

New client form

* Required information

* Name of your AJ Park contact: _____

* Account name: _____

Trading name: _____

* Title _____ * First name _____ * Surname: _____

Passport/licence numbers and DOB are not required for business accounts

* 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 _____ | | |

AJ Park is about IP • intellectual property • igniting passion • ideas pervading
• innovation protected • integrated processes • intelligent people • increasing potential

NEW ZEALAND + AUSTRALIA

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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](#).

*** Authorised signature(s):**

*** Date:**

Please return this form to us by post or email. Our contact details are listed below.

The Credit Manager
PO Box 949
Wellington 6140
New Zealand

Email: mail@ajpark.com

OFFICE USE:

AML captured activity Yes No

If yes, address and identity verified (certified copy of passport or driver licence details)

Credit manager approval provided