

Please return this completed Application Form to your Craigs Investment Partners Adviser or post directly to:

CIP Cash Management Nominees Limited
Freepost 366
PO Box 13155
Tauranga 3141

OFFICE USE ONLY

Investment Adviser

Client Account Number

ID Obtained

Type:

Expiry:

Type:

Expiry:

IRD Number

In the case of a joint application, please provide your preferred IRD number and tax rate, or if a Trust, provide the Trust's IRD number and tax rate.

RWT Rate

Withholding tax payments will be automatically credited to the Inland Revenue Department at the rate you select. If you do not make a selection, your RWT rate will be deducted at 33%.

Statement Frequency

Managed Portfolio Service and Portfolio Advisory Service clients will receive a summary of their Cash Management Account within their Portfolio Review.

Statement Delivery Method

We will use the Primary Postal Address or Primary E-mail Address provided in Section A.

A Client Details

Name of existing Craigs Investment Partners Account |

Name of Primary Contact for this Craigs Investment Partners Cash Management Account |

Primary Postal Address |

Postcode | | | | |

Primary E-mail |

B Bank Account Details

You have the option of having any withdrawals from your Craigs Investment Partners Cash Management Account direct credited to your nominated bank account(s) detailed below. Please attach a bank deposit slip with pre-printed (not handwritten) details of the bank account name and number for each account you wish to use for this purpose.

Attach here

Number of bank accounts with deposit slip attached |

Account One – Name of Bank |

Account Name |

Account Two – Name of Bank |

Account Name |

C Taxation Information for the Account

New Zealand residents

IRD Number | | | | | | | | | | | | | | | | | | | | | |

Please deduct Resident Withholding Tax (RWT) at the rate of:

10.5% 17.5% 30% 33% Other (please specify) |

Company - 28%

Exempt (please provide a copy of the RWT exemption certificate).

Overseas residents

What is your country of residence for tax purposes? |

Non-Resident Withholding Tax (NRWT) to be deducted or

Approved Issuer Levy to be applied.

D Statements

Statement Frequency Quarterly Monthly

Statement Delivery Method Post E-mail

Do you want us to send your end-of-year taxation summary to your tax adviser?

Yes No

If YES, please give details of your tax adviser below:

Tax Adviser's Name | Telephone |

Firm |

Address |

Postcode | | | | |

E-mail |

Delivery method Post E-mail

Opening Deposit

The interest rates applicable to your opening deposit in your Craigs Investment Partners Cash Management Account are available from your Craigs Investment Partners Adviser.

Applicant Signatures

If you wish to authorise anyone to instruct on your Craigs Investment Partners Cash Management Account other than those Authorised Persons noted in your Client Agreement with us, please contact your Craigs Investment Partners Adviser.

Full Name

This includes your First Name, Middle Name(s), Last Name - please do not use initials or abbreviations.

Capacity

Please enter the 'Capacity' in which you are signing this application form i.e. Self; Attorney for the Client; Parent or Guardian for a Minor; Director; Partner; Officer; Trustee; Executor; Witness.

For a Company

If the company has two or more directors, two directors must sign.

If the company has only one director, that director must sign and have their signature witnessed.

E Settlement Facility

I/we authorise and request Craigs Investment Partners to automatically settle my/our securities transactions (unless otherwise indicated below) by withdrawing or depositing funds to/from my/our Craigs Investment Partners Cash Management Account.

Yes No

F Opening Deposit

Should you wish to make an initial deposit into a Craigs Investment Partners Cash Management Account, please indicate the amount and the currency in which you wish to invest. Please make cheques payable to: **CIP Cash Management Nominees Limited**. All cheques should be crossed "Not Transferable – Account Payee Only". Please attach the opening deposit to this completed Application Form and return to Craigs Investment Partners, unless alternative arrangements have been made with your Investment Adviser. Application form and initial deposit can be returned to: **CIP Cash Management Nominees Limited. Freepost 366, PO Box 13155, Tauranga, 3141**

Amount | \$
Currency NZD AUD GBP
 USD EURO Other |

G Applicant Signatures

- 1. I/we acknowledge that I/we:
 - Have received and read the Disclosure Statements for my Craigs Investment Partners Adviser(s).
 - Have received a copy of the Terms and Conditions;
 - Agree to be bound by the Terms and Conditions;
 - Have read and understood the risk warnings set out in Clause 16 of the Terms and Conditions;
 - Agree to be bound by any terms and conditions of a nominee holding Securities on my/our behalf as bare trustee.
- 2. I/we understand the manner in which the fees will be applied to my/our investment and commission will be paid to CIP Cash Management Nominees Limited. Further information on the fees and commission can be found in the Disclosure Statement for Craigs Investment Partners. Current interest rates may be obtained from my Craigs Investment Partners Adviser.
- 3. I/we acknowledge that by selecting the Settlement Facility I/we are authorising CIP Cash Management Nominees Limited to pay any credit (and/or brokerage) amounts in my/our Cash Management Account to Craigs Investment Partners to pay the purchase price and any brokerage, commission or other amounts in respect of securities purchased by me/us and/or for brokerage and/or to deposit proceeds from the sale of securities to my/our Craigs Investment Partners Cash Management Account unless I/we instruct you otherwise.

Full Name |
Capacity |
Signature | Date | DAY MONTH YEAR
Full Name |
Capacity |
Signature | Date | DAY MONTH YEAR
Full Name |
Capacity |
Signature | Date | DAY MONTH YEAR

Share Dividends/Fixed Interest Coupons

Please select and complete (where appropriate), one of the following two options for the remittance of your Share Dividends and/or Fixed Interest Coupons.

- I/we authorise the Registrar to remit **all current and future Share Dividends and/or Fixed Interest Coupons** to my/our Craigs Investment Partners Cash Management Account under the Common Shareholder Number shown below.
- OR**
- I/we authorise the Registrar to remit all current and future Share Dividends and/or Fixed Interest Coupons arising **from the following company(s)/issuer(s) only** to my/our Craigs Investment Partners Cash Management Account.

1. Dividends

Name of company(s) paying dividend, e.g. Telecom NZ

.....

.....

2. Fixed Interest Coupons

Name of issuer(s) paying coupon, e.g. Fonterra	MATURITY DATE	COUPON (if known)
.....
.....

The Bank Account for crediting is: **06-0433-0173564-002** (National Bank Tauranga).

Please also include my/our Craigs Investment Partners Cash Management Account number, as stated below, on any amounts remitted.

Name of Company/Incorporated Entity/Partnership/Unincorporated Association/Trust
Deceased Estate of Directors/Partners/Officers/Trustees/Executors:

Full Name(s) |

.....

.....

Postal Address |

.....

Postcode | | | | |

Common Shareholder Number |

Craigs Investment Partners Cash Management Account Number |

Authorised Signature(s)

Full Name |

.....

Signature |

Date |

DAY

MONTH

YEAR

Full Name |

.....

Signature |

Date |

DAY

MONTH

YEAR

Full Name

This includes your First Name, Middle Name(s), Surname - please do not use initials or abbreviations.

Account Number

Craigs Investment Partners Cash Management Account Number to be completed by Craigs Investment Partners.

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Where the Bank Account being debited is in a name, other than the name of the Craigs Investment Partners Cash Management Account, please provide details from the Bank of those persons authorised to give instructions on the Bank Account. Details should include Account Name, Account Number and name and signatures of Authorised Persons.

Account Number
Craigs Investment Partners Cash Management Account Number to be completed by Craigs Investment Partners.

Please read conditions overleaf.

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Authority to Accept Direct Debits

(Not to operate as an assignment or agreement)

Bank Account Details

Name of Bank Account (to be debited)			
Account Details			
BANK	BRANCH	ACCOUNT NUMBER	SUFFIX
Authorisation Code 0 6 0 5 2 0 1		Date	
	DAY	MONTH	YEAR

To The Bank Manager

Bank Name
Bank Branch

I/we authorise you until further notice in writing to debit my/our account with all amounts which CIP Cash Management Nominees Limited, the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/we acknowledge and accept that the Bank accepts this Authority only upon the conditions listed on the rear of this form.

Information to appear in my/our bank statement (maximum 12 characters each)

Payer Particulars C I P C A S H M A N
Payer Code
Payer Reference
Craigs Investment Partners Cash Management Account Name
Craigs Investment Partners Cash Management Account Number

Before signing this direct debit form please ensure you have read the conditions overleaf.

Authorised Signature(s)

Full Name	
Signature	Date
	DAY MONTH YEAR
Full Name	
Signature	Date
	DAY MONTH YEAR

FOR BANK USE ONLY

Date received	APPROVED BANK STAMP
Recorded by	0520
Checked by	05 98

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

- (a) Will not initiate a Direct Debit on my/our account unless authorisation is received from me/us in accordance with the terms and conditions agreed between me/us and the Initiator of each amount to be debited from my/our account.
- (b) May, upon the relationship, which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
- (c) May, upon receiving an "authority transfer form" (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that transfer form and this Authority for the account identified in the authority transfer form.

2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of the termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

3. The Customer acknowledges that:

- (a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy, or other revocation of this Authority until actual notice of such event is received by the Bank.
- (b) In any event this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other dispute lies between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this Authority, the Bank accepts no responsibility or liability in respect of:
 - the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other Authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this Authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time to time.
- (d) Upon receipt of an "authority to transfer form" signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this Authority to Accept Direct Debit.