Account Application Form - Entity

Thank you for choosing Great International Pty Limited (Great International) and its partner Collinson Forex Limited (CFX) - service providers (SP). This Account Application Form must be read together with CFX's Terms and Conditions on their website. If we accept your application for an Account, the agreement between us and you (the Account Holder) will comprise this Account Application Form and CFX Terms and Conditions.

Entity Details		
name of the business Australia/	Phone number 0404 822 409	
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Section B: Entity Ownership and Control Structure

Directors, Shareholders (with more than 25% shareholding), and Authorized persons **Authorized Person** Director >25% Shareholder (or ectiv or indirectly via another company) Partner **Nominee Director** Nominee Shareholder Nominee General Partner Given name Surname Other names and aliases Hon Date of Birth (DD/MM/YYYY) Gender Place of Birth Nationality 199 Austra Residential Address 13 Lichtielo 20 Mobile number **Authorized Person** Director >25% Shareholder (directly or indirectly via another company) Partner **Nominee Director** Nominee Shareholder **Nominee General Partner** Given name Surname Other names and aliases Date of Birth (DD/MM/YYYY) Gender Place of Birth Nationality Residential Address City Postcode Country Mobile number Email >25% Shareholder (directly or indirectly via another company) **Authorized Person** Director Partner **Nominee Director** Nominee Shareholder Nominee General Partner Given name Surname Other names and aliases Date of Birth (DD/MM/YYYY) Place of Birth Gender Nationality Residential Address City Postcode Country Mobile number Email **Authorized Person** Director >25% Shareholder (or ectiv or indirectly via another company) Partner Nominee Shareholder **Nominee Director Nominee General Partner** Given name Surname Other names and aliases Date of Birth (DD/MM/YYYY) Gender Place of Birth Nationality Residential Address Country City Postcode Mobile number Email

Section C: Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Declaration

1. Tax Residence	
he Entity a tax resident of another country (other than New Zealand)? Yes* (please list all other countries of tax residency) No (i	go to the next section)
If you are a <u>US person</u> , please complete Form W-9 or submit a self-decl website to determine if you need to complete and submit any addition	laration of FATCA status. (You may also wish to visit the IRS al IRS forms)
The term 'US person' means: US citizens, including those resident outside US US permanent residents, including green card holders US tax residents People born outside the US with a US parent	 Certain persons who spend a significant number of days in the US each year Corporations, estates and trusts, and other entities controlled by US persons
Country of Tax Residence Tax Number (or equivalent) Not available	Please provide an explanation if Tax Number is not available
2. Entity Classification	
ease provide the status of the Entity:	
Active Non-Financial Entity Financial Institution Passive Non-Financial Entity* (complete Tax Residence of Controlling)	ng Persons in Section E: Additional Inofrmation)
Definition of terms for Entity Classification	
Active Non-Financial Entity (ANFE): A likely status for entities that derive the majority of their income, wi	

Passive Non-Financial Entity (PNFE):

an entity whose main source of income is passive (for example: your entity has $\geq 50\%$ passive income AND $\geq 50\%$ passive income generating assets (in the previous reporting period).

Financial Institution (FI):

A Custodian Institution, Depository Institution, Investment Entity, or Specified Insurance Company. Apart from more obvious entities such as banks, this can also include non-bank deposit takers, collective investment entities, mutual funds, private equity funds, hedge funds, investment managers and advisors, and certain brokers and trusts (including some managed family trusts).

1. Electronic Verification

To meet the requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act), we must verify our client's identity and residential address.

One option is to try and do this electronically; however, as not everyone can be verified electronically, please be advised that we may still contact you for further verification if the electronic verification fails.

As part of the electronic verification processes, your personal details are disclosed to and matched with information held by the issuer of the identity document containing your personal details e.g. your drivers' licence or the official record holder of your information, via third party systems.

We will only use your personal details for the purpose of verification under the AML/CFT Act.

By signing this form, you confirm that you are authorized to provide personal details presented and you consent to your information being checked with the documents issuer or official record holder via third party systems for the purpose of confirming your identity.

Anti-Money Laundering and Countering Financing of Terrorism Act 2009

I/We acknowledge that the service providers (SP) are subject to AML/CFT laws in New Zealand. This may include reporting of suspicious activities required by AML/CFT laws to the Commissioner of the New Zealand Police.

I/We acknowledge that SP may use a third party system to verify my identity to determine whether I am/we are recorded with any notation as Politically Exposed Persons and whether I/we have a criminal record.

I/We agree to provide SP (and its employees, agents, nominees and related entities) with reliable information and other assistance it reasonably requires to establish the bona fides of the source of my/our funds/wealth, and to comply with the AML/CFT laws.

I/We represent and warrant that I/we have no cause to believe the funds used to FX trades are the proceeds of crime or will be used to finance terrorism.

I/We agree to indemnify SP (and its employees, agents, nominees and related entities) against any loss it suffers as a result of me/us providing incorrect or incomplete information.

I/We understand that failure to comply with the reasonable request for information by SP to satisfy AML/CFT laws will result in my/our application being rejected.

Personal Information and Privacy Act

I/We consent and agree that all information about me/us disclosed in this form may be used by SP (and its employees, agents, nominees and related entities) or disclosed to and used for the purpose of completing/monitoring the transactions, including disclosure to the regulatory bodies and in compliance with the AML/CFT laws.

I/We know that SP may use the information on this form for the purpose of:

- Creating and maintaining risk related models, including but not limited to risk assessment, risk analysis and risk management;
- Fulfilling reporting obligations, including but not limited to Annual AML/CFT Report, SAR, PTR, CRS, FATCA and any other reporting obligations imposed by New Zealand laws and regulations;
- Responding to the inquiries of banks or any other regulatory bodies;
- Marketing products, services and other subjects under the umbrella of Collinson & Co;
- Meeting the requirements to make disclosure under the requirements of any law binding on us or under and for the purpose of any guidelines issued by regulatory bodies or other authorities to comply;
- Any other purposes relating to the purposes listed above.

I/We know that I/we can request such access to and correction of any information held about me/us by SP.

Notwithstanding the foregoing, I/we acknowledge that where a suspicious activity report has been made about me/us, the person who has made that report is not able to give me/us access to any information about that report (including its existence) and I/we have no right to request information in that report to be corrected.

I/We will inform SP of any changes to the information provided by me/us to SP.

United Stated (US) Foreign Account Tax Compliance Act (FATCA) Automatic Exchange of Information (AEOI) and the Common Reporting Standard (CRS)

I/We acknowledge that SP have certain obligations to report information held about me/us under FATCA and CRS and I/we consent to SP (and its employees, agents, nominees and related entities) disclosing all such information to the necessary parties.

I/We acknowledge that I have examined the information provided and it is true, correct, and complete to the best of my/our knowledge

I/We understand and agree that on specific request from any relevant tax authorities or any party authorized to audit or conduct a similar control for tax purposes, the information contained in this section and/or a copy of this form can be disclosed to such tax authorities or such party.

In case of any change in circumstances that causes the information contained herein to become incorrect I/we recognize that I/we will have to provide a suitable updated declaration within 30 days of such change in circumstances.

5. Declaration and Signature

Please be advisd that penalties under the AEOI laws may apply if you provide false or misleading information, fail to provide this information, or fail to provide an update if there is a material change to the information you have provided. This includes civil penalties of \$1,000 per offence that Inland Revenue can apply. Substantial criminal penalties can be imposed by the courts for knowledge-based offences. These penalties apply for the purposes of both FATCA and CRS.

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Full Legal Name of Director/Authorized Signatory	Full Legal Name of Director/Authorized Signatory
Signature	Signature

Section E: Additional Information

Entity Classification - Tax Residence of Controlling Persons

Full Name :	Control by	ownership	Control by other means	Senior managing official
Country of Tax Residence	Tax Number (or equivalent)	Not Available	Please provide an explanation	n if Tax Number is not available
Full Name :	Control by	ownership	Control by other means	Senior managing official
Country of Tax Residence	Tax Number (or equivalent)	Not Available	Please provide an explanation	o if Tay Number is not available
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Full Name :	Control by	ownership	Control by other means	Senior managing official
Full Name :	Control by	ownership	Control by other means	Senior managing official
Full Name :	Control by	ownership Not Available	Control by other means	Senior managing official

Extra page for Section B: Entity Ownership and Control Structure

Directors, Shareholders (with more than 25% shareholding), and Authorized persons

	Surname Other names and aliases
iven name	Surname Other names and aliases
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