

K Certificate of Power of Attorney

Only to be completed if applicable

That power of attorney has come into operation and that the donee is acting in the execution of the trust or the administration of the estate.

This Certificate must be completed if an individual is acting as Attorney for a Trustee/Executor.

¹ Attorney is an Individual

This sub-section Part 1 must be completed if an individual is completing and signing this Client Agreement as Attorney for a Trustee/Executor.

² Full Name

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

³ Photo ID

Provided must be of a quality to enable the Person's identity to be verified. All client identity verification documents must be certified by a Justice of the Peace, a Lawyer, or a Court official. Alternatively, identity verification documents can be verified by your Investment Advisor or Assistant Investment Advisor.

K1 When the Attorney is an Individual¹

Details of Attorney

Mr Mrs Miss Ms Dr Other |

Full Name² |

Postal Address |

Please complete each section below and tick one box for your preferred method or point of contact:

Telephone: Home |

Mobile |

Telephone: Work |

Facsimile |

E-mail Address |


Date of Birth |

DAY

MONTH

YEAR

Identify Verification³

Attach here 

Current Passport

OR

Current Drivers Licence

If a copy of a current passport or driver's licence is not available, provide a copy of:

Current ID card with photograph and signature. The following ID cards have been approved by the NZX: Current firearms licence; credit card with embedded photo; national identity card; NZ Police or NZ Defence photo identity card; student identity card.

I,

[NAME OF ATTORNEY]

, certify that;

1. That by Deed dated

[DATE]

("the Deed"),

[FULL NAME OF DONOR OF POWER OF ATTORNEY]

of

[PLACE OF RESIDENCE]

in New Zealand, delegated to me

the execution or exercise, during any period for which

[FULL NAME OF DONOR]

may be absent from New Zealand [or incapable of performing all of his (or her) duties as a Trustee], of all (or some) of the Trusts, powers, authorities, and discretions vested in the said;

[FULL NAME OF DONOR]

in accordance with the terms and conditions set out in the Deed.

2. That the Power of Attorney set out in the Deed has come into operation.

3. That I am acting in the execution of the Trust (or the administration of the Estate).

Signed at

this

day of

20

[SIGNATURE]

A copy of the Power of Attorney and/or Deed of Delegation has been provided to Craigs Investment Partners

⁴ **Attorney is a Company**
This sub-section Part 2 must be completed if a Company is completing and signing this Client Agreement as Attorney for a Trustee/Executor.

⁵ **Full Name**
This includes your First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

⁶ **Photo ID**
Provided must be of a quality to enable the Person's identity to be verified. All client identity verification documents must be certified by a Justice of the Peace, a Lawyer, or a Court official. Alternatively, identity verification documents can be verified by your Investment Advisor or Assistant Investment Advisor.

K2 When the Attorney is a Company

Company Name⁴ | _____
 Registered Address | _____
 Relationship to Client | _____

Identity Verification Document

Copy of Certificate of Incorporation

Person Authorised to act on behalf of the Company

Mr Mrs Miss Ms Dr Other | _____

Full Name⁵ | _____


Designation | _____

Please provide contact details below for the person authorised to act on behalf of the Company and tick one box for the preferred method or point of contact for that person:

Telephone: Home | _____ Mobile | _____
 Telephone: Work | _____ Facsimile | _____
 E-mail Address | _____

Date of Birth | _____
DAY MONTH YEAR

Identify Verification⁶

Attach here 

Current Passport OR Current Drivers Licence

If a copy of a current passport or driver's licence is not available, provide a copy of:
 Current ID card with photograph and signature. The following ID cards have been approved by the NZX: Current firearms licence; credit card with embedded photo; national identity card; NZ Police or NZ Defence photo identity card; student identity card.

I, _____, certify that;
[FULL NAME]

1. That I am a director (or manager or secretary or officer) of the above-named entity holding Power of Attorney and as such am authorised to give this certificate.
2. That by Deed dated _____ ("the Deed"),
[DATE]

of _____ in New Zealand, delegated to me
[FULL NAME OF DONOR OF POWER OF ATTORNEY]

the execution or exercise, during any period for which
[PLACE OF RESIDENCE]

may be absent from New Zealand [or incapable of performing all of his (or her) duties as a Trustee], of all (or some) of the Trusts, powers, authorities, and discretions vested in the said;
[FULL NAME OF DONOR]

in accordance with the terms and conditions set out in the Deed.
[FULL NAME OF DONOR]

3. That to the best of my knowledge and belief the Power of Attorney set out in the Deed
4. That I am acting in the execution of the Trust (or the administration of the Estate).

Signed at _____ this _____ day of _____ 20____

[SIGNATURE]