

A/C Name |

A/C No. |

Client Agreement

Trust or Deceased Estate



Name of Investment Adviser |

Name of Branch/Intermediary |

Branch Address |

Date |

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Please return this completed and signed Client Agreement, along with all required documentation (including proof of verified bank account and identity verification documents) to your Craigs Investment Partners Adviser, as detailed on the front cover of this Client Agreement.

If there is insufficient room in the Client Agreement to record the required information, please supply this information on a separate sheet of paper and attach to this Client Agreement.

Completing this Client Agreement

Please read and follow all instructions when completing this Client Agreement. If you have any questions or require assistance with completing this Client Agreement, please contact your Craigs Investment Partners Adviser.

Sections that MUST be Completed

- A Account Details
- B Trust/Deceased Estate Details
- E Settlement Instructions
- F Securities Registration Information
- G Taxation Information relating to the Trust/Deceased Estate

Sections that MUST be Completed by ALL Trustees/Executors

- C Details of Trustees or Executors
- D Identity Verification for Trustees or Executors
- H Client Undertakings and Signatures - Trustees or Executors

Sections You May Need to Complete

- I **Authorised Persons**
To be completed for anyone authorised to instruct on the Account where that Authorised Person is not one of the Trustees or Executors recorded in section C.
- J **Certificate of Non-Revocation of Power of Attorney**
To be completed if a person is acting as Attorney for a Trustee or Executor or for an Authorised Person.
- K **Craigs Investment Partners Cash Management Accounts**
To be completed if:
 - You select a Craigs Investment Partners Cash Management Account as your means of settlement in Section E; or
 - You select the Managed Portfolio Service, the Investment Administration Service or the Portfolio Advisory Service in Section A; or
 - You wish to have a Craigs Investment Partners Cash Management Account for making on-call deposits.

PLEASE NOTE: An Attorney must provide Craigs Investment Partners with a separate Certificate of Non-Revocation of Power of Attorney on every occasion the Attorney acts on the account.

A Power of Attorney operates and continues in force until the Attorney receives notice of the death of the donor or until notice of revocation of the Power of Attorney has been received by the Attorney.

A Certificate of Non-Revocation of Power of Attorney is conclusive proof of the non-revocation of the Power of Attorney at the time when the act was done (e.g. the signing of a Client Agreement). If you need any assistance with this, please contact your Craigs Investment Partners Adviser.

You will find a checklist on page 27 of this Agreement. Please review this checklist before returning your completed Client Agreement to your Craigs Investment Partners Adviser.

A Account Details

¹ Services

For a description of each of these services, ask your Craigs Investment Partners Adviser.

² Fees in addition to commission and brokerage, charges apply to these services. Your Craigs Investment Partners Adviser will discuss these fees with you.

Is this account for:

A Trust; or A Deceased Estate

Please select which service(s) you require by ticking the appropriate boxes below¹:

- Broking Service
- Managed Portfolio Service²
- Investment Administration Service²
- Portfolio Advisory Service²
- Cash Management Account
- mySTART^{®2} (please complete the mySTART[®] Application Form)

B Trust/Deceased Estate Details

³ Name

Please insert the full legal name of the Trust/Deceased Estate.

⁴ The Trust Deed

A copy of relevant pages of the Trust Deed that identify the name of the Trust; the date of the Trust Deed; the names of the Settlers and Trustees; the page(s) showing that the Trust Deed has been signed by all parties and the pages identifying the authority of the Trustees to invest and trade in securities. Also, a copy of any Deeds of Retirement and Appointment of New Trustee if the Trustees recorded in the Trust Deed are not the current Trustees.

B1

Name of the Trust/Deceased Estate³ |

Trust/Deceased Estate Mailing Address |

Postcode | | | | |

Trust/Deceased Estate Phone Number |

Identity Verification – to verify the identity of the Trust/Deceased Estate:

Attach here 

For Trusts

- Copy of relevant pages of the Trust Deed⁴
- Copy of any amendments made to Trust Deed

For Deceased Estates – a copy of Probate for the deceased person or where Probate is not required to be obtained for the Deceased Estate, a Death Certificate and proof of authority for the Executors to administer the Estate.

- Copy of Probate for the deceased person; or
- Death Certificate and proof of authority for Executors to administer the Estate.

Bank Account details

For identity verification purposes, proof of bank account details for the Trust/Deceased Estate in the same name as the Trust's/Deceased Estate Account with Craigs Investment Partners are to be provided to us.

Please attach one of the following:

- A bank encoded deposit slip with pre-printed (not handwritten) details of the Trust's/Deceased Estate's bank account name and number; or
 - A copy of a cheque for the Trust's/Deceased Estate's bank account; or
 - A copy of a bank account statement for the bank account; or
 - A verification letter or other document of confirmation provided by Trust's/Deceased Estate's bank;
- OR
- If the Trust or Deceased Estate does not hold a bank account in the same name as the Trust/Deceased Estate named in Section B, then a second suitable form of ID for the Trust/Deceased Estate must be provided.

B2 Professional Advisers for the Trust/Deceased Estate

Accountant's Name |
Firm |
Address |
Postcode | | | | | |
Telephone |
Email |

Solicitor's Name |
Firm |
Address |
Postcode | | | | | |
Telephone |
Email |

B3 Source of Introduction to Craigs Investment Partners

Please indicate how you first became aware of Craigs Investment Partners:

<input type="checkbox"/> Advertising	<input type="checkbox"/> Referral from a professional firm
<input type="checkbox"/> Referral from a friend of family member	<input type="checkbox"/> Market commentary on television
<input type="checkbox"/> You personally know the Investment Adviser	<input type="checkbox"/> Craigs Investment Partners website
<input type="checkbox"/> Other (please specify)	

C Details of Trustees or Executors

Details are required from the following individuals:

For Trusts – All Trustees.

For Deceased Estates – All Executors.

C1 First Trustee or Executor⁵

This Trustee/Executor will be the main point of contact for this account.

Mr Mrs Miss Ms Dr Other |
Full Name⁶ |
Preferred Name (if different from above) |
Residential Address⁷ |
Postcode | | | | | |
Preferred Mailing Name⁸ |
Preferred Salutation (if different from above) |
Mailing Address (if different from above) |
Postcode | | | | | |
IRD No. | | | | | | | | | | | | | | | |

Are you authorised to instruct on the Account (i.e. an Authorised Person)?
 Yes No

⁵ If the Account is for two Trusts owning securities together

Please give full details of the Trustees for each Trust. At least one Trustee/Executor must be an Authorised Person and be recorded in Section C.

⁶ Full Name

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

⁷ Residential Address

This is the address where you reside (please do not enter a PO Box number).

⁸ Preferred Mailing Name

This is how you would like your account and correspondence addressed.

19 Registered Office Address
This is the registered office of the Company.

20 Identity Verification for the Company
Please attach a copy of your certificate of incorporation.

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

22 Research News & Views
A quarterly publication with topical research articles and company events.

23 Research Wrap Email
Please ensure you have provided us with your email address. Please note you will need client access to our website in order to view some of the reports included in the Research Wrap.


24 Client Website Access
'Client only' website areas include latest research, watchlists and alerts, portfolio reports and holdings. Talk to your Craigs Investment Partners Adviser for details.

C4 Company as Trustee (if applicable)

Company Name |

Registered Office Address¹⁹ |

Identity Verification for the Company²⁰:

Attach here 

Copy of Certificate of Incorporation

Is the Company authorised to instruct on the Account (i.e. an Authorised Person)?

Yes No

Person Authorised to act on behalf of the Company as Trustee

If the Company acting as Trustee is authorised to instruct on the Account, please provide us with the name of the person who is authorised to act on behalf of the Company.

Mr Mrs Miss Ms Dr Other |

Full Name²¹ |

Preferred Name (if different from above) |

Mailing Address |

Postcode | | | | |

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 |

Date of Birth |

DAY MONTH YEAR

Please indicate below if you would like to:

Receive the regular research publication 'News and Views' and Craigs Investment Partners Exchange newsletter²².

Yes No

Receive the fortnightly Research Wrap email²³

Yes No

Gain client only access to our website – www.craigsip.com²⁴

Yes No

C5 Authorisation to transact on the account

Single Authorisation - Tick if any one authorised Trustee/Executor can instruct a transaction on this account.

Multiple Authorisation - Tick if more than one Trustee/Executor must authorise a transaction on this account, and please indicate below which Trustee/Executor (including any authorised persons) are required to jointly authorise a transaction.

Name |

Name |

Name |

D Identity Verification for Trustees or Executors²⁵

²⁵ Identity Verification

Client identity verification documents held by Craigs Investment Partners must always be current, hence you may be asked to update your identity verification documents from time to time. Craigs Investment Partners may request to sight the original of any identity verification document that has been copied and used by you for identity verification purposes.

²⁶ Photo ID

Provided must be of a quality to enable the Authorised Person's identity to be verified.

²⁷ Certified Copy

A certified copy is one which has been stamped and endorsed by a Justice of the Peace, a Lawyer or a Court official. The name, title and signature of the certifier are to be shown legibly on the copy.

As a NZX firm we are required to verify the identity of clients and persons that are authorised to act on their behalf, in accordance with the requirements of the Financial Transactions Reporting Act 1996 and the NZX Participant Rules. These procedures have been established to protect you by ensuring that only authorised persons can transact on your account.

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 Adviser or Assistant Investment Adviser.

Acceptable Forms of Identification²⁶

A certified copy²⁷ of one of the following must be provided for EACH of the Individuals listed in Section C:

Attach here 

- Current and valid Passport Current and valid Drivers Licence

Or, if none of the above are available:

Certified copies of two forms of Approved Identification (please tick the two forms you have provided)

- Current and valid New Zealand Police issue photo firearms licence Credit card with the cardholder's photo embedded
- New Zealand Police photo identity card Current and valid national identity card
- New Zealand Defence photo identity card Current and valid student identity card

E Settlement Instructions

²⁸ In order to settle your transactions

We recommend you open a Craigs Investment Partners Cash Management Account from which you can automatically draw funds or to which you can direct funds.

²⁹ If you have elected payment to be made by cheque

The cheque should be made out in the name of the registered holder(s) of the Securities and delivered to the Primary Postal Address, unless we receive written notification from you that the cheque is to be made out to someone other than yourself/ yourselves and/or delivered to an address other than the Primary Postal Address.

The settlement method selected below will be used as the default settlement method for the Trust's/Deceased Estate's buy and sell transactions. Please contact your Craigs Investment Partners Adviser if you do not wish this settlement method to be used for a particular transaction.

How would you like your transactions to be settled? (select one method only)²⁸

- To/from the Trust's/Deceased Estate's Craigs Investment Partners Cash Management Account (if this option is selected, please complete the Application Form in Section M).
- To/from the Trust's/Deceased Estate's bank account as detailed in Section B.
- By cheque.²⁹
- To/from the Trust's/Deceased Estate's alternate bank account as detailed below (this account may be in a different name to your Account with Craigs Investment Partners).

Name of Bank | _____

Account Name | _____

If transactions are to be settled to/from an alternate bank account, please attach one of the following:

- A bank encoded deposit slip with pre-printed (not handwritten) details of the bank account name and number; or
- A copy of a cheque for this bank account; or
- A copy of a bank account statement for this bank account; or
- A printed version of the bank account details from the online banking; or
- A verification letter or other document of confirmation provided by the Trust's/Deceased Estate's bank.

Delivery of Contract Notes (Please select one option)

How do you wish to receive contract notes? Via Email Via Post Both

If Email is selected, do you wish to have access to your contract notes password protected?

- Yes – Craigs Investment Partners will contact you regarding your password No

F Securities Registration Information

³⁰ Registration Name

This is the name recorded by the Securities Registry for your Securities.

³¹ Registration Address

This is the address that will be recorded on the Securities Register. The Securities Registry will use this address for all correspondence with you about your Securities.

³² CSN

If you do not have a CSN, we will apply for one on your behalf, if one is required.

³³ Authorisation Code

If you have previously traded on the NZX you should have an Authorisation Code. If you have previously traded on the ASX you should have a SRN. Otherwise your Craigs Investment Partners Adviser will arrange one for you.

³⁴ IRD Number

If you do not provide an IRD Number for the entity named in Section B, Resident withholding tax will be deducted at 33%.

F1 Registration Name(s)³⁰

We will use the names of the Trustees/Executors provided by you in Section C. Where there are more than three Trustees or Executors, we will use the first three names given – a maximum of three names can be recorded under the NZX Common Shareholder Number.

If your Securities are held by a nominee which is not associated with Craigs Investment Partners, please enter the name of the nominee below.

Nominee |

F2 Registration Address for Securities³¹

Please enter if different from the Trust/Deceased Estate's Mailing Address for the Account recorded in section B.

Registration Address |


Postcode | | | | |

F3 Common Shareholder Number (CSN)³²

Please state your 9-digit CSN (if allocated) | | | | | | | | |


F4 Authorisation Code³³

Please attach a copy of your 4-digit Authorisation Code (if any) to this page. We will encrypt this in our system and destroy the physical copy of your Authorisation Code (please do not print it here).

Attach here 

F5 Australian Security Registration Numbers (SRN)

Please attach a list of your SRNs.

Attach here 

G Taxation Information Relating to the Trust/Deceased Estate

Please contact your tax adviser if you have any queries regarding this section.

Your Financial Year

1 April to 31 March

Other (please specify) |

New Zealand Trust or Deceased Estate

IRD No. | | | | | | | | |

Prescribed Investor Rate (PIR): 0% 10.5% 17.5% 28% Other |

Please deduct resident withholding tax (RWT) at the rate of:³⁴

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

Exempt - please provide a copy of the RWT exemption certificate.

What is the Trust or Deceased Estate's country of residence for tax purposes? |

Non-resident Withholding Tax (NRWT) to be deducted and/or

Approved Issuer Levy to be applied (this option applies to certain approved interest-bearing investments only)

H Client Undertakings and Signatures

³⁵ Please read this section of the Client Agreement carefully.

If you do not understand this section, please contact your Craigs Investment Partners Adviser or your legal adviser before signing this Client Agreement.

H1 Undertakings³⁵

I/we as Trustee(s)/Executor(s) of the Trust/Deceased Estate request that Craigs Investment Partners accept the Trust/Deceased Estate as a Client and open an Account in the Trust/Deceased Estate's name.

I/we as Trustee(s)/Executor(s) of the Trust/Deceased Estate confirm that I/we on behalf of the Trust/Deceased Estate (if applicable):

1. Have received and read the Disclosure Statements for the Trust/Deceased Estate's Craigs Investment Partners Adviser(s);
2. Have received a copy of the Terms and Conditions;
3. Agree to be bound by the Terms and Conditions;
4. Have read and understood the risk warnings set out in clause 16 of the Terms and Conditions;
5. Agree to be bound by any terms and conditions of a nominee holding Securities on the Trust/Deceased Estate's behalf as bare trustee;
6. Are authorised to instruct on the account (where recorded in Section C);

I/we as Trustee(s)/Executor(s) of the Trust/Deceased Estate acknowledge that:

1. It is my/our responsibility to provide Craigs Investment Partners with up to date information of the Trust's/Deceased Estate's financial situation, financial needs, financial goals and tolerance for risk ("the financial information");
2. The financial information is required by Craigs Investment Partners to enable its Investment Advisers to determine suitability of the personalised service being provided;
3. If I/we decline to provide some or all financial information required I/we accept that the personalised advice provided will be limited;
4. I/we acknowledge that if I/we instruct Craigs Investment Partners and/or its Investment Advisers not to determine suitability that the advice provided will then be class advice and I/we are aware of the limitations of class advice;
5. Craigs Investment Partners may register a Financing Statement over the Securities at the Personal Property Securities Register if I/we do not pay the purchase price for the Securities to Craigs Investment Partners by the due date for payment;
6. I/we must obtain the written consent of a nominee that is not associated with Craigs Investment Partners, before Craigs Investment Partners completes a Client Outward Transfer (as term is defined in the NZX Participant Rules) on the Trust/Deceased Estate's behalf into the name of that nominee.

I/we as Trustee(s)/Executor(s) of the Trust/Deceased Estate consent to:

1. The Authorised Person(s) (if any) acting on the Trust's/Deceased Estate's behalf;
2. Receiving contract notes by e-mail where I/we as Trustee(s)/Executor(s) of the Trust/Deceased Estate have elected this option in this Client Agreement;
3. Craigs Investment Partners retaining Trust's/Deceased Estate's Authorisation Code in encrypted format pursuant to clause 7 of the Terms and Conditions;
4. The Trust's/Deceased Estate's orders being put to market for the Trust/Deceased Estate at the careful discretion of Craigs Investment Partners pursuant to clause 8 of the Terms and Conditions;
5. Craigs Investment Partners exercising its limited discretion pursuant to clause 23.7 of the Terms and Conditions.

For Trustees Only – I/We certify that:

1. We are the current and validly appointed Trustees of the Trust recorded in section C (“the Trust”) constituted by the Trust’s Trust Deed;
2. The Trust has the power to invest in Securities;
3. All Trustee resolutions and approvals required by law and necessary pursuant to the Trust Deed have been passed or given to enable the Trust to enter into this Client Agreement and invest in Securities;
4. Where there is any alteration to the Trustees or any change to the Trust Deed or any trustee power which may affect Craigs Investment Partners the Trustees will notify Craigs Investment Partners in writing immediately and forward to Craigs Investment Partners identity verification documents (if applicable);
5. The transactions entered into by the Trust are binding on the Trust;
6. This Client Agreement and any related documentation have been validly executed by the Trustees of the Trust.
7. I am/we are aware of/have knowledge of Section 13E of the Trustees Act 1956.

For Independent Trustees - We agree that:

In exercising our powers you will have no personal liability under the Client Agreement and we will not have any recourse to assets that are not Trust assets. However, this limitation on our rights will not apply if:

- (a) you are in wilful or negligent breach of the Trust or have acted negligently or dishonestly
- (b) you lack the power or authority to sign the Client Agreement in your capacity as Trustee
- (c) any representations or acknowledgements you have made are untrue or incorrect or
- (d) you have signed the Client Agreement in your personal capacity as well as your Trustee capacity and in such case you will have full personal liability under the Client Agreement and we may have recourse to your personal assets as well as to the Trust assets.

You are an ‘independent Trustee’ for the purpose of this clause if you have signed the Client Agreement as Trustee and neither you, nor any spouse (de facto or otherwise), civil union partner, child or grandchild:

- (a) is a beneficiary (discretionary or otherwise) or
- (b) has a power of appointment of additional beneficiaries under the Trust.

If you have requested a Craigs Investment Partners Cash Management Account please read the following:

The purpose of this subsection is to ensure that you are aware of and have understood certain important information prior to requesting that a Cash Management Account is opened and funds are held on your behalf by CIP Cash Management Nominees Limited with ANZ National Bank Limited, or any successor or other registered banks selected by Craigs Investment Partners Limited.

1. I/We acknowledge that I/we have read and understood the information contained in the Terms and Conditions to my/our satisfaction.
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 Investment Adviser Disclosure Statement and current rates of gross interest and commission may be obtained from my/our Craigs Investment Partners Adviser.

³⁶ **Instructions for Signing**

- All Trustees, Executors or their respective Attorneys (if applicable) must sign the Client Agreement and indicate their capacity – (i.e. Trustee, Executor or Attorney for the <Name of Trustee/Executor>, Witness).
- If the Trustee is a Company, this Client Agreement must be signed by:
 - Two or more directors of the Trustee; or
 - If there is only one director, by that director whose signature must be witnessed; or
 - One or more attorneys appointed by the Trustee in accordance with section 181 of the Companies Act 1993
- Where a person is signing as Attorney for a Trustee/Executor, a copy of the Power of Attorney must be provided, and the Certificate of Non-Revocation of Power of Attorney provided on page 15 must be completed and returned to Craigs Investment Partners with this Client Agreement.

H2 Signatures³⁶

Name of Company as Trustee (if applicable) _____	
Full Name _____	
Capacity _____	
Signature _____	Date _____ DAY MONTH YEAR
Full Name _____	
Capacity _____	
Signature _____	Date _____ DAY MONTH YEAR
Full Name _____	
Capacity _____	
Signature _____	Date _____ DAY MONTH YEAR
Full Name _____	
Capacity _____	
Signature _____	Date _____ DAY MONTH YEAR

Execution of this Client Agreement is deemed by the Craigs Investment Partners and the Trustees/Executors signing the Client Agreement and Custodial Services Limited (if applicable) and CIP Cash Management Nominees Limited (if applicable) as accepting the signed Client Agreement.

Craigs Investment Partners will retain the original copy of this Client Agreement. Please contact us if you require a copy for your records. If this Client Agreement is completed and sent to Craigs Investment Partners electronically, please ensure that the original Client Agreement is sent to us.

This page is left intentionally blank

Authorised Person

Only to be completed if applicable

This section must be completed to identify those persons, if any, authorised to instruct on this Account, in addition to the Trustees/Executors recorded as Authorised Persons in Section C.

11 Name and Contact Information for Authorised Person

Individual as an Authorised Person

Mr Mrs Miss Ms Dr Other |

Full Name¹ |

Preferred Name (if different from above) |

Postal Address |

Postcode | | | | |

Relationship to Client |

Please complete each section below and tick one box for the Authorised Person's preferred method or point of contact:

Telephone: Home |

Mobile |

Telephone: Work |

Facsimile |

E-mail |

Date of Birth |

DAY

MONTH

YEAR

Company as an Authorised Person

If a company is authorised to instruct on the Trust's/Deceased Estate's Account, the details relating to that company and the employee of that company authorised to act on behalf of the company should be entered here².


Company Name |

Registered Office Address³ |

Postcode | | | | |

Relationship to Client |

Identity Verification for the Company:

Attach here 

Copy of Certificate of Incorporation

Person Authorised to Act on Behalf of the Company

Mr Mrs Miss Ms Dr Other |

Full Name¹ |

Preferred Name (if different from above) |

Capacity |

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 |

Facsimile |

E-mail |

Date of Birth |

DAY

MONTH

YEAR

¹ Full Name

This includes the Authorised Person's First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

² If a Company as Trustee is recorded as an Authorised Person in Section C, the details of that Company do not need to be re-entered here.

³ Registered Office Address This is the registered office of the Company.

4 Identity Verification
Client identity verification documents held by Craigs Investment Partners must always be current, hence you may be asked to update your identity verification documents from time to time. Craigs Investment Partners may request to sight the original of any identity verification document that has been copied and used by you for identity verification purposes.

5 Photo ID
Provided must be of a quality to enable the Authorised Person's identity to be verified.

6 Certified Copy
A certified copy is one which has been stamped and endorsed by a Justice of the Peace, a Lawyer or a Court official. The name, title and signature of the certifier are to be shown legibly on the copy.

7 Signature(s)
Before signing, please read Section H1 of this Client Agreement carefully.
If you do not understand the nature and effect of this section, please contact your Craigs Investment Partners Adviser or your legal adviser before signing this section of the Client Agreement.

8 If the Authorised Person is a Company, this Client Agreement must be signed by:

- Two or more directors of the Authorised Person; or
- If there is only one director, by that director whose signature must be witnessed; or
- One or more attorneys appointed by the Authorised Person in accordance with Section 181 of the Companies Act 1993.

9 Full Name
This includes the Authorised Person's First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

10 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.


12 Identity Verification⁴

As a NZX firm we are required to verify the identity of clients and persons that are authorised to act on their behalf, in accordance with the requirements of the Financial Transactions Reporting Act 1996 and the NZX Participant Rules. These procedures have been established to protect you by ensuring that only authorised persons can transact on your account.

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 Adviser or Assistant Investment Adviser.

Acceptable Forms of Identification⁵

A certified copy⁶ of one of the following must be provided:

Attach here 

- Current and valid Passport Current and valid Drivers Licence

Or, if none of the above are available:

Certified copies of two forms of Approved Identification (please tick the two forms you have provided)

- Current and valid New Zealand Police issue photo firearms licence Credit card with the cardholder's photo embedded
- New Zealand Police photo identity card Current and valid national identity card
- New Zealand Defence photo identity card Current and valid student identity card

13 Authorised Person's Undertakings and Signatures⁷

I/We as an Authorised Person:

1. Confirm that I/we have authority to act on behalf of the Trust/Deceased Estate;
2. Have received and read a copy of the Disclosure Statements for the Trust/Deceased Estate's Craigs Investment Partners Adviser;
3. Confirm that I/we have received a copy of the Terms and Conditions;
4. Agree to be bound by the Terms and Conditions;
5. Have read and understood the risk warnings set out in clause 16 of the Terms and Conditions;
6. Agree to be bound by any terms and conditions of a Nominee Company holding Securities on behalf of the Account holder as bare trustee.

All Authorised Persons or their respective Attorneys (if applicable) must sign this Client Agreement and indicate their capacity ie. Self, Attorney for <Name of Authorised Person>, Director of <Name of Authorised Person>, Witness.⁸

Where a person is signing as Attorney for the Authorised Person, a copy of the Power of Attorney must be provided, and the Certificate of Non-Revocation of Power of Attorney must be completed and returned to Craigs Investment Partners with this Client Agreement.

Full Name⁹ | _____

Capacity¹⁰ | _____

Signature | _____ Date | DAY MONTH YEAR

Full Name | _____

Capacity | _____

Signature | _____ Date | DAY MONTH YEAR

Full Name | _____

Capacity | _____

Signature | _____ Date | DAY MONTH YEAR

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J Certificate of Non-Revocation of Power of Attorney

This Certificate must be completed if an Attorney is acting for a Trustee/Executor or Authorised Person.

J2 When the Attorney is a Company

I, _____ of, _____
[FULL NAME] [COUNTRY AND PLACE OF RESIDENCE]

_____, certify:
[OCCUPATION]

1. That by Deed dated _____
[DATE]

[FULL NAME OF DONOR OF APPOINTER]

of _____
[PLACE AND COUNTRY OF RESIDENCE OF APPOINTER]

appointed as attorney _____,
[FULL NAME OF BODY CORPORATE HOLDING POWER OF ATTORNEY]

a body corporate having its registered office (or principal place of business) at _____,
[ADDRESS OF REGISTERED OFFICE OR PRINCIPAL PLACE OF BUSINESS]

and I am authorised to give this certificate on its behalf. The capacity in which I give this certificate is as _____
[DIRECTOR, OFFICER OR SPECIFY OTHER CAPACITY]

2. That I have not received notice of any event revoking the power of attorney and to the best of my knowledge and belief no such notice has been received by _____
[FULL NAME OF BODY CORPORATE HOLDING POWER OF ATTORNEY]

or by any employee or agent of that body corporate.

Signed at _____ this _____ day of _____ 20_____
[DAY] [MONTH] [YEAR]

[SIGNATURE]

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

14 Identity Verification

Client identity verification documents held by Craigs Investment Partners must always be current, hence you may be asked to update your identity verification documents from time to time. Craigs Investment Partners may request to sight the original of any identity verification document that has been copied and used by you for identity verification purposes.

15 Photo ID

Provided must be of a quality to enable the Authorised Person's identity to be verified.

16 Certified Copy

A certified copy is one which has been stamped and endorsed by a Justice of the Peace, a Lawyer or a Court official. The name, title and signature of the certifier are to be shown legibly on the copy.

17 Full Name

This includes the Authorised Person's First Name, Middle Name(s), Last Name – please do not use initials or abbreviations.

18 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.

Identity Verification¹⁴

As a NZX firm we are required to verify the identity of clients and persons that are authorised to act on their behalf, in accordance with the requirements of the Financial Transactions Reporting Act 1996 and the NZX Participant Rules. These procedures have been established to protect you by ensuring that only authorised persons can transact on your account.

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 Adviser or Assistant Investment Adviser.

Acceptable Forms of Identification¹⁵

A certified copy¹⁶ of one of the following must be provided:

- Current and valid Passport
- Current and valid Drivers Licence

Or, if none of the above are available:

Certified copies of two forms of Approved Identification (please tick the two forms you have provided)

- Current and valid New Zealand Police issue photo firearms licence
- Credit card with the cardholder's photo embedded
- New Zealand Police photo identity card
- Current and valid national identity card
- New Zealand Defence photo identity card
- Current and valid student identity card

13 Additional Documentation Required if Attorney is a Company

Company Name | _____

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 Name¹⁷ | _____

Capacity¹⁸ | _____

Craigs Investment Partners Cash Management Accounts

K Craigs Investment Partners Cash Management Accounts Application Form

Please complete this Section to open your Craigs Investment Partners Cash Management Account and have funds deposited on your behalf in pooled client trust accounts with ANZ National Bank Limited, or any successor or other registered banks selected by Craigs Investment Partners Limited.

You must complete this section if:

- A You have selected a Craigs Investment Partners Cash Management Account as your means of settlement in Section E; or
- B You have selected the Managed Portfolio Service, Investment Administration Service or the Portfolio Advisory Service in section A; or
- C You wish to have a Craigs Investment Partners Cash Management Account for making on-call deposits.

Do you wish to apply to open a Craigs Investment Partners Cash Management Account?

- Yes – I/we request that Craigs Investment Partners open a Craigs Investment Partners Cash Management Account in my/our names and that CIP Cash Management Nominees Limited holds funds on my/our behalf in Pooled Cash Management Accounts with ANZ National Bank Limited, or any successor or other registered banks selected by Craigs Investment Partners Limited. Please complete the Craigs Investment Partners Cash Management Account Application Form on page 21.

Share Dividends/Fixed Interest Coupons Form

We recommend that all Share Dividends/Fixed Interest Coupons from the purchase of Securities (including Share Dividends and Fixed Interest Coupons) be credited to your Craigs Investment Partners Cash Management Account. To facilitate this, please complete the Share Dividends/Fixed Interest Coupons Form on page 23.

Direct Debit Form

If you wish to authorise CIP Cash Management Nominees Limited to transfer funds directly from your bank account on your instruction, please complete the "Authority to Accept Direct Debits" form on page 25. This will enable you to make deposits into your Craigs Investment Partners Cash Management Account simply by making a phone call to your local Craigs Investment Partners office or your Craigs Investment Partners Adviser.

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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


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 provided in Section B1 or the E-mail Address of the Primary Applicant.

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.

A 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 encoded 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	

B Statements

Statement Frequency	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Statement Delivery Method	<input type="checkbox"/> Post	<input type="checkbox"/> E-mail
Do you want us to send your end-of-year taxation summary to your tax adviser?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, please give details of your tax adviser below:		
Tax Adviser's Name		Telephone
Firm		
Address		
		Postcode
E-mail		
Delivery method	<input type="checkbox"/> Post	<input type="checkbox"/> E-mail

C 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

D Opening Deposit

Should you wish to make an initial deposit into your Craigs Investment Partners Cash Management Account, please indicate the amount and state 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	<input type="checkbox"/> NZD	<input type="checkbox"/> AUD	<input type="checkbox"/> GBP
	<input type="checkbox"/> USD	<input type="checkbox"/> EURO	<input type="checkbox"/> Other

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Account set up information

Please note - all fields are mandatory for account setup. Craigs Investment Partners to complete.

Account Name |

Client Account No. |

Investment Adviser |

Bank Account - Any bank accounts will be loaded upon receipt of a pre-encoded bank deposit slip - please send a copy through with this form.

Taxation Information (refer Section F)

New Zealand Residents

Name of IRD Holder |

IRD No. | | | | | | | | | |

Prescribed Investor Rate (PIR): 0% 10.5% 17.5% 28% Other |

Withholding Tax Election Rate:

10.5% 17.5% 30% 33% Exempt Other |

(please attach a copy of the exemption certificate)

OR Overseas Residents

Country of residence |

Non-resident Withholding Tax Approved Issuer Levy

Statement Frequency

Quarterly Monthly

Delivery Method

Post Email*

*E-mail (if applicable) |

Autosettle Equity Ledger Call Account Currencies required

Yes No NZD AUD GBP USD

Identification (refer Section C – two forms of ID required)

Individual OR First Joint Applicant

IDENTIFICATION TYPE	NAME	NUMBER	EXPIRY

Second Joint Applicant

IDENTIFICATION TYPE	NAME	NUMBER	EXPIRY

Third Joint Applicant

IDENTIFICATION TYPE	NAME	NUMBER	EXPIRY

Branch Checklist - please include the following when sending this form.

- Copies of any bank encoded deposit slips required to be loaded.
- A copy of the signature page from the completed client agreement form.
- To be retained by Head Office. A copy of the exemption certificate if required.

Form completed by |

Share Dividends/ Fixed Interest Coupons Form

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.

Client Details:

Full Name(s) |

.....

.....

Postal Address |

.....

.....

Common Shareholder Number |

.....

Craigs Investment Partners Cash Management Account Number |

.....

Authorised Signature(s) of Client:

Full Name |

.....

Signature |

.....

Date |

DAY MONTH YEAR

Full Name |

.....

Signature |

.....

Date |

DAY MONTH YEAR

Full Name

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

Account Number

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

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.

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Investment Adviser

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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.

OFFICE USE ONLY
Investment Adviser

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		

Bank account must be in the name of the Craigs Investment Partners account holder.

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.

Have you:

- Completed all relevant sections in the Client Agreement? See page 1 for further information.
- Attached a copy of your Resident Withholding Tax Exemption Certificate (if applicable) in section G on page 8?
- Has the Client Agreement been signed by all Applicants in Section H on page 11?
- Has the Client Agreement been signed by all Authorised Persons (if any) in Section I on page 14?
- Completed the Craigs Investment Partners Cash Management Accounts Application Form (if applicable) on page 21 and enclosed your cheque for your initial deposit (if applicable)?
- Completed the Share Dividends/Fixed Interest Coupons Form (if applicable) on page 23 of the Client Agreement?
- Completed the Craigs Investment Partners Cash Management Accounts Direct Debit form (if applicable) on page 25 of the Client Agreement?
- Signed the Client Agreement as Attorney for a Trustee of a Trust or an Executor of an Estate? If yes, a copy of the Power of Attorney and Certificate of Non-Revocation of Power of Attorney must be attached to the completed Client Agreement.
- Attached all the relevant identity verification documents and proof of bank account? (see below)

Identity Verification Documentation

Please use the checklist below to ensure you provide the correct identity verification documentation with your completed Client Agreement:

For all Trustees/Executors, Authorised Persons (if any) and Attorneys (if any) a copy of a:

- Current and valid Passport; or
- Current and valid Drivers Licence

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

- Current ID card approved by the NZX with photograph and signature.

This can be a photocopy of one of the following: Current and valid New Zealand Police Issue firearms licence; credit card with the cardholder's photo embedded; New Zealand Police photo identity card; Current and valid national identity card; New Zealand Defence photo identity card; or a Current and valid student identity card.

Confirmation of the Trust's/Deceased Estate's bank account details (supplied for identification purposes) in the same name as the Trust/Deceased Estate by means of:

- A bank deposit slip with pre-printed (not handwritten) details of the Trust/Deceased Estate bank account name; or
- A copy of a cheque for the Trust/Deceased Estate bank account; or
- A copy of a bank statement; or
- A verification letter or other document of confirmation provided by the Trust/Deceased Estate's bank; or
- A printed version of your bank account details from your online banking

OR

- Confirmation in Section D that no bank account exists in the same name as the Account with Craigs Investment Partners, in which case a second form of ID will be required

And for:

- Trusts:** A copy of relevant pages of the Trust Deed that identify the name of the Trust, the date of the Trust Deed, the names of the Settlers and Trustees, and the page(s) showing that the Trust Deed has been signed by all parties. Also, a copy of any Deeds of Retirement and Appointment of New Trustee if the Trustees recorded in the Trust Deed are not the current Trustees.
- Deceased Estates:** A copy of Probate for the deceased person or where Probate is not required to be obtained for the Deceased Estate, a Death Certificate and proof of authority for the Executors to administer the Estate.

Confirmation of Bank Account Details for Settlement (where applicable)

- Confirmation of the details of the Trust/Deceased Estate bank account, which has been selected for settlement purposes where this is different to the bank account details given for identity verification purposes. Confirmation can be by means of:
 - A bank deposit slip with pre-printed (not handwritten) details of the Trust/Deceased Estate Bank Account Name or Number; or
 - A copy of a cheque for the Trust/Deceased Estate bank account; or
 - A copy of a bank statement for the Trust/Deceased Estate bank account; or
 - A printed version of the Trust/Deceased Estate bank account details from the online banking; or
 - A verification letter or other document of confirmation provided by the Trust/Deceased Estate's bank.

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Adviser Acknowledgment

I have provided the client with the following documents

- Terms and Conditions
- Disclosure Statement
- Scope of Service

- The client has completed and signed a Client Agreement
- Current and valid identity documents obtained

Class Client

- If required, the Client has signed an Opt Out Letter (Scanned to AP)
(Acknowledging that any advice I give will not be based on personal financial circumstances)

Personalised Client

- The client has completed a Discovery Profile
- The client has been given an Asset Allocation Flyer
- I have provided the client with a Proposal including an Investment Policy Statement (Scanned to AP)

* Obtaining an Opt Out Letter is not mandatory for clients in a class service. Clients in a class service need only sign an Opt Out if an adviser deems necessary (so as to minimise the risk of a client mistakenly believing that a 'personalised' service is provided).

Client Name |

Account Number |

Brokerage Percentage |

Minimum Brokerage |

Fees (CSL Clients) |

Other Instructions |

Adviser Name |

Adviser Code |

Adviser Signature |

Date |

DAY

MONTH

YEAR

Adviser Assistant Signature |

Date Scanned into AP

DAY

MONTH

YEAR

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BRANCH DIRECTORY

Craigs Investment Partners

HEAD OFFICE – TAURANGA

Craigs Investment Partners House
158 Cameron Road
PO Box 13 155, Tauranga 3141

KERIKERI

Hobson House
14 Hobson Avenue
PO Box 841, Kerikeri 0245
Tel: (09) 407 7926, Fax: (09) 407 7429
Email: kerikeri@craigsip.com

WHANGAREI

1 Robert Street
PO Box 573, Whangarei 0140
Tel: (09) 438 1988, Fax: (09) 438 5167
Email: whangarei@craigsip.com

NORTH SHORE

Level 3, Takapuna Finance Centre
159 Hurstmere Road
PO Box 33 352, Takapuna 0740
Tel: (09) 486 6567, Fax: (09) 486 6607
Email: northshore@craigsip.com

AUCKLAND

Level 32, Vero Centre
48 Shortland Street
PO Box 1196, Auckland 1140
Tel: (09) 919 7400, Fax: (09) 303 2520
Email: auckland@craigsip.com

HAMILTON

Cnr Rostrevor & Victoria Streets
PO Box 1282, Hamilton 3240
Tel: (07) 838 1818, Fax: (07) 838 0828
Email: hamilton@craigsip.com

TAURANGA

Craigs Investment Partners House
158 Cameron Road
PO Box 13 155, Tauranga 3141
Tel: (07) 577 6049, Fax: (07) 578 8416
Email: tauranga@craigsip.com

ROTORUA

Level 3, 1109 Fenton Street
PO Box 1148, Rotorua 3040
Tel: (07) 348 1860, Fax: (07) 348 1863
Email: rotorua@craigsip.com

GISBORNE

75 Childers Road
PO Box 153, Gisborne 4040
Tel: (06) 868 1155, Fax: (06) 868 1154
Email: gisborne@craigsip.com

NEW PLYMOUTH

54 Currie Street
PO Box 8011, New Plymouth 4342
Tel: (06) 759 0015, Fax: (06) 759 0016
Email: newplymouth@craigsip.com

WANGANUI

41 Victoria Avenue
PO Box 63, Wanganui 4540
Tel: (06) 349 0030, Fax: (06) 348 5523
Email: wanganui@craigsip.com

PALMERSTON NORTH

First Floor
Corner Broadway Avenue & Vivian Street
PO Box 1543, Palmerston North 4440
Tel: (06) 953 3460 Fax: (06) 953 0640
Email: palmerstonnorth@craigsip.com

WELLINGTON

Level 11, Craigs Investment Partners House
36 Customhouse Quay
PO Box 10 556, Wellington 6143
Tel: (04) 917 4330, Fax: (04) 917 4350
Email: wellington@craigsip.com

BLENHEIM

52 Scott Street
PO Box 678, Blenheim 7240
Tel: (03) 577 7410, Fax: (03) 577 7440
Email: blenheim@craigsip.com

CHRISTCHURCH

12 Moorhouse Avenue
Addington
PO Box 90, Christchurch 8140
Tel: (03) 379 3433, Fax: (03) 379 5687
Email: christchurch@craigsip.com

DUNEDIN

1st Floor, Craigs Investment Partners House
330 Moray Place
PO Box 5545, Dunedin 9058
Tel: (03) 477 5900, Fax: (03) 477 6743
Email: dunedin@craigsip.com

GORE

120 Main Street
PO Box 317, Gore 9740
Tel: (03) 208 9310, Fax: (03) 208 4161
Email: gore@craigsip.com

INVERCARGILL

49 Kelvin Street
PO Box 1246, Invercargill 9840
Tel: (03) 214 9939, Fax: (03) 214 9933
Email: invercargill@craigsip.com