

# Individual tax residency self-certification

CFS customers only form

All fields marked \* are mandatory

## Section 1: Identification of individual account holder

### Full legal name\*

First	
Middle	
Last	

### Physical address\*

Street address	
Suburb	
Town/City	Postcode
Country	

### Date of birth\*

D	D	M	M	Y	Y
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### IRD number (NZ only)

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NB: If no IRD number is provided, a tax rate of 45% p.a will be applied.

### Tax rate required:

10.5%  17.5%  30%  33%  39%

If you have provided your IRD number but not selected a tax rate, a tax rate of 33% will apply.

## Section 2: Countries of tax residence

Are you a current tax resident of another country (other than NZ)?\*  Yes  No

Are you a US Person (e.g US citizen) for the purposes of the Foreign Account Tax Compliance Act (FATCA)?\*  Yes  No

Please note US Persons are considered tax residents of the US. Refer to Definition of Terms for additional information.

If you answered Yes to either question above, please list all countries other than New Zealand in the table below.

Country of tax residence	Tax number (or equivalent)	No tax number (reason code^)	Please provide an explanation if using reason code B

### ^Reason codes

The country you declared you are a tax resident of:

**A** - The country does not issue tax numbers or equivalent to its residents.

**B** - You are unable to obtain a tax number or equivalent (please provide an explanation).

**C** - No tax number or equivalent is required for the country (note: only use this reason where the relevant country does not require the collection of a tax number or equivalent under domestic law).

## Section 3: Declaration

I certify that all the information supplied is true and complete.

I authorise the Trust account holder, maintaining the account(s) to which this form relates to make any enquiries it considers necessary for confirmation of the above.

I certify that I am the account holder, or am authorised to sign for the account holder of all the accounts to which this form relates.\*

I declare that all statements made in this Declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise the Trust Account Holder, maintaining the account(s) to which this form relates within 20 days of any change in circumstances which affects the tax residency status of the individual(s) identified above in this form or causes the information contained herein to become incorrect or incomplete, and to provide the Trust Account Holder, maintaining the account(s) to which this form relates a suitably updated self-certification and Declaration and relevant documentation (as requested) within 20 days (or a lesser period as requested by the Trust Account Holder, maintaining the account(s) to which this form relates) of such change in circumstances.

I acknowledge that the information contained in this form and information regarding the account holder and any account(s) will be provided to the Bank of New Zealand and may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the account holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that all statements made in this Declaration also extend to any information that I (or an authorised person on my behalf) may supply to the Trust Account Holder, maintaining the account(s) to which this form relates, in whatever manner, subsequent to signing this form.

Signature	
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Name	
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D	D	M	M	Y	Y
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\*Note: If you are under the age of 13 this form must be signed by a parent or legal guardian. Any other person signing on behalf of the account holder must hold a power of attorney.

Privacy: For information on BNZ's privacy practices, including how we collect, use and disclose your information, please see our Master Privacy Policy. This is available on BNZ's website or you can ask BNZ to send you a copy.

Capacity	
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Note: If you are not the account holder, please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a certified copy of the power of attorney.

## Section 4: Definition of Terms

### US Person

The Foreign Tax Compliance Act (FATCA) affects US persons who have financial accounts outside the United States. For more information, please refer to [ird.govt.nz](http://ird.govt.nz) and search for 'FATCA'. US persons include:

- US citizens, including those resident outside the United States.
- US permanent residents, including green card holders.
- People born outside the United States of a US parent.
- US tax residents.
- Certain persons who spend a significant number of days in the United States each year.

### CFS CUSTOMER TO COMPLETE:

NAME OF TRUST ACCOUNT HOLDER	
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CLIENT CFS ACCOUNT NUMBER	
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