Home Phone: | | Work Phone: | | |
| Email Address: | | | |
| Address: | | | |
|  | | | |
| Password ID: (eg mother’s maiden name) | | Gender: Male Female | |
| IRD Number: | | Are you a New Zealand Resident: : Yes No | |
| **signing authoriTy** | | | |
| If a joint account, how can the above people operate the account: Please tick  Anyone can sign by themselves All signatories must sign Other (please state) | | | |
| In addition to the account holder(s) above, the following person may also operate this account. They must also complete a proof of identity form. | | | |
| First & middle name (s): | | Surname: | | |
| Date of Birth: | | Mobile: | | |
| Email Address: | | | |
| Address: | | | |
| Relationship to account holder: | | | |
| **YOUR BANK ACCOUNT DETAILS** | | | |
| Account Name: | Bank: | | Branch |
| Account Number: New Zealand bank account only | | | |
|  | | | |
| **ACCOUNT TYPE** | | | |
| Term: please circle 1 year 2 years 3 years Other (please state- min 1 year) | | | |
| Amount of nil-interest Investment: $ | | | |
| Source of deposit: (please detail where these funds come from eg house sale) | | | |

|  |
| --- |
| **DECLARATION** |
| I/We:   * Agree to and acknowledge the conditions of accounts outlined in Just Dollars Trust Investment Statement and have received * agree to be bound by Just Dollars Trust terms and conditions regarding operation of accounts. * confirm that the information disclosed in this application is true, accurate and complete and authorise Just Dollars Trust to take reasonable steps to verify all details and information provided. * acknowledge that Just Dollars Trust may collect information from third parties and hereby authorise such third parties under the Privacy Act 1993 to disclose any information requested by Just Dollars Trust. * confirm that I/we are 18 years or older and are not undischarged bankrupts or subject to insolvency or liquidation proceedings. * authorise the signatories specified on this form to operate this account(s) unless Just Dollars Trust is instructed otherwise (in writing). * agree to keep Just Dollars Trust advised of any changes to the account holder(s) name and address. * agree that Just Dollars Trust may communicate with me/us by letter, fax, phone and electronically and may accept letter, fax, phone and electronic instructions on this account. * authorise Just Dollars Trust to review information held and monitor accounts and transactions and otherwise take such action as is necessary to comply with Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and associated regulations. |
| **ALL ACCOUNT HOLDERS TO SIGN**  Name Signature Date  Name Signature Date  **Customer documentation checklist**  □ Proof of identity form is complete  □ Proof of identity form provided for each account holder and authorised signatory  □ Proof of address provided (less than 3 months old)  □ Power of Attorney provided (if applicable)  □ Investment statement received  Please contact us with any further questions on (03) 366 9978 ext 1.  Mail this completed form and other documentation to: Just Dollars Trust, P O Box 4232, Christchurch |

|  |  |
| --- | --- |
| Proof of Identity Form  New Zealand legislation requires proof of your identity to open a social investment with us. **A separate form must be filled out for each account holder if a joint account.** Please read the notes on the next page of this document before completing this form. The original signed proof of identity form can be returned in person to our Christchurch office, or by post.   * Postal Address – Just Dollars Trust, P O Box 4232, Christchurch 8140 * Office Address – 442 Tuam Street, Christchurch | |
| **Please include the following**   * Your certified identification documentation * This form completed by a certifier | * Your address verification documentation |
| **DETAILS** | |
| Surname of applicant: | |
| First and middle names of applicant: | |
| Date of birth / / | |
| Signature of applicant: Date: / /  (to be singed in the presence of certifier – see over for suitable certifiers) | |
| **identification documents examined See next page for appropriate types of identification** | |
| *Document one* | |
| Type of document: | Document number: |
| Name on document: |  |
| Date of birth: / / | Date of expiry: / / |
| Date of issue: / / | Issued by: |
|  | |
| *Document 2 (if applicable based on options on next page)* | |
| Type of document: | Document number: |
| Name on document: |  |
| Date of birth: / / | Date of expiry: / / |
| Date of issue: / / | Issued by: |
| **ADDRESS VERIFICATION** | |
| Type of document: | Name on document: |
| Address on document: |  |
| **DETAILS OF ACCEPTALE CERTIFIER See next page. Certifier cannot live at the same address or be a relative.** | |
| Surname: | |
| First and middle names: | |
| Address: | |
|  | Postcode: |
| Occupation: | Category of certifier (refer overpage) |
| **STATEMENT BY CERTIFIER** | |
| I have sighted the original identification documentation and confirm they are true and accurate copies and represent the identity of the named applicant.  Signature Date / / | |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Proof of Identity – Reference Guide  **SUITABLE IDENTIFICATION** | | | | | |
| Please choose one of the acceptable options for **identification** below. These must be current. | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **OPTION ONE**  **Certified copy of one of:** |  | **OPTION TWO**  **Certified copies of:** |  | **OPTION ONE**  **Certified copy of one of:** | | * NZ or overseas passport *(showing your name, date of birth, photograph and signature)* * Certificate of Identity * NZ firearms licence *(showing both sides)* * National Identity Card   *(showing both sides)* |  | * A NZ driver licence (showing both sides)   **AND COPY OF EITHER:**   * Bank statement addressed to you dated within the last three months * Any New Zealand Government Department statement addressed to you dated within the last three months eg IRD statement; or * Government issued document eg New Zealand SuperGold Card or Community Services Card |  | * Birth Certificate * Certificate of Citizenship   **AND COPY OF EITHER:**  (showing both sides)   * NZ Driver licence * NZ Defence Photo ID * 18+ Card | | | | | | |
| **PLUS ADDRESS VERIFICATION**  Please choose one of the acceptable forms of address verification below. This must be **dated within the last 3 months** | | | | |
| * Utility bill * Bank account statement * IRD tax notice/certificate * Government document * Rates bill from local council * Court document | | * Companies office record * Tenancy agreement * Electoral Roll papers * Insurance policy document * Car registration notification * Non-bank financial institution statement | |
| **SUITABLE CERTIFIERS**  These documents **must be sighted by Just Dollars staff, OR a trusted referee** can certify copies of these documents | | | | | |
| Trusted referees include:   * A registered teacher * Lawyer * Minister of Religion * Member of Parliament * Chartered accountant * Commonwealth representative | * Police constable * Justice of the Peace * Medical doctor * Notary public * NZ Honorary counsel | | The certifier **must not be:**   * Related to you * Your spouse or partner * A person who lives at the same address as you | | |
| **Additional documents required for a Trust, Partnership, Company, Incorporated Society or Association**   * Each and all of the following persons associated with the account must provide personal Identity Documents, proof of address and proof of bank account (if applicable):   » Individual, person acting under Power of Attorney  » Trustee  » Company director, shareholders who are not directors or officers but who control more than 25% of the investor or other  person on whose behalf the investment is made  » Authorised official or officer i.e society president  » Any other person authorised to operate the account or who has the ability to significantly influence decisions of the  investor or other person on whose behalf the investment is made (effective control) | | | | | |