

Account Application Form – Entity

Thank you for choosing Great International Pty Limited (Great International) and its partner Collinson Forex Limited (CFX) - service providers (SP). This Account Application Form must be read together with CFX's Terms and Conditions on their website. If we accept your application for an Account, the agreement between us and you (the Account Holder) will comprise this Account Application Form and CFX Terms and Conditions.

Section A: Entity Information

1. Entity Details

Full name of the business

D&Z GROUP PTY LTD

Registration / Incorporation number

56142600495

Tax number

913951059

WeChat

Phone number

0476837777

Business Physical Address

ShopF32/17 Market street

City

BOX HILL

Country

Australia

Postcode

3128

Email

vicky.311@hotmail.com

2. Nature and Purpose

Nature of Business

- a) What industry is your organisation in? I.e. Construction, import/export, commercial property investment etc.

RETAIL

- b) What does your organisation do in the above industry? I.e. Health food export, wine wholesaler, cosmetics import etc.

Baby/kids products

- c) List of countries normally dealing/trading with

JAPAN

Account Behaviour Baseline

- a) Approx. number of annual transactions

0

- b) Approx. annual trade volume (in NZD)

\$ 0

- c) Approx. number & frequency of transactions

I.e. 5 weekly / 3 monthly / 2 quarterly

0

- d) Approx. average transaction volume (in NZD)

I.e. the average size of transactions

\$ 0

- e) Source of funds/wealth

E.g. Business revenue; sale of company assets; product trading revenue; shareholder capital injection

company account

- f) Purpose of transactions

E.g. Paying suppliers in Germany; repatriating overseas sales revenue back to NZ; purchasing stock from NZ supplier

purchase stock

Products and Services Required

☒ Spot Foreign Exchange

☐ Forward Foreign Exchange*

*For Forward Foreign Exchange - you will need to provide either a Large Wholesale Investor Certificate or an Eligible Investor Certificate depending on your classification. Please kindly contact us for the criteria.

Section B: Entity Ownership and Control Structure

Directors, Shareholders (with more than 25% shareholding), and Authorized persons

☒ Director ☐ >25% Shareholder ☐ Authorized person

Given name	Surname	
<input type="text" value="wei"/>	<input type="text" value="zhao"/>	
Other names and aliases	Gender	
<input type="text"/>	<input type="text" value="Female"/>	
Date of birth	Place of birth	
<input type="text" value="06/03/1983"/> <div>Y Y Y</div>	<input type="text"/>	
Nationality	Mobile number	
<input type="text" value="Australia"/>	<input type="text" value="0476837777"/>	
Residential Address		
<input type="text" value="24 grange rd"/>		
City	Country	Postcode
<input type="text" value="blackburn south"/>	<input type="text" value="Australia"/>	<input type="text" value="3130"/>
Email		
<input type="text" value="vicky.311@hotmail.com"/>		

☐ Director ☐ >25% Shareholder ☐ Authorized person

Given name	Surname	
<input type="text"/>	<input type="text"/>	
Other names and aliases	Gender	
<input type="text"/>	<input type="text"/>	
Date of birth	Place of birth	
<input type="text"/> <div>D D M M Y Y Y Y</div>	<input type="text"/>	
Nationality	Mobile number	
<input type="text"/>	<input type="text"/>	
Residential Address		
<input type="text"/>		
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

☐ Director ☐ >25% Shareholder ☐ Authorized person

Given name	Surname	
<input type="text"/>	<input type="text"/>	
Other names and aliases	Gender	
<input type="text"/>	<input type="text"/>	
Date of birth	Place of birth	
<input type="text"/> <div>D D M M Y Y Y Y</div>	<input type="text"/>	
Nationality	Mobile number	
<input type="text"/>	<input type="text"/>	
Residential Address		
<input type="text"/>		
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

☒ Director ☐ >25% Shareholder ☐ Authorized person

Given name	Surname	
<input type="text" value="KUNPENG"/>	<input type="text" value="DONG"/>	
Other names and aliases	Gender	
<input type="text"/>	<input type="text" value="Male"/>	
Date of birth	Place of birth	
<input type="text" value="23/12/1981"/> <div>Y Y Y</div>	<input type="text"/>	
Nationality	Mobile number	
<input type="text" value="China"/>	<input type="text" value="0476837777"/>	
Residential Address		
<input type="text" value="24 Grange Rd"/>		
City	Country	Postcode
<input type="text" value="Blackburn South"/>	<input type="text" value="Australia"/>	<input type="text" value="3130"/>
Email		
<input type="text" value="vicky.311@hotmail.com"/>		

☐ Director ☐ >25% Shareholder ☐ Authorized person

Given name	Surname	
<input type="text"/>	<input type="text"/>	
Other names and aliases	Gender	
<input type="text"/>	<input type="text"/>	
Date of birth	Place of birth	
<input type="text"/> <div>D D M M Y Y Y Y</div>	<input type="text"/>	
Nationality	Mobile number	
<input type="text"/>	<input type="text"/>	
Residential Address		
<input type="text"/>		
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

☐ Director ☐ >25% Shareholder ☐ Authorized person

Given name	Surname	
<input type="text"/>	<input type="text"/>	
Other names and aliases	Gender	
<input type="text"/>	<input type="text"/>	
Date of birth	Place of birth	
<input type="text"/> <div>D D M M Y Y Y Y</div>	<input type="text"/>	
Nationality	Mobile number	
<input type="text"/>	<input type="text"/>	
Residential Address		
<input type="text"/>		
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

Section C: Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) Declaration

1. Tax Residence

Is the Entity a tax resident of another country (other than New Zealand)?

- ☐ Yes* (please list all other countries of tax residency) ☒ No (go to the next section)

If you are a **US person**, please complete Form W-9 or submit a self-declaration of FATCA status. (You may also wish to visit the IRS website to determine if you need to complete and submit any additional IRS forms)

The term '**US person**' means:

- US citizens, including those resident outside US
- US permanent residents, including green card holders
- US tax residents
- People born outside the US with a US parent
- Certain persons who spend a significant number of days in the US each year
- Corporations, estates and trusts, and other entities controlled by US persons

Country of Tax Residence	Tax Number (or equivalent)	Not available	Please provide an explanation if Tax Number is not available
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

2. Entity Classification

Please provide the status of the Entity:

- ☒ **Active Non-Financial Entity** ☐ **Financial Institution**
- ☐ **Passive Non-Financial Entity*** (complete **Tax Residence of Controlling Persons** in Section E: Additional Information)

Definition of terms for Entity Classification

Active Non-Financial Entity (ANFE):

A likely status for entities that derive the majority of their income, within a reporting period, through the course of an active trade or business (for example: retail or service-based business).

Passive Non-Financial Entity (PNFE):

an entity whose main source of income is passive (for example: your entity has $\geq 50\%$ passive income AND $\geq 50\%$ passive income generating assets (in the previous reporting period)).

Financial Institution (FI):

A Custodian Institution, Depository Institution, Investment Entity, or Specified Insurance Company. Apart from more obvious entities such as banks, this can also include non-bank deposit takers, collective investment entities, mutual funds, private equity funds, hedge funds, investment managers and advisors, and certain brokers and trusts (including some managed family trusts).

Section D: Acknowledgment

1. Electronic Verification

To meet the requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act), we must verify our client's identity and residential address.

One option is to try and do this electronically; however, as not everyone can be verified electronically, please be advised that we may still contact you for further verification if the electronic verification fails.

As part of the electronic verification processes, your personal details are disclosed to and matched with information held by the issuer of the identity document containing your personal details e.g. your drivers' licence or the official record holder of your information, via third party systems.

We will only use your personal details for the purpose of verification under the AML/CFT Act.

By signing this form, you confirm that you are authorized to provide personal details presented and you consent to your information being checked with the documents issuer or official record holder via third party systems for the purpose of confirming your identity.

2. Anti-Money Laundering and Countering Financing of Terrorism Act 2009

I/We acknowledge that the service providers (SP) are subject to AML/CFT laws in New Zealand. This may include reporting of suspicious activities required by AML/CFT laws to the Commissioner of the New Zealand Police.

I/We acknowledge that SP may use a third party system to verify my identity to determine whether I am/we are recorded with any notation as Politically Exposed Persons and whether I/we have a criminal record.

I/We agree to provide SP (and its employees, agents, nominees and related entities) with reliable information and other assistance it reasonably requires to establish the bona fides of the source of my/our funds/wealth, and to comply with the AML/CFT laws.

I/We represent and warrant that I/we have no cause to believe the funds used to FX trades are the proceeds of crime or will be used to finance terrorism.

I/We agree to indemnify SP (and its employees, agents, nominees and related entities) against any loss it suffers as a result of me/us providing incorrect or incomplete information.

I/We understand that failure to comply with the reasonable request for information by SP to satisfy AML/CFT laws will result in my/our application being rejected.

3. Personal Information and Privacy Act

I/We consent and agree that all information about me/us disclosed in this form may be used by SP (and its employees, agents, nominees and related entities) or disclosed to and used for the purpose of completing/monitoring the transactions, including disclosure to the regulatory bodies and in compliance with the AML/CFT laws.

I/We know that SP may use the information on this form for the purpose of:

- Creating and maintaining risk related models, including but not limited to risk assessment, risk analysis and risk management;
- Fulfilling reporting obligations, including but not limited to Annual AML/CFT Report, SAR, PTR, CRS, FATCA and any other reporting obligations imposed by New Zealand laws and regulations;
- Responding to the inquiries of banks or any other regulatory bodies;
- Marketing products, services and other subjects under the umbrella of Collinson & Co;
- Meeting the requirements to make disclosure under the requirements of any law binding on us or under and for the purpose of any guidelines issued by regulatory bodies or other authorities to comply;
- Any other purposes relating to the purposes listed above.

I/We know that I/we can request such access to and correction of any information held about me/us by SP.

Notwithstanding the foregoing, I/we acknowledge that where a suspicious activity report has been made about me/us, the person who has made that report is not able to give me/us access to any information about that report (including its existence) and I/we have no right to request information in that report to be corrected.

I/We will inform SP of any changes to the information provided by me/us to SP.

4. United States (US) Foreign Account Tax Compliance Act (FATCA) Automatic Exchange of Information (AEOI) and the Common Reporting Standard (CRS)

I/We acknowledge that SP have certain obligations to report information held about me/us under FATCA and CRS and I/we consent to SP (and its employees, agents, nominees and related entities) disclosing all such information to the necessary parties.

I/We acknowledge that I have examined the information provided and it is true, correct, and complete to the best of my/our knowledge and belief.

I/We understand and agree that on specific request from any relevant tax authorities or any party authorized to audit or conduct a similar control for tax purposes, the information contained in this section and/or a copy of this form can be disclosed to such tax authorities or such party.

In case of any change in circumstances that causes the information contained herein to become incorrect I/we recognize that I/we will have to provide a suitable updated declaration within 30 days of such change in circumstances.

Please be advised that penalties under the AEOI laws may apply if you provide false or misleading information, fail to provide this information, or fail to provide an update if there is a material change to the information you have provided. This includes civil penalties of \$1,000 per offence that Inland Revenue can apply. Substantial criminal penalties can be imposed by the courts for knowledge-based offences. These penalties apply for the purposes of both FATCA and CRS.

5. Declaration and Signature

Date:

DD/MM/YY


23/06/2021

Signed on behalf of the Organization by:

Full Legal Name of Director/Authorized Signatory

wei zhao

Signature



Full Legal Name of Director/Authorized Signatory

Signature

Full Legal Name of Director/Authorized Signatory

Signature

Full Legal Name of Director/Authorized Signatory

Signature

Section E: Additional Information

Entity Classification - Tax Residence of Controlling Persons

Tax Residence of Controlling Persons (only complete this section if your entity is a **Passive Non-Financial Entity**)

Full Name : _____

☐

Control by ownership

☐

Control by other means

☐

Senior managing official

Country of Tax Residence	Tax Number (or equivalent)	Not Available	Please provide an explanation if Tax Number is not available
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Full Name : _____

☐

Control by ownership

☐

Control by other means

☐

Senior managing official

Country of Tax Residence	Tax Number (or equivalent)	Not Available	Please provide an explanation if Tax Number is not available
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Full Name : _____

☐

Control by ownership

☐

Control by other means

☐

Senior managing official

Country of Tax Residence	Tax Number (or equivalent)	Not Available	Please provide an explanation if Tax Number is not available
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Full Name : _____

☐

Control by ownership

☐

Control by other means

☐

Senior managing official

Country of Tax Residence	Tax Number (or equivalent)	Not Available	Please provide an explanation if Tax Number is not available
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Key individuals involved with the organisation (KI form)

This form needs to be completed by all individuals with more than 25% interest and/or effective control of your entity, and those people with any of the roles listed below. Only one form per person is required, no matter how many roles or functions they hold. Identification, proof of address and signature is required for all key individuals.

1. Personal Details

Given name	Surname	Mobile number
<input type="text" value="wei"/>	<input type="text" value="zhao"/>	<input type="text" value="0476837777"/>
Other names and aliases	Gender	Email address
<input type="text"/>	<input type="text" value="Female"/>	<input type="text" value="vicky.311@hotmail.com"/>
Date of birth	Place of birth	Residential Address
<input type="text" value="06/03/1983"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text" value="24 grange rd"/>
Nationality	Tax number	City
<input type="text" value="Australia"/>	<input type="text"/>	<input type="text" value="blackburn south"/>
		Country
		<input type="text" value="Australia"/>
		Postcode
		<input type="text" value="3130"/>

Tax Residency

Are you a tax resident of another country (other than New Zealand)?

☐ Yes* (please list all other countries of tax residency) ☐ No

If you are a **US person**, please complete Form W-9 or submit a self-declaration of FATCA status. (You may also wish to visit the IRS website to determine if you need to complete and submit any additional IRS forms)

The term '**US person**' means:

- US citizens, including those resident outside US
- US permanent residents, including green card holders
- US tax residents
- People born outside the US with a US parent
- Certain persons who spend a significant number of days in the US each year
- Corporations, estates and trusts, and other entities controlled by US persons

Country of Tax Residence	Tax Number (or equivalent)	Not available	Please provide an explanation if Tax Number is not available
Australia		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

2. Organisation Relationship

What is your relationship to the organisation? (Please select all that apply)

- | | | |
|---|---|---|
| <input type="radio"/> Director | <input type="radio"/> Trustee | <input type="radio"/> Executor/Administrator |
| <input type="radio"/> Shareholder with greater than 25% interest (directly or indirectly via another company) | <input type="radio"/> Director of trustee company | <input type="radio"/> Partner/Limited Partner |
| <input type="radio"/> Chairperson | <input type="radio"/> Professional/Independent trustee | <input type="radio"/> General Partner/Director of General Partner |
| <input type="radio"/> Treasurer | <input type="radio"/> Trustee company representative able to act as a trustee | <input type="radio"/> Non-discretionary beneficiary with greater than 25% interest in trust |
| <input type="radio"/> Secretary | <input type="radio"/> Protector/Appointer | |
| | <input type="radio"/> Settlor | |

3. Politically Exposed Person (PEP) Self-certification

Under Anti-Money Laundering and Countering Financing of Terrorism Act 2009, Financial Institutions have an obligation to check whether a client is a Politically Exposed Person (PEP). Please read definitions below carefully, answer "Yes" or "No" in each case.

Positions

Do **you**, or an **immediate family member***, hold (or held at any time in the last 12 months) any of the following positions in any country:

- | | |
|--|---|
| 1. Head of state or head of a country or government | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 2. Government minister or equivalent senior politician | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 3. Supreme court judge or equivalent senior judge | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 4. Governor of a central bank or any other position that has comparable influence to the governor of the Reserve Bank of New Zealand | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 5. Senior foreign representative, ambassador, or high commissioner | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 6. High-ranking member of the armed forces | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 7. Board chair, chief executive, or chief financial officer of, or any other position that has comparable influence in, any state enterprise | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Beneficial Ownership

Do **you** have:

- | | |
|---|---|
| 1. Joint beneficial ownership of a legal entity or arrangement (e.g. a trust), or any other close relationship, with a person in any of the <i>positions</i> above? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 2. Sole beneficial ownership of a legal entity or arrangement (e.g. a trust) that exists for the benefit of a person in any of the <i>positions</i> above? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

* The term '**Immediate family member**' means:

- a spouse or partner (a person who is considered by relevant national law as equivalent to a spouse);
- a child, and a child's spouse or partner; or
- a parent.

4. Signature

By signing this form, I agree and confirm that:

- My answers above are correct.
- I will promptly send notification should my answer in any category above changes in the future.

Date:

DD/MM/YYYY

23/06/2021

Signature:



Document Requirements

IDENTITY VERIFICATION OF NEW APPLICANT

Identity verification must be completed in all cases where the applicant is new to us in accordance with Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML/CFT Act). If you opt out of electronic verification, you must provide us with a certified copy of your ID and Proof of Address or our staff will have to verify your ID and Proof of Address in person. ID must be valid for a minimum of 6 months from the date of expiration. An updated ID must be provided once it is expired. An updated Proof of Address must be provided once the address is changed. Certified ID and Proof of Address must be certified by a trusted referee.

1. Proof of Identification



2. Proof of Address



3. Other Information



1. Proof of Identification

Please select one of the following options (please note Option 2 and 3 require a secondary supporting document).



	Primary ID document	PLUS – ONE of the Secondary supporting document
Option 1	<input checked="" type="radio"/> Passport (including the signature page) OR <input type="radio"/> Firearms Licence	Not Required
Option 2	<input checked="" type="radio"/> Driver Licence	<input type="radio"/> Credit card or debit card (with name and signature) <input type="radio"/> Bank statement (no more than 3 months old) <input type="radio"/> Document issued by a government agency (with name and signature) e.g. SuperGold card <input type="radio"/> Statement from the Inland Revenue Department
Option 3	<input type="radio"/> Birth Certificate OR <input type="radio"/> Citizenship Certificate	<input type="radio"/> Driver licence <input type="radio"/> 18+ Card <input type="radio"/> International driving permit

2. Proof of Address

Documents provided must show your current residential address and no more than 3 months old.

Select ONE of the following options:



- ☐ Bank statement or correspondence
- ☒ Utility bill (i.e. gas, power, water, phone, internet etc.), council rates bill, or IRD statement/correspondence
- ☐ Insurance policy or letter from your KiwiSaver provider
- ☐ Letter from an electoral office
- ☐ Tenancy agreement for the place you're currently renting
- ☐ Letter from educational institution (must be letterhead paper and signed by person in authority confirming residential address)
- ☐ Court document
- ☐ Car registration notification/demand
- ☐ Letter/notification from ACC, local council or government organization

3. Other Information required – if applicable

Please indicate and attach the following documents *if applicable*.



	Please attach the following:
Registered Company	<input type="radio"/> Company extract (contain director and shareholder information)
Forward Foreign Exchange	<input type="radio"/> Eligible Investor Certificate OR <input type="radio"/> Large Wholesale Investor Certificate

For Trust Only:

Please include all 3 types of documents below: trust deed, EDD questionnaire and evidence for source of funds/wealth.



Trust Deed	<input type="radio"/> Copy of the Trust Deed
EDD Form	<input type="radio"/> Enhanced Customer Due Diligence (EDD) Questionnaire

	Types of funds/wealth	Origin of funds/ wealth	Examples of supporting document required
Evidence of Source of Funds / Source of Wealth	Employment	Salary or wages	Pay slip; bank statement showing regular payments from employer; IRD tax returns
	Self-employed	Business revenue	Latest financial or audit report; IRD tax returns; a letter from your lawyer or accountant to prove your income
	Sale of business or assets	Sales revenue	Latest financial or audit report; a letter from your lawyer or accountant to prove your income; documents related to the sales
	Investment products	Stock, bond, wealth management fund	Investment agreement; transaction history with corresponding bank statement; investment certificate; a letter from your lawyer or accountant to prove your income
	Sale of property	Sales revenue	Sale and purchase agreement with corresponding bank statement; a letter from your lawyer or accountant to prove your income
	Inheritance	Inheritance	Certified copy of the will; probate documents; a letter from your lawyer or accountant to prove your income
	Pension	Retirement allowance	Bank statement showing regular deposits/lump sum withdrawal from pension/superannuation service providers
	Gift	Gift from a donor	Contract of gift; source of funds/wealth of the donor; a letter from your lawyer or accountant to prove your income
	Savings	Savings accumulated over the time	Bank statement of the past 6 months
	Lotto or gambling	Winnings from lottery or gambling	Certificate from the lottery service provider; proof of winnings from the casino
	Relationship property	Joint estate	Court order; settlement agreement; a letter from your lawyer or accountant to prove your income
	Rental property	Rental income	Rental agreement with corresponding bank statement

*You may be asked for one or more supporting documents depend on the weight of proof of the documents provided.