



Partnership Identity verification form

Please send this completed form and supporting documents to:
AMP Customer Services
Freepost 170, PO Box 55
Shortland Street, Auckland 1140
Please call us on **0800 808 267** if you have any queries.

This form can be completed on-screen by typing content directly into the PDF document. Please use block letters if you're not completing this form online.

AMP product name (required)

AMP policy/portfolio number (if known)

1. Customer details

Name of partnership or full legal name

Registration number (if applicable)

Trading as (if different)

Principal business address or registered office address

2. Details of all partners

If there are more than four partners, please copy this section and attach noting the partnership name.

Partner 1

Individual Company

Title

Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth

Address

Partner 2

Individual Company

Title

Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth

Address

Partner 3

Individual Company

Title Mr Mrs Ms Miss Dr Other Surname

Given name(s) Date of birth

D	D	M	M	Y	Y	Y	Y
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Address

Partner 4

Individual Company

Title Mr Mrs Ms Miss Dr Other Surname

Given name(s) Date of birth

D	D	M	M	Y	Y	Y	Y
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Address

3. Effective control/Acting on behalf of the partnership

Is there anyone else not listed above who has effective control of the partnership or who is authorised to carry out transactions on its behalf, e.g. accountant or person who is able to transact on the business account? Please provide details below.

Title Mr Mrs Ms Miss Dr Other Surname

Given name(s) Date of birth

D	D	M	M	Y	Y	Y	Y
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Address

Relationship/nature of authority held:

Title Mr Mrs Ms Miss Dr Other Surname

Given name(s) Date of birth

D	D	M	M	Y	Y	Y	Y
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Address

Relationship/nature of authority held:

4. Confirmation by partner or authorised person

I am: (tick one)

A partner (must be listed in section 2)

Acting in other authorised capacity for the partnership (state here)

E.G SOLICITOR, ACCOUNTANT

and in that capacity I am authorised to provide the above information and where required I have provided certified identity and address documents for the individuals listed in sections 2 and 3 of this form, and I confirm that to the best of my knowledge and belief:

- (a) such information is true and correct; and
- (b) the information that is recorded in the documents provided is correct.

Signatory

Date

D	D	M	M	Y	Y	Y	Y
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Name of signatory

5. Verification of identity documents (to be completed by Adviser)

IMPORTANT NOTE

Please verify identity and provide proof of address documents for each person listed in section 2 and 3.

You must sight original or certified copy of documents listed in option 1, 2 or 3 below. When accepting previously certified documents, please ensure the documents have been certified not more than 3 months prior.

Option 1: ONE document from this section

NZ passport (identity page)	NZ firearms licence
Overseas passport (identity page)	NZ certificate of identity

Option 2: NZ Driver Licence **PLUS** (ONE of the documents from this section)

Super Gold Card	Full birth certificate
NZ citizenship certificate/citizenship certificate issued by foreign government	Bank statement or IRD statement issued in individual's name in the last 6 months

Option 3: 18+ identity card **PLUS** (ONE of the documents from this section)

NZ full birth certificate/birth certificate issued by a foreign government	NZ citizenship certificate/citizenship certificate issued by a foreign government
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Proof of address

As well as providing identity documents, proof of address must also be provided. We require a document addressed to the individual at their address as detailed in section 2 or 3 and dated within the previous 6 months. Acceptable documents include a letter or invoice from a utility company, bank statement or letter from government agency (e.g. IRD, rates bill).

Other documents

- Partnership agreement (first and signatory pages only) or Certificate of Registration
- Proof of authority to act for the partnership (if applicable). Power of Attorney should be accompanied by the original Certificate of non-revocation

Identity and address documents included with this form (should include all people listed in section 2 and 3)

Full name: PERSON LISTED EITHER IN SECTION 2 or 3

Identity document 1 e.g. PASSPORT or DRIVER LICENCE

Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

Full name: PERSON LISTED EITHER IN SECTION 2 or 3

Identity document 1 e.g. PASSPORT or DRIVER LICENCE

Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

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Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

If there are any other individuals whose identity is required to be verified, please copy this section and attach.

6. Declaration

DECLARATION BY ADVISER (AS AGENT OF AMP)

Name of Adviser

Adviser code

I, , , confirm that

1. I have sighted today the original of each document verifying the identity and address of the individuals named in section 5 of this document, and attached to this statement are true copies of those documents initialled by me.
2. Where I have been unable to sight all original documents, certified copies of the relevant documents have been provided.
3. I have no reason to believe that these persons are not who they claim to be.
4. AMP has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that AMP is relying on me to perform those functions for it.

Date

Signature of Adviser

Information for Advisers about trusted referee certifying documents

If you are unable to perform verification (i.e. meeting individuals and sighting original documents), copies of documents can be certified by a trusted referee using the following declaration (written and signed on each document copy):

"I, (*full name of trusted referee*), (*type of trusted referee*), confirm that I have sighted today the original of this document and that this document is a true copy of the original, and this document represents the identity of (*full name of individual*).

(*Signature of trusted referee*)

(*Dated*)"

The trusted referee must:

- Be one of the following: Lawyer, Justice of the Peace, notary public, registered medical doctor, chartered accountant, police constable, registered teacher, kaumatua, member of Parliament or minister of religion
- Not live at the same address, be the spouse or partner of, or be related to the person named in the document being certified
- Be over 16 years of age

7. Checklist for Advisers

- I have completed section 5 for all the individuals named in section 2 and 3
- I have verified the identity of all individuals named in section 5 and have attached copies (initialled by me) of originals or previously certified documents to prove identity and address for those individuals
- Where I have been unable to sight all individuals named in section 2 and 3, I will separately forward certified copies of the necessary documents. I understand that AMP will be unable to process the application until all the relevant documentation has been received
- The confirmation in section 4 has been completed
- I have attached the first page and signatory page of the partnership agreement
- I have obtained proof of authority to act for the partnership (if applicable)
- I have signed the Adviser declaration (section 6)