



MARS CAP LIMITED
ACCOUNT OPENING AND CLIENT ONBOARDING FORM

To comply with Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act) obligations, Mars Cap Limited (MCL) is required to collect certain information from you.

This form enables you to provide the details required for MCL to on-board you as a client.

You must inform MCL in writing should you wish to change or update any of your details held with MCL, by completing a copy of the **Change of Details form** on our website.

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

No applications for MCL products or services will be accepted until this form has been completed and returned, and the details contained within the forms have been verified by MCL.

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. ANTI MONEY LAUNDERING AND COUNTERING FINANCING OF TERRORISM ACT 2009 (AML/CFT Act) – CUSTOMER DUE DILIGENCE

To comply with its obligations under the AML/CFT Act, MCL is obliged to collect personal information about you, in order to identify you and verify that information. MCL will comply with its obligations under the Privacy Act 1993 where any personal information is obtained in relation to natural persons in New Zealand.

By completing the relevant sections, you acknowledge all information provided by you are true and correct, that you will not do anything to put MCL in breach of any AML/CFT law or other relevant laws, and that you agree to provide any and all additional information required for MCL to comply with its AML/CFT Act obligations.

1.1 Individual client or joint individual clients

Please complete this section if the client is a person who is an individual or joint account holders.

a) Identity and Address

Name		
Date of Birth		
Address		
Contact Number		
Email		

*Please attach identity and address verification documentation for all individuals named above. All full list of the acceptable documents and verification requirements are detailed in the **Document Verification Guide and Checklist**.*

b) Authorised Persons (optional)

Please list any authorised persons that may act on your behalf, and their relationship to you. This includes "beneficial owners"¹ and/or those who hold Power of Attorney. If a Power of Attorney is held, please provide a certified copy of the Power of Attorney as part of your application.

Name		Name	
Date of Birth		Date of Birth	
Address		Address	

¹ A beneficial owner is an individual who meets one or more of the following requirements:

- owns 25% or more of the client;
- has effective control of the client (such as a senior manager or a persona who exercises responsibility as senior management); or
- is the person on whose behalf a transaction is conducted.

Contact number		Contact number	
Email		Email	
Relationship to account holder		Relationship to account holder	

1.2 Entities

Please complete this section if the client is an entity (such as a company).

Full legal name of entity	
Registration Number of entity	
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? ²	<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: Address:	<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

² 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.

Name: Date of birth: Contact Number: Address:	<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
Name: Date of birth: Contact Number: Address:	<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
Name: Date of birth: Contact Number: Address:	<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

The above table must specify all individuals who meet any of the below:

- Individuals who have effective control of the entity (often the CEO, senior managers, or some or all of the directors in the case of a company)
- Individuals who have authority to conduct transactions on behalf of the entity
- Individuals who directly or indirectly own more than 25% of the entity
- Individuals on whose behalf a transaction is to be conducted.

*Please attach identity and address verification documentation for all individuals named above. All full list of the acceptable documents and verification requirements are detailed in the **Document Verification Guide and Checklist**.*

Please also provide a copy of the Certificate of Incorporation and Company extract, or other evidence of the entity's structure and establishment.

1.3 Trusts

Name of trust	
Is the trust a charitable trust?	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>please provide objective of the trust</i>) <hr/>
Is the trust a vehicle for holding personal assets?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the trust a discretionary trust, with more than 10 beneficiaries?	<input type="checkbox"/> No (<i>Please complete section a "Beneficiary Details"</i>) <input type="checkbox"/> Yes (<i>Please complete section b "Discretionary Trusts"</i>)

a) Beneficiary Details

Please provide the names and date of births of each named beneficiary

<i>Beneficiary</i> Name Date of birth		<i>Beneficiary</i> Name Date of birth	
<i>Beneficiary</i> Name Date of birth		<i>Beneficiary</i> Name Date of birth	
<i>Beneficiary</i> Name Date of birth		<i>Beneficiary</i> Name Date of birth	
<i>Beneficiary</i> Name Date of birth		<i>Beneficiary</i> Name Date of birth	
<i>Beneficiary</i> Name Date of birth		<i>Beneficiary</i> Name Date of birth	

b) Discretionary Trusts (optional)

Please provide a description of each class or type of beneficiary, or list the relevant sections in the trust deed for reference.

*Please attach identity and address verification documentation for all individuals named above. All full list of the acceptable documents and verification requirements are detailed in the **Document Verification Guide and Checklist**.*

Please provide a certified copy of the trust deed and any amendments/variations to the trust deed, and source of funds/wealth for the trust (including supporting documentation to evidence source of funds/wealth).

1.5 Source of Funds/Wealth

Please complete the section below and attach evidence of source/origins of funds/wealth as part of your application.

	Savings
	Loan
	Inheritance
	Gift
	Sale of property or investment
	Other (<i>please provide type and nature of source of funds/wealth, and include documentation to verify source of funds/wealth³</i>) <hr/>

1.6 Politically Exposed Persons (PEP)

A PEP is an individual who holds, or has held at any time in the preceding 12 months, in any overseas country⁴, a 'prominent public function' (e.g. head of state; government minister or equivalent senior politician; Supreme Court Judge or equivalent senior judge; governor of a central bank; senior foreign representative; ambassador or high commissioner; or high ranking member of the armed forces).

Is any person named above in this form a PEP?

	No
	Yes (<i>Please provide details of the public function held, country and capacity in which the function was/is held</i>) <hr/>

³ e.g. Bank statement; sale and purchase agreement; or financial statements.

⁴ A country other than New Zealand.

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1.7 Nominated Bank Account

Please provide either your New Zealand nominated bank account details, or overseas nominated bank account details to be held on file with MCL (*Nominated Account*).

MCL will verify all incoming funds received from you against your Nominated Account and personal information held on file by MCL. The Nominated Account will also be used for any payments to you.

Account Name	
Account Number	
Account Type	
Bank and domiciled country	

1.8 Preferred Login ID for Trading Platform and Account Currency

1st preference				
2nd preference				
3rd preference				
Account Currency	<input type="checkbox"/> USD	<input type="checkbox"/> JPY	<input type="checkbox"/> EUR	<input type="checkbox"/> NZD

1.9 Registration of Email Address

For account related matters	
For receiving client email statement	<div></div> <div></div>

Updates to information provided

If you need to update any details provided in this form in future, please complete the **Change of Details form** on our website.

DECLARATION AND CONSENT

This application form must be signed by the applicant(s) personally, or by two directors of a company (or one director if there is only one director whose signature must be witnessed), or by an attorney. Applications made by minors (persons under 18 years of age as at date of application) cannot be accepted, nor can minors sign as a person acting on behalf of a company, nor sign as an attorney.

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

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