

MARS CAP LIMITED
CHANGE OF DETAILS FORM

This form enables you to provide updated details to MCL.

MCL will verify any new information you provide in accordance with its obligations under the Anti Money Laundering and Countering Financing of Terrorism Act 2009.

MCL may request from you evidence to verify the information provided. All documents provided to MCL must meet the requirements set out in the **Document Verification Guide and Checklist**.

If you have any questions, please contact your MCL representative [if applicable], or call us at +64 9869 6555

When completed, this form should be sent or delivered to:

account@marscap.co.nz

Or

Level 12, Kitchener Street, Auckland, 1010, New Zealand

1. Individual client or joint individual clients

Please update my personal details to reflect the following changes:

a) Identity and Address

Change to be made	<input type="checkbox"/> Add the below person as a new account holder <input type="checkbox"/> Change details as per below <input type="checkbox"/> Remove the below person as an account holder <input type="checkbox"/> Other (please specify) _____
Name	
Date of Birth	
Address	
Contact Number	
Email	

b) Authorised Persons

Change to be made	<input type="checkbox"/> Add the person below as a new authorised person or person with effective control <input type="checkbox"/> Change details as per below <input type="checkbox"/> Remove the below person as an authorised person or person with effective control <input type="checkbox"/> Other (please specify) _____
Name	
Date of Birth	

Address	
Contact Number	
Email	

2. Entities

Please update the entity's details to reflect the following changes

UPDATED company/financial institution information	
Full legal name of entity	
Entity Registration Number	
Country of Incorporation	
Trading name (if applicable)	
Principle place of business or registered address of entity	
Does the entity have any nominee shareholders?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if 'Yes', please complete section 1.5 – Source of Funds/Wealth)
Is the entity a vehicle for holding personal assets?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if 'Yes', please complete section 1.5 – Source of Funds/Wealth)
Does the entity have any bearer shares? ¹	<input type="checkbox"/> No <input type="checkbox"/> Yes (if 'Yes', please complete section 1.5 – Source of Funds/Wealth)
Name: Date of birth: Contact Number:	<input type="checkbox"/> Director <input type="checkbox"/> CEO <input type="checkbox"/> Person with effective control <input type="checkbox"/> Person with authority to conduct transactions

¹ A bearer share is an equity security wholly owned by the individual whom holds the physical share or stock certificate, whereby the issuing firm does not register the owner of the equity security, nor does it track transfers of ownership (the share is not registered to any authority). Dividends are paid out by the issuing company to the holder of the physical share certificates.

<p>Address:</p> <p>Change required</p>	<input type="checkbox"/> Shareholder of more than 25% directly or indirectly <input type="checkbox"/> Individuals on whose behalf a transaction is to be conducted <input type="checkbox"/> Contact Person
<p>Name:</p> <p>Date of birth:</p> <p>Contact Number:</p> <p>Address:</p> <p>Change required</p>	<input type="checkbox"/> Director <input type="checkbox"/> CEO <input type="checkbox"/> Person with effective control <input type="checkbox"/> Person with authority to conduct transactions <input type="checkbox"/> Shareholder of more than 25% directly or indirectly <input type="checkbox"/> Individuals on whose behalf a transaction is to be conducted <input type="checkbox"/> Contact Person
<p>Name:</p> <p>Date of birth:</p> <p>Contact Number:</p> <p>Address:</p> <p>Change required</p>	<input type="checkbox"/> Director <input type="checkbox"/> CEO <input type="checkbox"/> Person with effective control <input type="checkbox"/> Person with authority to conduct transactions <input type="checkbox"/> Shareholder of more than 25% directly or indirectly <input type="checkbox"/> Individuals on whose behalf a transaction is to be conducted <input type="checkbox"/> Contact Person
<p>Name:</p> <p>Date of birth:</p> <p>Contact Number:</p> <p>Address:</p> <p>Change required</p>	<input type="checkbox"/> Director <input type="checkbox"/> CEO <input type="checkbox"/> Person with effective control <input type="checkbox"/> Person with authority to conduct transactions <input type="checkbox"/> Shareholder of more than 25% directly or indirectly <input type="checkbox"/> Individuals on whose behalf a transaction is to be conducted <input type="checkbox"/> Contact Person

3. **Nominated Bank Account**

Please update my nominated bank account details as per the following changes

Account Name	
Account Number	
Account Type	
Bank and domiciled country	

DECLARATION AND CONSENT

This form must be signed by the applicant(s) personally, persons exercising effective control over an entity, or if the entity is a company, by two directors of the entity (or one director if there is only one director whose signature must be witnessed), or by an attorney.

Request for change of details noted in this form made by minors (persons under 18 years of age as at date of requesting any details be updated) cannot be accepted, nor can minors sign as a person acting on behalf of a company or as an attorney.

If the form is signed by an attorney, an original or certified copy of the relevant Power of Attorney must be lodged with the form (originals will be returned). The attorney must complete the certificate of non-revocation attached at the end of the form.

If signed under Power of Attorney, the attorney hereby certifies that no notice or information has been received of revocation by death or otherwise of that power.

I/we certify that, where information is provided by me/us in this form about another person, I am/we are authorised by such person to disclose the information to you and to give authorisation.

Before MCL can verify your identity, or the identity of any persons whom will become a client, it is a requirement for MCL to obtain your/their consent to enable MCL to present, disclose and check your personal information with the applicable document issuer or official record holder, a credit bureau and other third parties authorised by MCL solely for the purposes of compliance with the relevant laws. MCL will comply with obligations under the Privacy Act 1993 where any personal information is collected and obtained in relation to natural persons in New Zealand. By signing below, I/We give consent to my/our personal information presented to MCL being disclosed to, and checked with the applicable document issuer, official record holder, a credit bureau and/or other third parties authorised by MCL to verify my/our identity, solely for the purpose of compliance with the relevant laws of New Zealand.

The information received from me/us will be held securely by Mars Cap Limited.

Signature of Applicants

Trading Account Client Code:	
Dated day / month / year	
Signature	Signature
Name	Name
Signature	Signature
Name	Name

CERTIFICATE OF NON REVOCATION OF POWER OF ATTORNEY

Complete this section if you are acting on behalf of someone for whom you hold Power of Attorney.

I,

.....
NAME OF ATTORNEY

of

.....
ADDRESS AND OCCUPATION OF ATTORNEY

HEREBY CERTIFY

1. That as Attorney of.....
under a deed dated.....
Given to me by him/her/the Company day month.....year.....
2. That I have executed the application to be on boarded as a client of Mars Cap Limited on the face hereof as Attorney under the said Power of Attorney and pursuant to the powers hereby conferred on me.
3. That at the date hereof I have not received any notice of information of the revocation of the said Power of Attorney by death or otherwise.

Signed at.....this.of.....of.....

PLACE

DAY

MONTH

YEAR

Signature