



TUATARA MANAGEMENT LIMITED
Phone: +64 (09) 300-9500
Facsimile: +64(09) 300-9504
Freephone: 0800 100 301
Freefax: 0800 526 352
Email: tuatara@tuatara.co.nz
Website: www.tuatara.co.nz

Client Application Form (Individual)

A. Client Details

1. Name(s) in full:

2. Residential Address:
.....

3. Contact Telephone Numbers:

Home:

Work:.....

Mobile:.....

4. Facsimile Number:

6. E-mail Address(es):

7. Bank account details (NZ\$):

Account Name:

Bank name and address:

Account number:

8. Employment Details:

Name of Employer:

Address:

Position held:

B. Verification of Identity

9. In accordance with Tuatara Management Limited's obligations to verify the identity of all new clients under the Financial Transactions Reporting Act 1996, I/we attach a copy of my/our current passport(s) and/or driver's licence(s).

10. I/we acknowledge that Tuatara Management Limited may request sight of the original document(s) attached and I/we hereby undertake to provide it/them upon Tuatara Management Limited's request.

C. Foreign Exchange services

11. Purpose for undertaking foreign exchange transactions:

12. What transactions do you intend to enter into with Tuatara Management Limited?

- Spot foreign currency transactions Yes / No
- forward foreign currency transactions Yes / No
- options to buy or sell foreign currency Yes / No

13. What are the major currencies you intend to deal in? (Please circle)

AUD JPY USD GBP SGD HKD NZD CAD CHF EUR

14. What is your expected estimated annual foreign exchange requirement?

15. Do you wish to receive our complimentary daily market data commentary?

- Yes/No (please delete one)
- As an importer/ or exporter (please delete one)
- Via email/ or fax (numbers as above) (please delete one)

16. Would you like to receive more information about our FX reporting and advisory service?

D. Appointment of Authorised Agent and Attorney(s)

17. I/we hereby appoint the following person(s) with full authority in my/our name and as my/our agent to enter into transactions, receive and approve confirmations and periodic statements and give and receive written or oral instructions and to take any and all action necessary or desirable on my/our behalf in connection with any transaction and this account. This authority is irrevocable until the termination of the Client Agreement. :

Name :..... Name :.....

Contact details: Contact details:

Signature:..... Signature:.....

E. Agreement

18. In opening an Account with Tuatara, I/we agree to be bound by the terms and conditions of the Client Agreement which accompanies this application form and acknowledge and agree that Tuatara may impose a credit or authorisation limit to some or all of the transactions and may require margin at any time, in each case at its discretion. I/we warrant that the above information is true and any changes will be notified immediately to Tuatara and that the signature of each person who has signed this account form as authorised to take actions on your behalf is its true signature and each such person has been duly authorised.

Date:.....

Name:

Name: