

Account Application Form – Individual & Sole Trader

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.

Section A: Account Information

1. Personal Details

Given name	Surname
VIVIEN	LIN
Other names and aliases	Gender
	FEMALE
Date of birth	Place of birth
08/04/1967	GUANGZHOU
WeChat	
VIVIANLIN2012	

Nationality	Mobile number	
AUSTRALIAN	0410-333-111	
Residential Address		
54-52 WATMARIE DRIVE		
City	Country	Postcode
MT WAVERLEY	AUSTRALIA	3149
Email		
VIVIEN.LIN@INVESTORSDIRECT.COM.AU		

2. Employment or Business Details

Employer / Trading Name	
ID PROPERTY ADVISORY	
Registration / Incorporation number	
ABN 69 141 716 412	
Job Title	Business phone number
Gm	03 9868-7588

Business Physical Address		
L7. 468 ST KILDA ROAD		
City	Country	Postcode
MELBOURNE	AUSTRALIA	3004
Email		

3. Nature and Purpose

Account Behaviour Baseline

a) Approx. number of annual transactions
20
b) Approx. annual trade volume (in NZD)
\$ 100k
c) Approx. number & frequency of transactions i.e. 5 weekly / 3 monthly / 2 quarterly
MONTHLY
d) Approx. average transaction volume (in NZD) i.e. the average size of transactions
\$ 15k

e) Source of funds/wealth E.g. Personal savings in AU; inheritance; property sale in CN; business revenue; sale of company assets
PERSONAL SAVING
f) Purpose of transactions E.g. Repatriate overseas salary back to NZ; purchasing property in NZ; paying tuition and living cost in NZ
ONLINE COURSES
g) List of countries normally dealing/trading with
USA, CHINA.

Section B: Account Ownership and Control Structure

Authorized persons

Authorized person 1

Relationship with the Applicant

Given name

Surname

Other names and aliases

Gender

Date of birth

Place of birth

Nationality

Mobile number

Residential Address

City

Country

Postcode

Email

Authorized person 2

Relationship with the Applicant

Given name

Surname

Other names and aliases

Gender

Date of birth

Place of birth

Nationality

Mobile number

Residential Address

City

Country

Postcode

Email

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

Tax Residence

Are you a tax resident of another country (other than New Zealand)?



Yes* (please list all other countries of tax residency)



No (go to the next section)

If you are a **US person**, please complete Form W-9 or submit a self-declaration of FATCA status. (You may also wish to visit the IRS website to determine if you need to complete and submit any additional 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
AUSTRALIA	201 021 158	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Section D: Politically Exposed Person (PEP) Self-certification

Under Anti-Money Laundering and Countering Financing of Terrorism Act 2009, Financial Institutions have an obligation to check whether a client is a Politically Exposed Person (PEP). Please read definitions below carefully, answer "Yes" or "No" in each case.

Positions

Do **you**, or an **immediate family member**^{*}, hold (or held at any time in the last 12 months) any of the following positions in any country:

- | | |
|--|---|
| 1. Head of state or head of a country or government | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 2. Government minister or equivalent senior politician | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 3. Supreme court judge or equivalent senior judge | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 4. Governor of a central bank or any other position that has comparable influence to the governor of the Reserve Bank of New Zealand | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 5. Senior foreign representative, ambassador, or high commissioner | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 6. High-ranking member of the armed forces | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 7. Board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any state enterprise | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Beneficial Ownership

Do **you** have:

- | | |
|---|---|
| 1. Joint beneficial ownership of a legal entity or arrangement (e.g. a trust), or any other close relationship, with a person in any of the <i>positions</i> above? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 2. Sole beneficial ownership of a legal entity or arrangement (e.g. a trust) that to exists for the benefit of a person in any of the <i>positions</i> above? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

^{*} The term '*Immediate family member*' means:

- a spouse or partner (a person who is considered by relevant national law as equivalent to a spouse);
- a child, and a child's spouse or partner; or
- a parent.

Section E: Acknowledgment

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.

2. 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.

3. 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.

4. United States (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 and belief.

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.

Please be advised 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.

5. Declaration and Signature

By signing this form, I agree and confirm that:

- My answers above are correct.
- I will promptly send notification should my answer in any category above changes in the future.

Date:

DD/MM/YY

22/11/2024

Signed by:

Full Legal Name of Applicant and Authorized Person

VIVIEN LIN

Signature



Full Legal Name of Applicant and Authorized Person

Signature