

CLIENT INFORMATION FORM – COMPANIES, INCORPORATED BODIES, ETC.

Company detail	s:						
Company Name:							
Trading As:							
Date of Incorporation:		:					
Company ID Number:					Company IRD Number:		
Contact Person:						·	
Physical Address:					Postal Address:		
(for company)				(for company)			
				_			
		Post Code:]		Post Code:	
Phone (Hm):				Phone (Wk):	1.		
Phone (Mob):	1.			FIIONE (WK).	2.		
	2.			Facsimile:			
Email:							

Directors:	
Name:	
D.O.B:	
Address:	
IRD Number:	
Name:	
D.O.B:	
Address:	
IRD Number:	
Name:	
D.O.B:	
Address:	
IRD Number:	
Name:	
D.O.B:	
Address:	
IRD Number:	
Name:	
D.O.B:	
Address:	
IRD Number:	

Shareholder Details:				
Name:				
Address:				
Shareholding:				
Verification Required:	Yes	No		
Name:				
Address:				
Shareholding:				
Verification Required:	Yes	No		
Name:				
Address:				
Shareholding:				
Verification Required:	Yes	No		
Name:				
Address:				
Shareholding:				
Verification Required:	Yes	No		

AUTHORITY:

- I/We understand that this information will be shared with and held by Walker Murdoch Law Ltd maintaining an account for the Company.
- I/We agree to provide extra information if asked and if the Companies, or controlling persons (if applicable), circumstances change or the information becomes incorrect; I/we/the Company will promptly provide updated information.
- I/We authorise and give consent to Walker Murdoch Law Ltd to give any information provided by or about the Company (or the controlling persons if applicable) to New Zealand Government Departments as Walker Murdoch Law Ltd may be required to by law.
- I/We confirm that the above declaration extends to information that I/we/the Company may provide after signing this form.
- I/We confirm that the above information is true and correct to the best of my/our knowledge.
- I/We authorise Walker Murdoch Law Ltd to obtain and exchange credit references about me/us and the above entity.
- I/We confirm that I am/we are authorised to provide all above information belonging to persons other than me/us as may be required for you to fulfil your obligations.
- I sign below as a duly authorised person/trustee/officer.

Signature/s:	
Name/s:	
Date:	