



TRUST CUSTOMER APPLICATION FORM

Customer Details		
Legal Name:	Registration Number (if registered):	
Trust Type: <input type="checkbox"/> Discretionary <input type="checkbox"/> Non-Discretionary <input type="checkbox"/> Other:	(Complete for Discretionary or Charitable Trust or Non-Discretionary Trust with more than 10 Beneficiaries) Class of Beneficiaries: Type of Beneficiaries:	(Complete for Non-Discretionary Trust with less than 10 Beneficiaries) Number of Beneficiaries: Number of Beneficiaries with greater than 25% interest:
What is the objective of the Trust (for Charitable Trust only):		
Brief description of account activity (purpose of the account):		
Business Address:	Postcode:	
Postal Address (if different):	Postcode:	
Telephone Number:	Facsimile Number:	
IRD Number:	Tax Residence Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident If non-resident, please provide country of residence:	Withholding Tax Rate: <input type="checkbox"/> 10.5% <input type="checkbox"/> 17.5% <input type="checkbox"/> 30% <input type="checkbox"/> 33% <input type="checkbox"/> Other <i>(Not applicable if the Customer is tax exempt or holds a Resident Withholding Tax Certificate)</i>
Tax exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, please attach a copy of your certificate)</i>		Resident Withholding Tax Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, please attach a copy)</i>
New Account Details		
Account Name:	Account type: <input type="checkbox"/> Current <input type="checkbox"/> Term Deposit <input type="checkbox"/> Loan	
Currency required: <input type="checkbox"/> NZD <input type="checkbox"/> HKD <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> CNY <input type="checkbox"/> AUD		
For Term Deposit:	Investment amount:	
	Term length:	
	<i>Bank Use Only:</i> Interest rate:	
Account Authority Rules		
Number of authorised persons	<input type="checkbox"/> One person can sign alone	

required to operate your account:	<input type="checkbox"/> Two must sign together
	<input type="checkbox"/> Other (please provide details) _____

Authorised Person – if Individual (extra authorised person forms are at the back if needed)

First name(s):		Last name:	
Title (eg settlor, trustee, beneficiary, etc):		Date of birth:	
Relationship to the ICBC NZ Customer:			
Email address:			
Daytime phone:		Evening phone:	
		Mobile:	
Home Address:			Postcode:
Postal Address (if different):			Postcode:
ID type:	ID number	Expiry	

Authorised Person – for Corporate Trustee (extra authorised person forms are at the back if needed)

Entity name(s) and Incorporation Number(s):			
Physical/Registered address (cannot be PO Box):			
Authorised Contact Person:			
Relationship to the ICBC NZ Customer:			
Daytime phone:		Evening phone:	
		Mobile:	
ID type:	ID number	Expiry	
ID type:	ID number	Expiry	
Authorised Contact Person:			
Relationship to the ICBC NZ Customer:			
Daytime phone:		Evening phone:	
		Mobile:	
ID type:	ID number	Expiry	

All Trustees must complete this section.

TRUSTEES' CERTIFICATE

To: Industrial and Commercial Bank of China (New Zealand) Limited ("ICBC NZ")

Re: (Name of the Trust account)

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We: (insert the full names of all current trustees other than independent trustees)

and: (insert full names of any trustee acting only in an independent trustee capacity, i.e., a solicitor or accountant)

(each an "Independent Trustee") (together, the "Trustee")

of (specify the name of the Trust)

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(the "Trust") properly constituted by the Trust Deed dated the _____ day of 20__ (the "Trust Deed") certify as follows:

1. Trustee(s)

Each Trustee is a current and validly appointed trustee of the Trust and there are no other trustees of the Trust. The Trust Deed has not been revoked and continues in full force and effect. No vesting date or winding up event has occurred in relation to the Trust.

Where there is any alteration to the Trustees named above, or any change to the Trust Deed (including revocation of Trust or occurrence of a vesting date for, or winding up of, the Trust) or any change to any trustee power which may adversely affect the Trustees' ability to perform or comply with their obligations under any arrangements with ICBC NZ, the Trustees undertake to notify ICBC NZ immediately.

2. Authorised Persons

The following are the true signatures of the person(s) who have been authorised (jointly and/or severally) to give any notice and other communications, and to take any other action required, under or in connection with the Trust account and any related documents in relation to the Trust account on behalf of the Trust:

Signature:	Signature:
Name:	Name:
Signature:	Signature:
Name:	Name:

3. Power to Transact and Resolutions

The Trustees have passed all necessary resolutions and obtained all approvals required pursuant to the Trust Deed and by law, and have the power and capacity to open and operate the Trust account, invest or borrow from ICBC NZ and enter into and perform their obligations under any ICBC NZ documents in connection with the above.

4. Trustee Compliance

The Trustees, in approving any transactions entered into in relation to the Trust account, have acted, and will continue to act, in compliance with the duties imposed on the Trustees under the Trust Deed and at law.

5. Execution of Documents

All ICBC NZ's Trust account opening documents have been properly executed by the Trustees or authorised persons for the Trust.

6. Right of Indemnity

Except as previously disclosed in writing to ICBC NZ, the Trustees have the right to be fully indemnified out of the Trust assets in priority to the interests of the beneficiaries of the Trust in respect of all obligations incurred by the Trustees and ICBC NZ is entitled to be subrogated to that right (in each case, without restriction, limitation, set-off or counterclaim).

7. Independent Trustee Liability

Except as otherwise provided in any other agreements with ICBC NZ, the liability of each Independent Trustee under or in relation to the Trust account or any related document shall be limited to the assets from time to time in its control as trustee of the Trust, except in respect of any indebtedness which ICBC NZ may be unable to recover under the Trust account and related documents from the assets of the Trust as a result of any:

- Wilful default, dishonesty or negligent breach of trust by the Independent Trustee, alone or with others; or
- Lack of capacity, power or authority of that Independent Trustee to enter into the relevant Trust account and related documents.

This certificate is signed by:

Signature:	Signature:	Signature:
Name of the Trustee	Name of the Trustee	Name of the Trustee

Signature:	Signature:	Signature:
Name of the Trustee	Name of the Trustee	Name of the Trustee

Dated the _____ day of _____

Beneficial Owners and Effective Controllers of the Trust.

The table below shows common relationships. Please ensure that information for all relevant individuals is completed. Please be aware that we are required to obtain identification and address verification for certain key individuals.

Please complete for:

- Each Trustee (including in the case of a corporate trustee, each director and authorised person of the corporate trustee).
- Beneficiary of a Non Discretionary Trust with less than 10 Beneficiaries.
- Other Beneficial Owner of the Trust (including any person who has effective control over the Trust or trust funds or who has the power under the Trust Deed to amend the terms of the trust or appoint and/or remove trustees or beneficiaries such as settlor, protector/appointor/ special trustee (if any))

Individuals that have Ownership or Control of the Trust

First name(s):		Last name:
Title (eg settlor, trustee, beneficiary, etc):		Date of birth:
Relationship to the ICBC NZ Customer:		
Email address:	Daytime phone:	Mobile:
Home Address:		Postcode:
Postal Address (if different):		Postcode:
ID type:	ID number	Expiry
Are you a US Citizen, US Permanent Resident (Green Card Holder) or US Resident?	<input type="checkbox"/> No <input type="checkbox"/> Yes (complete the FATCA form)	Foreign Tax no (if Known):
Signature:		Date:
<i>By signing you agree to be bound by the conditions at the end of this form.</i>		

First name(s):		Last name:
Title (eg settlor, trustee, beneficiary, etc):		Date of birth:
Relationship to the ICBC NZ Customer:		
Email address:	Daytime phone:	Mobile:
Home Address:		Postcode:
Postal Address (if different):		Postcode:
ID type:	ID number	Expiry

Are you a US Citizen, US Permanent Resident (Green Card Holder) or US Resident?	<input type="checkbox"/> No <input type="checkbox"/> Yes (complete the FATCA form)	Foreign Tax no (if Known):
Signature:		Date:
<i>By signing you agree to be bound by the conditions at the end of this form.</i>		

First name(s):		Last name:
Title (eg settlor, trustee, beneficiary, etc):		Date of birth:
Relationship to the ICBC NZ Customer:		
Email address:	Daytime phone:	Mobile:
Home Address:		Postcode:
Postal Address (if different):		Postcode:
ID type:	ID number	Expiry
Are you a US Citizen, US Permanent Resident (Green Card Holder) or US Resident?	<input type="checkbox"/> No <input type="checkbox"/> Yes (complete the FATCA form)	Foreign Tax no (if Known):
Signature:		Date:
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First name(s):		Last name:
Title (eg settlor, trustee, beneficiary, etc):		Date of birth:
Relationship to the ICBC NZ Customer:		
Email address:	Daytime phone:	Mobile:
Home Address:		Postcode:
Postal Address (if different):		Postcode:
ID type:	ID number	Expiry
Are you a US Citizen, US Permanent Resident (Green Card Holder) or US Resident?	<input type="checkbox"/> No <input type="checkbox"/> Yes (complete the FATCA form)	Foreign Tax no (if Known):

Signature: <i>By signing you agree to be bound by the conditions at the end of this form.</i>	Date:
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First name(s):	Last name:	
Title (eg settlor, trustee, beneficiary, etc):	Date of birth:	
Relationship to the ICBC NZ Customer:		
Email address:	Daytime phone:	Mobile:
Home Address:	Postcode:	
Postal Address (if different):	Postcode:	
ID type:	ID number	Expiry
Are you a US Citizen, US Permanent Resident (Green Card Holder) or US Resident?	<input type="checkbox"/> No <input type="checkbox"/> Yes (complete the FATCA form)	Foreign Tax no (if Known):
Signature: <i>By signing you agree to be bound by the conditions at the end of this form.</i>	Date:	

Non-Individuals that have Ownership or Control of the Trust

(Please complete for any entities that have control over the Trust, such as professional Trustee Companies)

Full Legal Name:		
Date of Incorporation : DD/MM/YYYY	Incorporation No:	
Email address:	Contact No:	
Address:	Postcode:	
Postal Address (if different):	Postcode:	
Overseas Incorporated?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Foreign Tax no (if Known):

Supporting documents required:

- Supporting evidence of the source of the trust funds (e.g. Business Proceeds, Financial Statements of the Trust, Employment, Gifts and Inheritance). Please provide evidence of the activities that have generated the total net worth of the Trust and where the funds have originated from.
- Copy of the Trust Deed showing Trust's Name, Names of the Beneficiaries, Names of the Settlers, Names of the Trustees and Names of the Protector, including all amendments (if applicable)

3. Completed Trustees' Certificate attached to this form.
4. Settlers - Please provide identification and address verification (if new to ICBC NZ).
5. Trustees - Please provide identification and address verification (if new to ICBC NZ).
6. Beneficiaries (with greater than 25% beneficial ownership) - Please provide identification and address verification (if new to ICBC NZ).
7. Beneficiaries (with less than 25% beneficial ownership) - Please provide full names and dates of birth.
8. Letter from Independent Trustee (if a company) - We require a letter from professional trustee company on their official letterhead stating the relationship with the trust, the full name, date of birth and resident address of any individual(s) within the entity who may be able to act as trustee.

Terms and conditions
<p>By signing, you acknowledge and agree the following.</p> <ol style="list-style-type: none">1. The information provided in this form is true and complete. <p>(For authorised persons and Trustees only:)</p> <ol style="list-style-type: none">2. You have read and understood the ICBC General Terms and Conditions, and you agree to be bound by them.3. In respect of Term Deposits denominated in NZD, you have read and understood the disclosure documentation made available by ICBC NZ from time to time (under the Securities Act 1978 and/or the Financial Markets Conduct Act 2013 and any regulations under such legislation) on ICBC NZ's website at www.icbcnz.com.4. The authority granted to Authorised Persons by this form is to remain in force, and until revoked in writing by the required number of Authorised Persons specified in this form we may rely on the authority granted by this form in all dealings, matters and transactions we have with you or your business.