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## New client form

### \* Required information

\* Name of your AJ Park contact: \_\_\_\_\_

\* Legal name: \_\_\_\_\_

Trading/business name:  
(if applicable) \_\_\_\_\_

Client Contact:

\* Title \_\_\_\_\_ \* First name: \_\_\_\_\_ \* Last name: \_\_\_\_\_

*Passport/licence numbers and DOB are required for AML captured activity. See guidelines below.*

\* Current passport number **or** \_\_\_\_\_ \* DOB:            /        /

\* Current driver licence number: \_\_\_\_\_ \* Version number \_\_\_\_\_

\* Street address or registered office: \_\_\_\_\_

\_\_\_\_\_ \* Postcode: \_\_\_\_\_

Postal address (if different from street address): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

\* Phone: \_\_\_\_\_ \* Mobile: \_\_\_\_\_

\* Email \_\_\_\_\_ Website: \_\_\_\_\_

\* Business status:  Company  Partnership  Individual  Other \_\_\_\_\_

\* Company registration number (ABN/NZBN): \_\_\_\_\_

If you are not the client, what is your relationship to the client?

Director                       Shareholder                       Attorney                       Other \_\_\_\_\_

Please list all the names of the clients you will be acting on behalf of: \_\_\_\_\_

What is the primary general nature of the advice and assistance you are seeking?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Patent advice                        | <input type="checkbox"/> Trade mark advice           | <input type="checkbox"/> Copyright advice   |
| <input type="checkbox"/> Designs advice                       | <input type="checkbox"/> Plant variety rights advice | <input type="checkbox"/> Commercial advice  |
| <input type="checkbox"/> Dispute resolution/litigation advice | <input type="checkbox"/> Regulatory advice           | <input type="checkbox"/> IP strategy advice |
| <input type="checkbox"/> Other                                |  |   |
- \_\_\_\_\_

By signing this form you:

- authorise AJ Park to obtain any information about your credit details within the guidelines set out in The Credit Reporting Privacy Code 2004 issued under section 46 of the Privacy Act 1993
- authorise AJ Park to pass on any information from this application or its enquiries to other parties for the purposes of credit evaluation
- authorise AJ Park to collect and use the above information for the purposes of complying with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009
- confirm you are giving us true and correct information
- confirm you have read and agree to AJ Park's Client Charter
- confirm that you are legally able to act for the client

Authorised signatory:	
Capacity:	
Date:	Mobile: (Required for AML verification)

Please return this form to us by email to [mail@ajpark.com](mailto:mail@ajpark.com)

OFFICE USE:

### AML/CFT Requirements

AML captured activities:

1. Prepayments to cover associate disbursements
2. Sale of business
3. Assignment of IP Rights if part of a sale of business
4. Paying client money out of the Trust account to the client or third parties
5. If not AML captured, AJ Park may assess that there is AML captured activity and will respond seeking further identity verification etc.

See our detailed client AML guidance here: [AML Laws Applied to Law Firms](#)

AML captured activity  Yes  No

If yes, send RealAML identity verification link to client or, verify from client's address and identity verification (certified copy of passport or driver licence details)

Credit manager approval provided