

CLIENT INFORMATION FORM – TRUSTS

Entity details:	
Trust Name:	
IRD Number:	

Trustees:	
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:	

Physical Address:		Postal Address:	
	Post Code:		
Phone (Hm):		Phone (Wk):	1.
Phone (Mob):	1.		2.
	2.	Facsimile:	
Email:			
Can we contact you at work: Yes / No			

BENEFICIARIES:

Discretionary Trust:	
Number of Beneficiaries:	

Fixed Trust: (Details of Beneficiaries)	
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	

AUTHORITY:

<ul style="list-style-type: none">• I/We understand that this information will be shared with and held by Walker Murdoch Law Ltd maintaining an account for the Entity.• I/We agree to provide extra information if asked and if the Entity's, or controlling persons (if applicable), circumstances change or the information becomes incorrect; I/we/the Entity 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 Entity (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 Entity 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:	