**CLIENT INFORMATION FORM- COMPANY/TRUST/OTHER ENTITY**

**IDENTITY**

NAME OF ENTITY: …………………………………………………………………………..

FULL NAME AND ADDRESS OF EACH DIRECTOR (INDIVIDUAL FORM TO BE FILLED BY EACH DIRECTOR/TRUSTEE):

1………………………………… ……………………………………………………….

2…………………………………. ………………………………………………………..

3…………………………………. ………………………………………………………..

FULL NAME AND ADDRESS OF EACH SHAREHOLDER (INDIVIDUAL FORMS TO BE FILLED FOR EACH SHAREHOLDER/BENEFICIARY):

1………………………………… ……………………………………………………….

2…………………………………. ………………………………………………………..

3…………………………………. ………………………………………………………..

**PHONE & MESSAGING**

EMAIL ADDRESS:

PHONE:………………………………………; MOBILE: …………………………..

**REGISTERED ADDRESS**

LINE 1: ……………………………………………………..

LINE 2: ……………………………………………………..

CITY: ……………………………………………………..

POST CODE: ……………………………………………..

COUNTRY: …………………………………………………….

PO BOX ADDRESS: …………………………………………………………………………………………………

**ADDITIONAL DETAILS:**

1. Please advise how did you make contact with our law firm?................................................................................................................................................................................................................................................
2. please confirm the main contact person who will give instructions to our office and with whom our office will correspond on behalf of the entity: ……………………………………………………………………………………………………………………………………………………………………………………
3. What is your New Zealand IRD AND/OR GST number? …………………………………………………………………………………………

**Note: you must provide a recent proof of address (rates/water or power bill/bank statement) and bring your original passport and visa evidence for the first meeting.**