

Client Information Form

Name Mr Mrs Ms Miss *other (please specify)*

| |
|----------------|
| First |
| Middle |
| Last |
| Preferred Name |

Date of birth **Gender** Male Female

Residential Address

| | |
|----------------|----------|
| Street Address | |
| Suburb | |
| Town/City | Postcode |
| Country | |

Postal Address(if different)

| | |
|----------------|----------|
| Street Address | |
| Suburb | |
| Town/City | Postcode |
| Country | |

Contact Details

| |
|----------------|
| Home Phone |
| Business Phone |
| Mobile Phone |
| Email |

Occupation

IRD Number

NZ Resident Yes No

Specify country of residence

Name Mr Mrs Ms Miss *other (please specify)*

| |
|----------------|
| First |
| Middle |
| Last |
| Preferred Name |

Date of birth **Gender** Male Female

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Contact Details

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| Mobile Phone |
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Occupation

IRD Number

NZ Resident Yes No

Specify country of residence

Preferred method of contact Email Post Phone Mobile Business Home

How did you heard about us?

- Gallie Miles Friend/relative
 Website Facebook other - specify
 Google

Client Information – Trusts

Please complete this form if you have a trust

Trust name/s

Name of Trustees

Advise all main sources of income, the main assets and the nature of the trust

Is the trust not-for-profit Yes No

Is the trust New Zealand Trust Yes No

Country of Creation (if not New Zealand)

Client Information – Entities

Type of Entity

- Private Company Estate Incorporated Club/Society Limited Partnership
 Listed Company Partnership Unincorporated Club/Society Incorporated Charitable Trust

Other (please name)

Entity name (please use full legal name)

Name of Director/s

Advise all main sources of income and nature of entity

Is the entity a not-for-profit entity Yes No

Is the entity a New Zealand created entity Yes No

Country of creation (if not New Zealand)

Any countries of tax residence

IRD Number

Tax exemption status (if applicable)

Registration number(s) (if applicable)