

Client Information for AML/CFT Compliance

To comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we are required to collect and verify information from all clients.

Please complete the following form and provide identity and address documents, or authorise us to verify your identity electronically.

Full name:

Date of birth:

Citizenship:

If non-NZ resident, visa status:

Occupation:

Mobile number:

Email address:

IRD number:

Residential address:

Tax ID number and country
(if tax resident elsewhere)

NZ Bank account number
(please provide proof):

Source of funds:

Source of wealth:

Identity Document Details

Type of ID (e.g. Passport, DL):

ID Number:

Country of Issue:

Expiry Date:

Proof of Address Document

Document Type (e.g. Utility Bill):

Date of Document:

Have you or a close family member held high-ranking office in a foreign country in the past 12 months?
(e.g. Government, Central Bank, Embassy, Judiciary, Military, or State Enterprise)

Yes

No

If yes, please provide details:

Declaration

I confirm that the information I have provided above is true and accurate and may be relied on and used or disclosed by Richards Law in accordance with its terms of engagement. I authorise verification of my identity through electronic means where applicable.

Signed:

Dated:

Print full name: