



# AML for an Individual (Form 1)

## Electronic & documentary verification



Use this form when a person's identity is to be verified either electronically or face-to-face by your Financial Adviser or a Trusted Referee.

NZ Funds is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act) to collect identity and address information on its clients.

Return this form and original certified copies to New Zealand Funds Management Limited, Private Bag 92226, Victoria Street West, Auckland 1142, or by email to [registry@nzfunds.co.nz](mailto:registry@nzfunds.co.nz).

## 1. Client details

### Account name

### Are you an existing client?

If Yes, enter in your NZ Funds client number.

### Name

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Residential address (not PO box)

Street

Suburb	Town / City	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Place of birth

### Citizenship(s)

### Occupation

## 2. Identity verification

Please tick your preferred identity verification method below.

- ☐ **Electronic identity verification by your Financial Adviser**  
Please complete section 2A. We will send you an email with a link to electronic verification. Please have your NZ passport and/or your driver licence available.
- ☐ **Documentary identity verification face-to-face by your Financial Adviser or an NZ Funds employee\***  
Please complete section 2B and take your original documents along to your Financial Adviser or an NZ Funds office to complete section 2C.
- ☐ **Documents certified face-to-face by a Trusted Referee\*\***  
Please complete section 2B and take your original documents along to a Trusted Referee to certify your documents to complete section 2D.

\* To complete verification, the adviser, employee or other authorised person must be listed on NZ Funds 'Register of Individuals Authorised to Perform CDD'.

\*\* A **Trusted Referee** must be either a Justice of the Peace, a Lawyer, a Notary Public, a Chartered Accountant, a Registered medical doctor or a Registered teacher. A Trusted Referee cannot:

- Be your spouse or partner;
- Be related to you;
- Live at the same address as you; **or**
- Be involved in the transaction or business requiring certification.

Where documents are being certified outside of New Zealand, your Trusted Referee must be a person who is authorised to take Statutory Declarations under the laws of the country, state or territory where the documents are being certified.

### Electronic identity verification

You do not need to complete this section if you are completing face-to-face documentation (AML Form for an Individual (Form 1a)).  
Please note that if we are unable to verify your identity electronically, we will contact you.

☐ **Option A – NZ passport**  
  
**Passport number**  

  
  
**Passport expiry date**  

Day                  Month                  Year

  
  

Please note, if you are completing this form on behalf of a minor,  
please provide a photocopy of the minor's NZ birth certificate  
(mandatory) and if they hold one, a NZ passport.

☐ **Option B – NZ driver licence**  
  
**Licence number**  

  
  
**Licence expiry date**  

Day                  Month                  Year

  
  
**Licence version number**

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### Identity verification

To verify your identity, select **ONE** of the ID combinations and tick which document(s) you are providing below:

#### ID Combination 1

☐ NZ passport **OR**

☐ NZ firearms licence

☐ Foreign passport

#### ID Combination 2

And **ONE** of the documents listed below:

☐ NZ driver licence

☐ Bank statement

☐ Government agency document  
(e.g. IRD correspondence)

#### ID Combination 3

☐ NZ driver licence **OR**

☐ 18+ card / Kiwi access card

And **ONE** of the documents listed below:

☐ Full birth certificate

☐ Citizenship certificate

 Government agency document (e.g. IRD correspondence)

<b>For persons under 18 years of age</b>	
If none of the ID combinations are available, please provide:	If none of the identity options are available, please provide:
<input type="checkbox"/> Full birth certificate	<input type="checkbox"/> Proof of the parent / guardian's address (where the minor resides)

## 2C. Verification by your Financial Adviser or an NZ Funds employee

### Financial Adviser / NZ Funds employee signature

I have met the applicant face-to-face and have seen the original documents selected, each of which represents the identity (i.e. name, date of birth and residential address) of the applicant, in accordance with the AML / CFT Act. Copies of the selected documents are attached to this form.

### Name of Financial Adviser / NZ Funds employee

### Signature of Financial Adviser / NZ Funds employee

Day

Month

Year

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**Note:** This section is not to be completed by a Trusted Referee.

## 2D. Certification by a Trusted Referee

Name

I,  confirm that

- I have seen the original documents selected above, each of which represents the identity (i.e. name, date of birth and residential address) of the applicant.
- I have signed copies of those documents and attached these to this form.
- The copies of those documents attached are true copies of the original documents of the applicant seen by me today.
- I am a (tick **ONE** of the following):

☐

Justice of the Peace

☐

Notary Public

☐

Registered medical doctor

☐

Lawyer

☐

Chartered Accountant

☐

Registered teacher

### Trusted Referee signature

Day

Month

Year

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**Note:** This section is to be completed if documents are not being verified face-to-face by your Financial Adviser or an NZ Funds employee.

### Important

Document certification by a Trusted Referee must occur no earlier than three months prior to the date of presentation.

Please ensure certified copies of the original documents are attached to this form.

Where an individual is unable to supply documents as required, please contact NZ Funds on 0800 377 2277 or via email at [onboarding@nzfunds.co.nz](mailto:onboarding@nzfunds.co.nz).