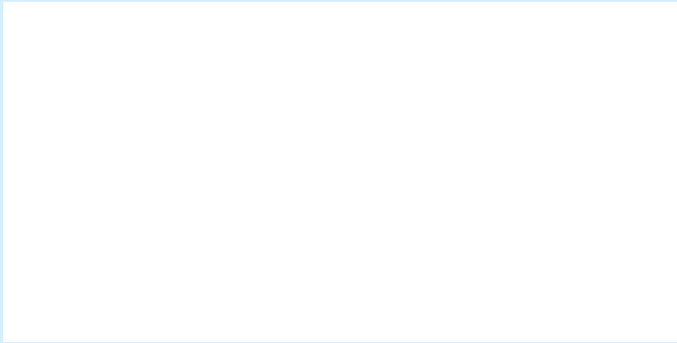


Farm Source Trading Account Application Companies



Welcome to Farm Source trading

This form is needed if you want to trade Fonterra Co-operative Group Shares through Farm Source trading. Jarden Securities Limited (Jarden) has been appointed by Fonterra to operate the Farm Source trading service. You will need to complete all the form fields, in particular those marked as required, and sign at the end.

Before you start filling in this form

- Please follow these steps when applying for an account.



Read the guidance booklet that comes with this form



Fill in the incomplete fields, in particular noting the fields marked as required



Sign the completed form and obtain the supporting documents specified in the CDD Letter








Send the form to Jarden at farmsource@jarden.co.nz

1. Your company's details

Please complete all sections below, in particular noting those fields labelled as required.

Account details

Party number:	<input type="text"/>	Required Field 
Company name:	<input type="text"/>	Required Field 
Postal address:	<input type="text"/>	Required Field 
Address line 2:	<input type="text"/>	
Address line 3:	<input type="text"/>	
Postcode:	<input type="text"/>	Required Field 
Country:	<input type="text"/>	Required Field 
Country of registration:	<input type="text"/>	
Company number:	<input type="text"/>	

Check this box if your primary place of business is New Zealand


Registered Address

If the postal address above is a PO Box or not your registered address, please fill in your registered address below.

Address line 1:	<input type="text"/>	
Address line 2:	<input type="text"/>	
Address line 3:	<input type="text"/>	
Postcode:	<input type="text"/>	Country: <input type="text"/>


Contact details

Please enter contact details here in case we need to contact you about this application.

Contact name:	<input type="text"/>		Required Field 
Email address:	<input type="text"/>		
Landline phone:	<input type="text"/>	Mobile phone:	<input type="text"/>

Financial details

The bank account below needs to be in your company's name, but does not have to be the same account as used for Fonterra milk payments.

Bank account number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank account name:	<input type="text"/>																			Required field. The name of the account holder as recorded by the bank 

1. Your company's details

Tax details

Your answers to the following questions will assist us to accurately and appropriately classify your company's financial status. Therefore, it would be beneficial to seek assistance from your accountant or tax adviser as your work through each question.

Primary Activity Required Field 

IRD Number:

Business Industry Classification (BIC) Code Required Field 

Your BIC can be found on your most recent tax return.

Question 1

Select your company's PRIMARY source of income

- | | |
|---|---|
| <input type="checkbox"/> Interest, dividends, coupons from investment in financial assets | <input type="checkbox"/> Dairying |
| <input type="checkbox"/> Rent from letting property | <input type="checkbox"/> Service fees or commissions |
| <input type="checkbox"/> Royalties from patents, copyrights etc | <input type="checkbox"/> Sales proceeds from goods provided |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Other – please specify |

Question 2

Is your company exempt from New Zealand Resident Withholding Tax? Yes No
RWT exemption and applicable RWT rates are described on the IRD website.

If No RWT Rate Required Field  %

If Yes Please supply a copy of your Certificate of Exemption.

Effective Date of Exemption: Required Field 

Question 3

Is your Company a Financial Institution? To determine this, please answer the following questions.
Financial Institutions are described on the IRD website.

Does your company hold cash-deposits for other parties? Yes No

Does your company hold financial assets (aside from cash) for other parties?
This may include dividends, interest, coupons etc. Yes No

Does your company carry on a business of investing in financial assets?
This may include investments undertaken for other parties as well as for your own company. Yes No

Is your company, or its assets, managed by another Financial Institution?
An institution manages your company if it is responsible for making and executing investment decisions without prior approval from your management, or its board, or its trustees. Yes No

Do you understand your company to be a financial institution for reasons not queried above? Yes No
For example, you have received specific advice to this effect from your accountant or tax adviser.

If you have answered "No" to all of the questions above, proceed to Question 4a.

If you have answered "Yes" to any of the questions above, proceed to Question 3a.

1. Your company's details continued

Question 3a

Does your financial institution have a Global Intermediary Identification Number (GIIN)? Yes No

GIIN may be obtained through a registration process with the IRS – please refer to the IRS website.
You can also refer to the “Registration Guidance Notes” on the IRD website.

If No Proceed to Question 3b

If Yes Please supply your Financial Institution's GIIN here:

After providing the details above, proceed to Section 2. Your Farms

Question 3b

Has another financial institution agreed to sponsor or document your financial institution? Yes No

If No Proceed to Question 4a

If Yes Financial Institution's name

Financial Institution's country of establishment

Financial Institution's GIIN (if available)

After providing the details above, proceed to Section 2. Your Farms

Question 4a

In your last financial year, did 50% or more of your company's gross income come from investments that yield interest, dividends, coupons, rent or royalties? Yes No

For a new company, you will need to estimate this based on the current financial year to date.

Question 4b

In your last financial year, were 50% or more of your company's assets held for the production of interest, dividends, coupons, rent or royalties? Yes No

For a new company, you will need to estimate this based on the current financial year to date.

If you have answered “No” to Question 4a *and* Question 4b, proceed to Section 2. My Farms

If you have answered “Yes” to either Question 4a *or* Question 4b, proceed to Question 5 below.

Question 5

Are any of the parties associated with your company (such as those identified later in this form) a resident or citizens in any other country outside of New Zealand (for associated individuals) or established outside of New Zealand (for associated entities)? Yes No

If No Proceed to Section 2. Your Farms

If Yes As part of this application, you must complete and provide a W-8-BEN-E form for your company.
Refer to the Farm Business section on nzfarmsource.co.nz

2. Your farms

Each farm has a Common Shareholder Number (CSN) allocated to it. The shareholding is linked to your farm, not just your party and is the only shareholding number that can be used to trade Fonterra Co-operative Group Shares for this farm and party combination. The CSN number is used by the brokers, the New Zealand Stock Exchange (NZX) and the share registries to track and record share transactions.

List here all the farms associated with your party at Fonterra. Only the farm number and CSN are required fields. If you are unsure of your farm number(s) or of the CSN allocated to your farm(s), please contact Fonterra Supplier Services.

Farm number:	<input type="text"/> Required field !	CSN:	<input type="text"/> Required field !
Farm name:	<input type="text"/>		
Farm address:	<input type="text"/>		
Farm number:	<input type="text"/> Required field !	CSN:	<input type="text"/> Required field !
Farm name:	<input type="text"/>		
Farm address:	<input type="text"/>		
Farm number:	<input type="text"/> Required field !	CSN:	<input type="text"/> Required field !
Farm name:	<input type="text"/>		
Farm address:	<input type="text"/>		
Farm number:	<input type="text"/> Required field !	CSN:	<input type="text"/> Required field !
Farm name:	<input type="text"/>		
Farm address:	<input type="text"/>		
Farm number:	<input type="text"/> Required field !	CSN:	<input type="text"/> Required field !
Farm name:	<input type="text"/>		
Farm address:	<input type="text"/>		
Farm number:	<input type="text"/> Required field !	CSN:	<input type="text"/> Required field !
Farm name:	<input type="text"/>		
Farm address:	<input type="text"/>		
Farm number:	<input type="text"/> Required field !	CSN:	<input type="text"/> Required field !
Farm name:	<input type="text"/>		
Farm address:	<input type="text"/>		

3. Company directors

Please include details of all company directors. If you need more space to add more directors, please photocopy this page. Please also ensure you complete Section 4 for all Beneficial Owners who have a shareholding of 25% or more.

Company director

Name of Director:

Required Field 

You must complete the tick boxes below and Section 5 – Related Individuals.

- Check this box if the Director is the primary contact.
The primary contact will receive the internet trading website login.
- Check this box if the Director is authorised to trade on behalf of the company.
- Check this box if the Director will receive contract notes by email.
- Check this box if the Director holds a shareholding of 25% or more.

Name of Director:

Required Field 

You must complete the tick boxes below and Section 5 – Related Individuals.

- Check this box if the Director is the primary contact.
The primary contact will receive the internet trading website login.
- Check this box if the Director is authorised to trade on behalf of the company.
- Check this box if the Director will receive contract notes by email.
- Check this box if the Director holds a shareholding of 25% or more.

Name of Director:

Required Field 

You must complete the tick boxes below and Section 5 – Related Individuals.

- Check this box if the Director is the primary contact.
The primary contact will receive the internet trading website login.
- Check this box if the Director is authorised to trade on behalf of the company.
- Check this box if the Director will receive contract notes by email.
- Check this box if the Director holds a shareholding of 25% or more.

Name of Director:

Required Field 

You must complete the tick boxes below and Section 5 – Related Individuals.

- Check this box if the Director is the primary contact.
The primary contact will receive the internet trading website login.
- Check this box if the Director is authorised to trade on behalf of the company.
- Check this box if the Director will receive contract notes by email.
- Check this box if the Director holds a shareholding of 25% or more.

4. Beneficial Owners

For anti-money laundering regulations we need to establish the individuals who have a controlling interest in the company. List all Beneficial Owners who have a shareholding of **25% or more**, and complete the appropriate supplement form or Section 5 for each Beneficial Owner.

You do not need to repeat this section if the Beneficial Owner is also a Director-Shareholder.

You do not need to complete this section for Beneficial Owners who have a shareholding of less than 25%.

Beneficial Owner

Name of Beneficial Owner

Required Field 

Check this box if the Beneficial Owner is a Trust, Partnership or another Company.
~~You must obtain and complete the appropriate "Supplement" form for this Beneficial Owner.~~

Check this box if the Beneficial Owner is an individual person.
You must then complete Section 5 – Related Individuals.

Name of Beneficial Owner

Required Field 

Check this box if the Beneficial Owner is a Trust, Partnership or another Company.
~~You must obtain and complete the appropriate "Supplement" form for this Beneficial Owner.~~

Check this box if the Beneficial Owner is an individual person.
You must then complete Section 5 – Related Individuals.

Name of Beneficial Owner

Required Field 

Check this box if the Beneficial Owner is a Trust, Partnership or another Company.
~~You must obtain and complete the appropriate "Supplement" form for this Beneficial Owner.~~

Check this box if the Beneficial Owner is an individual person.
You must then complete Section 5 – Related Individuals.

Name of Beneficial Owner

Required Field 

Check this box if the Beneficial Owner is a Trust, Partnership or another Company.
~~You must obtain and complete the appropriate "Supplement" form for this Beneficial Owner.~~

Check this box if the Beneficial Owner is an individual person.
You must then complete Section 5 – Related Individuals.

5. Related individuals

Individual's Details

Name:

Tick to specify the role(s) of the individual named above

Director Beneficial Owner with 25% or more shareholding

Residential address: This address is required and must be a residential address, it cannot be an office address 

Address line 2:

Address line 3:

Postcode:

Country:

Email Address:

Landline phone:

Mobile Phone:

Country of birth:

Date of birth Required for regulatory reasons 

Are you a resident for tax purposes in any country outside of New Zealand? Yes No

Are you a citizen in any country outside of New Zealand? Yes No

If you have ticked 'Yes' to either of the above, you need to supply additional information under the Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Information (AEOI), otherwise known as CRS. Please refer to the Farm Business section on nzfarmsource.co.nz

Individual's Details

Name:

Tick to specify the role(s) of the individual named above

Director Beneficial Owner with 25% or more shareholding

Residential address: This address is required and must be a residential address, it cannot be an office address 

Address line 2:

Address line 3:

Postcode:

Country:

Email Address:

Landline phone:

Mobile Phone:

Country of birth:

Date of birth Required for regulatory reasons 

Are you a resident for tax purposes in any country outside of New Zealand? Yes No

Are you a citizen in any country outside of New Zealand? Yes No

If you have ticked 'Yes' to either of the above, you need to supply additional information under the Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Information (AEOI), otherwise known as CRS. Please refer to the Farm Business section on nzfarmsource.co.nz.

Individual's Details

Name:

Tick to specify the role(s) of the individual named above

 Director Beneficial Owner with 25% or more shareholding

Residential address:

 This address is required and must be a residential address, it cannot be an office address 

Address line 2:

Address line 3:

Postcode:

Country:

Email Address:

Landline phone:

Mobile Phone:

Country of birth:

Date of birth

 Required for regulatory reasons Are you a resident for tax purposes in any country outside of New Zealand? Yes NoAre you a citizen in any country outside of New Zealand? Yes No

If you have ticked 'Yes' to either of the above, you need to supply additional information under the Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Information (AEOI), otherwise known as CRS. Please refer to the Farm Business section on nzfarmsource.co.nz

Individual's Details

Name:

Tick to specify the role(s) of the individual named above

 Director Beneficial Owner with 25% or more shareholding

Residential address:

 This address is required and must be a residential address, it cannot be an office address 

Address line 2:

Address line 3:

Postcode:

Country:

Email Address:

Landline phone:

Mobile Phone:

Country of birth:

Date of birth

 Required for regulatory reasons Are you a resident for tax purposes in any country outside of New Zealand? Yes NoAre you a citizen in any country outside of New Zealand? Yes No

If you have ticked 'Yes' to either of the above, you need to supply additional information under the Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Information (AEOI), otherwise known as CRS. Please refer to the Farm Business section on nzfarmsource.co.nz

6. Authorised representatives

An authorised representative is someone who you allow to trade on your behalf – this could be your lawyer or accountant. Representatives need to be an individual – you cannot specify an organisation or a company as a representative.


The representative will need to sign this form and their identification will need to be certified.

You can nominate multiple representatives. If you need more space to add representatives, please photocopy this page.

Check this box if you don't want to have a representative and go to **Section 5**

Authorised representative

Name:

Residential address: This address is required and must be a residential address. It cannot be an office address 

Address line 2:

Address line 3:

Postcode:

Country:


Email address:


Landline phone:

Mobile phone:

Country of birth: Required for regulatory reasons 

Date of birth: Required for regulatory reasons 

Check this box if the representative will receive the website login for internet trading Only one person can receive the internet trading website login. Other nominated traders can trade by phone 

Check this box if the representative will receive contract notes by email Ensure you supply an email address if you tick this box 

Check this box if this representative owns more than 25% of the applying company

Signature of Representative:

Date:

Authorised representative

Name:

Residential address: This address is required and must be a residential address. It cannot be an office address 

Address line 2:

Address line 3:

Postcode:

Country:


Email address:


Landline phone:

Mobile phone:

Country of birth: Required for regulatory reasons 

Date of birth: Required for regulatory reasons 

Check this box if the representative will receive the website login for internet trading Only one person can receive the internet trading website login. Other nominated traders can trade by phone 

Check this box if the representative will receive contract notes by email Ensure you supply an email address if you tick this box 

Check this box if this representative owns more than 25% of the applying company

Signature of Representative:

Date:

7. Security questions

Security questions are required in order to authorise access to this account and will be asked when individuals contact us by phone. These questions and answers will need to be known by all people who are authorised to trade on this account.

Questions could be related to your farm, e.g. How many hectares do we have? or What year did we start supplying Fonterra?

Question 1:

Answer 1:

Question 2:

Answer 2:

Question 3:

Answer 3:

8. Document checklist

Please obtain the documentation as listed below and enclose with this application form. See the guidance booklet for more information.

- We enclose a clear and certified or verified copy of photo identification in the full name of all Directors who are specified in the CDD Letter.
- We enclose an original or a clear and certified or verified copy of proof of their residential address of all Directors who are specified in the CDD Letter.
- We enclose a bank deposit slip or similar bank system-generated proof of the company's bank account details.
- We enclose a clear and certified or verified copy of photo identification in the full name of all Beneficial Owners who are specified in the CDD Letter.
- We enclose a clear and certified or verified copy of photo proof of their residential address of all Beneficial Owners who are named in the CDD Letter.
- If we have nominated an Authorised Representative, we enclose a clear and certified or verified copy of their photo identification.
- If we have nominated an Authorised Representative, we enclose an original or a clear and certified or verified copy of proof of their residential address.

Please ensure you sign the form on the next page!

9. Signatures

I/We agree to be bound by the terms and conditions set out in this Application Form and the accompanying booklet 'Farm Source Trading Account - Terms and Conditions' (a copy of which I/we acknowledge I/we have received and read). I/We further agree that the 'Farm Source Trading Account - Terms and Conditions' may be amended by Jarden Securities Limited (Jarden) from time to time, and I/we agree to be bound by any such amendments.

I/We confirm that all the details set out in this Application Form are correct.

I/We agree that instructions may be given and Orders may be placed by me/us or an Authorised Representative by letter, telephone, facsimile, email or any other medium and in all cases Jarden is entitled to rely on such instructions and Orders and treat them as genuine (without further enquiry as to the identity or authority of the sender of the instructions or Orders) if the instructions or Orders appear to Jarden to have come from me/one of us or any Authorised Representative.

I/We agree that we are responsible for notifying Jarden of any changes to my/our contact details (including address, email address and mobile phone number) and for any consequences resulting from my/our failure to do so.

I/We authorise Jarden to implement all Orders on this account by placing them to the market in such a manner as Jarden considers appropriate having exercised this discretion with reasonable care. I/We accept that Jarden does not guarantee and gives no warranty that this will produce the best or any particular price. I/We acknowledge that Jarden may submit Orders in this manner unless I/we give Jarden instructions to the contrary either generally or in relation to a specific Order.

I/We authorise Jarden to retain an encrypted copy of my/our Faster Identification Number (FIN) which will be automatically populated into all sell Orders submitted into my/our account. I/We acknowledge that by permitting Jarden to retain my/our FIN, I/we are giving Jarden ability to transfer my/our security holdings to other persons.

Jarden will encrypt your FIN as soon as reasonably practicable and your FIN will only be used by Jarden in the implementation of your trading instructions or Orders and provision of services to you. Additionally, Jarden undertakes that it will at all times use reasonable endeavours to protect your FIN from unauthorised use or access.

Where your account is made up of more than one person, all such persons accept that they are jointly and severally liable for any instructions executed on your account and that Jarden is entitled to act upon the instructions of any one of those persons unless written, signed instructions from all such persons are provided to the contrary.

This Application Form may be signed in any number of counterparts all of which, when taken together, will constitute one and the same instrument.

I/We give Jarden Securities Limited (Jarden) authority to unconditionally and irrevocably accept instructions in relation to my/our funds deposited in the NZD Call Account. I/we also agree, and authorise, Jarden to:

- Pay for my/our securities purchases made through Jarden from my/our funds deposited in the NZD Call Account
- Deposit my/our funds in the NZD Call Account following my/our sale of securities through Jarden, in accordance with this Application Form and any specific instructions from me/us.

I/We authorise Jarden to disclose personal information and documentation provided in or with this form to Fonterra Co-operative Group Limited for the purposes of identify verification of the relevant person(s) for anti-money laundering compliance purposes.

If you are a Company or other corporate body, this Application Form must be signed as a deed in accordance with the Companies Act 1993 (or other applicable legislation) and your constitutional documents. If there is only one director or your constitutional documents allow a single director to sign, then the director's signature must be witnessed as set out below, otherwise two directors should sign.

The Signature(s) below must reasonably match your signature as per the identification that you have provided.

Full name:

Signature:

Date:

Full name:

Signature:

Date:

Full name:

Signature:

Date:

Full name:

Signature:

Date:


If only one director has signed, please ensure the signature is witnessed on the next page.

If you require continuation pages for signatures, please photocopy this page. 

9. Signatures continued

Witness name:

Occupation:

Residential address: This address is required and must be a residential address, it cannot be an office address 

Address line 1:

Address line 2:

Postcode: Country:

Signature: Date:

What happens next?

- Email this form and the required documentation to Jarden at farmsource@jarden.co.nz.
- When you have sent in the required documentation Jarden will check the application form. If they have any questions, they may contact you directly.
- If at any time you want to know the status of your application, contact Supplier Services on 0800 65 65 68
- Applications may take up to two to three weeks to be processed.

Notes
