



Norfolk Mortgage Trust Entity Application Form (Trust, Partnership, Company)

This application form constitutes an offer to acquire units in
Norfolk Mortgage Trust, as described.

If you are applying on behalf of an individual or joint,
please use the [Individual & Joint Application Form](#)



Completing your application

|| Instructions

Applications must be in the name of the entity and controlling persons. Application forms must be completed by all people associated with the account.

Applications will only be accepted from New Zealand Entities.

Application checklist

Complete all required sections of the application form, including all details for each controlling person associated with the account and that each person has signed.

Certified documents and identification for all parties associated with the entity.

Bank account details and Prescribed Investor Rate (PIR).

Payment has been arranged.

Send your completed application form and all required documents to us at invest@norfolktrust.co.nz

or

Norfolk Mortgage Management Limited

P O Box 37341, Parnell

Auckland 1151

Norfolk Mortgage Trust bank account number: **12-3237-0014826-02**

Trust, Estate, Company, and Investment Entity

Investor Information

Entity type: Company Trust Partnership

Other

Full legal name

Registration no:
(if applicable)

Primary nature of business Industry

Trusts Only

Type of Trust: Discretionary Trust Charitable Trust Other, please specify

If a Charitable Trust please state object of the Trust

Companies only: Are there any nominee directors or nominee shareholders? Yes No

Limited Partnerships only: Do you have a nominee general partner? Yes No

Registered address/ Principal place of business
(Do not provide a PO Box or c/- of address)

Postal address
(if different from registered address)

Contact phone number: Email:

New Zealand Tax Details

The entity is a tax resident in New Zealand.

IRD number:

Prescribed Investor Rate (PIR): 0.0% 10.5% 17.5% 28%

If a Prescribed Investor Rate is not selected, 28% will apply.

Controlling Person(s)

Complete for Trusts, Company, Partnership or Estate entities.

Please provide the tax residency information for all controlling persons, including beneficiaries where applicable.

Print Full Name(s)

Office USE ONLY (Existing customer)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

How did you hear about Norfolk? (Please select as many that apply.)

<input type="checkbox"/> Newspaper/ magazine advertising	<input type="checkbox"/> Online advertising	<input type="checkbox"/> Online search	<input type="checkbox"/> Social Media	<input type="checkbox"/> Referral
<input type="checkbox"/> TV/ video advertising	<input type="checkbox"/> Radio	<input type="checkbox"/> Other	<input type="text"/>	

Controlling Person 1

Capacity

Trustee	Director	Shareholder	Appointor/ Settlor	Authorised signatory	Partner
Other					
Title:		First names:			
Surname:			Date of birth:		
Occupation:					
Contact phone number:			Email:		
Home address:					
Postal address:					

I am the person to contact in connection with this investment: Yes No

I prefer to be contacted by: Email Post

Country of birth:

Citizenship:

Are you or are you immediately related to a senior member of New Zealand or foreign government, the judiciary, the military, or an ambassador?

No Yes If yes, explain further:

Controlling Person 2

Capacity

Trustee	Director	Shareholder	Appointor/ Settlor	Authorised signatory	Partner
Other					
Title:		First names:			
Surname:			Date of birth:		
Occupation:					
Contact phone number:			Email:		
Home address:					
Postal address:					

I am the person to contact in connection with this investment: Yes No

I prefer to be contacted by: Email Post

Country of birth:

Citizenship:

Are you or are you immediately related to a senior member of New Zealand or foreign government, the judiciary, the military, or an ambassador?

No Yes If yes, explain further:

Controlling Person 3

Capacity

Trustee	Director	Shareholder	Appointor/ Settlor	Authorised signatory	Partner
Other					

Title: First names:

Surname: Date of birth:

Occupation:

Contact phone number: Email:

Home address:

Postal address:

I am the person to contact in connection with this investment: Yes No

I prefer to be contacted by: Email Post

Country of birth:

Citizenship:

Are you or are you immediately related to a senior member of New Zealand or foreign government, the judiciary, the military, or an ambassador?

No Yes If yes, explain further:

Controlling Person 4

Capacity

Trustee	Director	Shareholder	Appointor/ Settlor	Authorised signatory	Partner
Other					
Title:		First names:			
Surname:			Date of birth:		
Occupation:					
Contact phone number:			Email:		
Home address:					
Postal address:					

I am the person to contact in connection with this investment: Yes No

I prefer to be contacted by: Email Post

Country of birth:

Citizenship:

Are you or are you immediately related to a senior member of New Zealand or foreign government, the judiciary, the military, or an ambassador?

No Yes If yes, explain further:

Investment Details *required

How much do you have available to invest now?

(minimum \$5,000) :

\$5,000 - \$49,999

\$50,000 - \$99,999

\$100,000 - \$249,999

\$250,000 +

Do you anticipate making additional deposits in the future, or is this a standalone contribution?

Yes, I will have more to invest at a later date.

If yes, approximately how much do you anticipate contributing in the future?

No, this is a standalone contribution.

Purpose of your investment:

Accumulation of wealth

Retirement

Income stream

Other:

Source of funds:

Inheritance/windfall

Property sale

Asset/Business sale

Personal income

Accumulated savings

Superannuation

Please provide details about the source of funds. For example, sale of property at 123 Sample Street for \$800,000 on 01/11/2023.

You may be required to provide proof of the source of your funds

How do you intend to transact on this account?

Deposits (please select at least one)

Regular

Now and then

Lump sum (one-off)

Withdrawals (please select at least one)

Regular

Now and then

Lump sum (one-off)

Interest Distributions *required

I would like my monthly interest distribution to be:

Reinvested

Direct credited to my account

If selecting the 'direct credit' option, please attach a bank statement showing both the investor's name and bank account number.

Account number:

Bank

Branch

Account

Suffix

Confirming your Identity and Address *required

By law, we are required to verify the identity and address for all persons associated with an application. This means all applications must be accompanied by certified copies of all relevant documentation.

Required for all persons associated with the application

1. Document Certification

Electronic ID Verification

Norfolk offers a convenient service to certify your important documents. Instead of relying on someone else, simply provide your documents to us. Our expert team will guide you through a quick and secure verification process to verify your identity using an external provider.

or

Certified Documents

All copies of identity documents must be certified by someone who is over 16 years of age and is one of the following:

- Legal Executive (qualified)
- Justice of the Peace
- New Zealand Consular Officer
- Person who is a Registrar of a Court
- Barrister, solicitor or attorney
- Chartered accountant
- Notary Public

*The person certifying your document must not be

- related to you
- your spouse or partner
- a person who lives at the same address as you

*The person certifying the documents must include the following words, "I certify this to be a true copy of the original, which I have sighted, and it represents the identity of the person presenting the document to me for certification" and must include their name, occupation, signature and date of certification. It must be dated within the last three months. If you require certification stickers, please contact us.

2. Identity Documents

In order to verify your identity, you must provide proof of your identity from only one of the identification options below:

Option 1	Option 2	Option 3
<ul style="list-style-type: none"> ■ New Zealand passport ■ Firearms license ■ Certificate of identity ■ Refugee travel document ■ Overseas passport ■ National identity card 	<ul style="list-style-type: none"> ■ Current New Zealand Driver License ■ Current 18+ card ■ International driving permit <p>and one of the following</p> <ul style="list-style-type: none"> ■ Birth Certificate, or Certificate of Citizenship ■ Citizenship certificate issued by a foreign government ■ Birth certificate issued by a foreign government 	<ul style="list-style-type: none"> ■ Current New Zealand Driver License <p>and one of the following</p> <ul style="list-style-type: none"> ■ Credit, debit or EFTPOS card with your name embossed ■ Bank Statement ■ Government agency document or statement

3. Address Documents

Please provide an original or certified copy of one of the following. Ensure that the document is not more than three months old.

Rates notice

Utility bill

Bank statement

Inland Revenue Statement

4. Bank Documents

Please provide a bank-printed copy of a recent bank statement. Ensure that the document is not more than three months old and matches the account details provided in the application form.

Bank statement

Additional Documents

If applicable, you may need to provide extra documentation with your application.

For a Trust: A copy of the Trust Deed and subsequent deeds of appointment or amendment or retirement.

For a Partnership: Documents to verify the partnership structure and ownership, normally being the Partnership Agreement.

Investment on behalf of other people: Evidence of your authority to act e.g. Power of Attorney and Certificate of Non-Revocation.

Disclosures/Acknowledgements/Agreements

1. By signing this Application Form, each applicant acknowledges that this form was distributed with the PDS and that offers to subscribe for Units are upon and subject to the terms and conditions set out in the PDS. Each applicant also acknowledges that they have received, read and understood the PDS. Each applicant also acknowledges that the information they have supplied on the Application Form is true.
2. Each applicant acknowledges and confirms that none of Public Trust, the Manager or their respective officers or directors has made any warranties in connection with returns on units in Norfolk Mortgage Trust.
3. An application cannot be withdrawn or revoked by the applicant/s.
4. The Manager reserves the right to reject any application in whole or in part without giving any reason.
5. In the case of joint applicants, only the address of the first named of the joint applicants will be recorded by the Manager and all distributions, notices and communications will be sent to the address of the first applicant.
6. Expressions defined in the PDS have the same meanings in this application form. This application form and any contract arising out of its acceptance are governed by New Zealand law.
7. The information in this form is being collected for the purposes of meeting our requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and it will be held by Norfolk Mortgage Management Limited. It may be disclosed to third parties to meet our requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009. You can ask to see the personal information that Norfolk Mortgage Management Limited holds about you by calling or writing us.

Declaration

I/We irrevocably apply for units in Norfolk Mortgage Trust at the current issue price on the terms and conditions set out in the PDS. I/We agree to be bound by the terms of issue of the Units issued to me/us (if any) and the provisions of the Master Trust Deed and Establishment Deed.

Under the terms of the Privacy Act 1993, I/we acknowledge that you are retaining my/our personal details provided on this Application Form for the purpose of mailing me/us further information on products or services offered by you or any companies associated with you. I understand that I/we must advise the Manager in writing if I/we do not want this information to be provided.

I/We understand that I/we may request access to the personal details provided by me/us by inquiry of the Manager. If I/we consider these personal details to be incorrect, I/we understand that these personal details may be corrected at my/our request in writing.

I/We consent to Norfolk Mortgage Management Limited using the personal information that I have provided to verify my identity electronically and where necessary disclosing the information to external and independent agencies for the purpose of matching my information with identification information held in third party databases including the Department of Internal Affairs, the New Zealand Transport Authority and White Pages.

Signatures (all applicants must sign) *required

Signature:	_____	Date:	<input type="text"/>
Signature:	_____	Date:	<input type="text"/>
Signature:	_____	Date:	<input type="text"/>
Signature:	_____	Date:	<input type="text"/>

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires verification of the identity of new investors. Please refer to the details provided on pages 10-11 for the identification and address verification requirements. We may need to obtain further information from you to meet our legal obligations under the Act before and after you invest with us.

|| Certificate of Non-Revocation of Power of Attorney

Complete only if this application is being signed by an attorney

Name

I

Address

of

Occupation

HEREBY CERTIFY THAT

1. By a Power of Attorney dated the Date day of Month and Year

Name and occupation of person for whom the attorney is signing

("the Donor") appointed me their attorney on the terms and conditions set out in the Power of Attorney.

2. I have executed the application for units printed on the face of this form as attorney pursuant to the power conferred on me by the Power of Attorney.
3. At the date of this certificate I have not received any notice or information of the revocation of the Power of Attorney whether by death or dissolution of the Donor or otherwise.

Signed at Place this Date day of Month and Year

Signature:

|| Authorised Person (required when opening account on behalf of someone else)

Title: First names:

Surname: Date of birth:

Occupation:

Contact phone number: Email:

Home address:

Postal address:

I am the person to contact in connection with this investment: Yes No

I prefer to be contacted by: Email Post

Country of birth:

Citizenship:

Are you or are you immediately related to a senior member of New Zealand or foreign government, the judiciary, the military, or an ambassador?

No Yes If yes, explain further: