

## INVESTMENT APPLICATION FORM

### 1. Investor Information

☐ New Client ☐ Existing Client ☐ \_\_\_\_\_ Client number(if known)

☐ Individual ☐ Joint ☐ Trust ☐ Estate ☐ Company ☐ Partnership ☐ Club/Society/Charity

Name of Joint a/c / Trust / Estate / Company / Partnership / Club / Society / Charity.

#### Individual/Joint Investor #1

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ \_\_\_\_\_ Other

First name(s):

Surname:

Date of birth:        /        /

Occupation:

Home address

Postcode

Postal address (if different to home address)

Postcode

Home phone:

Work phone:

Mobile phone:

Email:

Country of birth/Citizenship:

IRD Number:

#### Individual/Joint Investor #2

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ \_\_\_\_\_ Other

First name(s):

Surname:

Date of birth:        /        /

Occupation:

Home address

Postcode

Postal address (if different to home address)

Postcode

Home phone:

Work phone:

Mobile phone:

Email:

Country of birth/Citizenship:

IRD Number:

What is the purpose of your investment?

What is the source of funds(sale of a house, sale of business, etc)

**Disclosure:** Are you, or are you immediately related to, a senior member of SI or Indian government, judiciary, military or ambassador? ☐ Yes ☐ No

Are you a citizen or permanent resident of the United States?

TIN:

TIN:

Please advise how you wish to receive notifications and publications (Product Disclosure Statement , Annual Reports and Newsletters) ☐ Via email (Ensure your email address is completed above) ☐ Hard copy posted out

## 2. Tax Information

Resident Withholding Tax Rate (RWT) ☐ 10.5% ☐ 17.5% ☐ 30% ☐ 33% ☐ Exempt ☐ 28% Company only

Note: The taxpayer for joint investments is the investor with the highest tax rate.

If the taxpayer isn't an Indian resident for tax purposes

please provide overseas address (if different to home address): \_\_\_\_\_

Non Residents ☐ 10% ☐ 15%

## 3. Investor Instructions

I/We wish to invest in The Sunshine Investment & Finance (No. 2 Fund) Group Investment Fund and agree to be bound by the provisions in the relevant trust deed.

Lump Sum

**I/We wish to invest a lump sum of:**

Rs.

**Please transfer the sum of:**

to/from The Sunshine Investment & Finance

Rs.

Regular Instalment

**I/We wish to make regular savings contributions of: a fortnightly / monthly basis**

Rs.

I understand that an automatic payment authority will be sent to me/us on receipt of my/our signed application form.

1. Cheques to be made payable to The Sunshine Investment & Finance (No. 2 Fund) Group and crossed 'Not Transferable'.
2. Funds can be directed credited to our bank account number.
3. For new clients please attach certified copies of appropriate ID and verification of address for all parties - refer to 'Identification and Address Verification' below.
4. Unless we hold written authority from all parties authorising a specific person(s) to act on behalf of the investor, we shall require all parties to sign this application and any subsequent withdrawal/variation requests.
5. If signed by attorney, please see page 4 for Certificate of Non-Revocation of Power of Attorney.

## 4. Identification and Address Verification

The identity of new investors to be verified by providing identification verification and address verification when investing in either of the Funds.

The original identification verification documents can be brought to our offices or can be certified as a true and correct copy of the original by a 'trusted referee', as referred to below.

One of the following:	Or, your Driver Licence plus one of the following:	Or, one of the following forms of photo ID:
Passport	A credit card, debit card issued by a registered bank (name and signature must be on the card)	Driver Licence
Certificate of identity	Bank account statement issued by a registered bank addressed to you from the last 12 months	18+ card (Hospitality Association)
Firearms licence	A document issued by a government agency containing your name and signature	A valid international driving permit
Emergency travel document	IRD statement or other government agency statement addressed to you from the last 12 months	Plus one of the following: full birth certificate
Overseas passport		Certificate of citizenship
Foreign-issued national identity document		Citizenship certificate issued by a foreign government
Refugee travel document		Birth certificate issued by a foreign government

## Additional Address Verification Documentation

You must supply one form of address verification documentation from the following list which cannot be more than 3 months old:

- Utility bill
- IRD tax assessment notice
- Government valuation of property (evidencing ownership)
- Credit card/bank statements from an active account
- Letter from a employer on the employer's letterhead (subject to separate verification process)
- Tenancy Agreement for a address

**Trusted Referee**

If you are supplying certified identification documents, the trusted referee must be at least 16 years of age and one of the following:

- Commonwealth representative (as defined in the Oaths and Declarations Act 1957)
- An employee of the Police who holds the rank of constable or higher
- Justice of the Peace

- ## 5. Privacy Act
- "I consent to the personal information in this application form and any further personal information which I may provide to you at any time being used by the Trustee or the Manager or any of its related organisations for the purpose of introducing other services or products to me or to any child for whom I am making this declaration. The Manager and/or the Trustee may at any time disclose information relating to my investments or to the investments of any child for whom I am making this declaration to my financial adviser and/or any other financial advisory firm shown on the application form."

"I consent to the personal information in this application form and any further personal information which I may provide to you at any time being used by the Trustee or the Manager or any of its related organisations for the purpose of introducing other services or products to me or to any child for whom I am making this declaration. The Manager and/or the Trustee may at any time disclose information relating to my investments or to the investments of any child for whom I am making this declaration to my financial adviser and/or any other financial advisory firm shown on the application form."

## 6. Income Payments

My/Our income from the trust is to be: (Please tick box)

☐ Reinvested in further units free of charge ☐ Transferred to my bank account at

**Account Number:**

Bank		Branch			Account								Suffix		

Account Name(please attach a deposit slip as well)

I have read and retained a copy of the Product Disclosure Statement for The Sunshine Investment & Finance. I agree to the terms outlined above in relation to the Privacy Act, the supply of personal information, email use and the AML/CFT. I understand that the value of my investment is liable to fluctuations and may rise and fall from time to time.

I/We appoint The Sunshine Investment & Finance as my/our agent for the purpose of making this investment and any subsequent investment and authorise Trustees Executors Limited as my/our agent to deduct trustee and management fees, and act on the direction of The Sunshine Investment & Finance.

**I understand that neither the Manager nor any other person guarantees the performance of The Sunshine Investment & Finance or the repayment of capital or any particular rate of return from The Sunshine Investment & Finance.**

Investments by Children

I confirm that the funds invested pursuant to this application are the funds of the child in whose name they are invested, and I acknowledge that I am responsible for any gift duty which may arise as a result of any gift from myself or any other person to the child concerned.

I indemnify Fund Managers Otago Limited and The Sunshine Investment & Finance from any loss or damage either of them may suffer as a result of any claim brought by the child in whose name the funds are invested in respect of the investment or any funds withdrawn from the No. 2 Fund by or on behalf of the child.

Signature of Individual/Joint Investor #1 (principal account holder)	Signature of Individual/Joint Investor #2 (if applicable)
Date:                    /                    /	Date:                    /                    /

Date:            /            /

## 7. Certificate of Non-Revocation of Power of Attorney

Complete only if this application is being signed by attorney

I, \_\_\_\_\_  
of (address and occupation of attorney)

### HEREBY CERTIFY THAT:

1. By power of attorney dated the

\_\_\_\_\_ day of \_\_\_\_\_

(Name and occupation of person for whom attorney is signing)

('the donor') appointed me his/her/its attorney on the terms and conditions set out in that power of attorney.

2. I have executed the application for units printed on the face of this form as Attorney under that power of attorney and pursuant to the power thereby conferred upon me.

3. At the date of this certificate I have not received any notice or information of the revocation of that power of attorney by the death (or winding up) of the donor or otherwise.

Signed at \_\_\_\_\_

Date:        /        /

Signature of Attorney \_\_\_\_\_

Please provide a certified copy of Power of Attorney plus certified copies of appropriate ID and verification of address for attorney - refer to 'Identification and Address Verification'.

Briefly describe source of funds:



#### REGISTERED OFFICE:

59 Huda Market Sector- 7 Ambala Haryana-134003

Email-support@thesunshineinvestment.com

Website- www.thesunshineinvestment.com

Helpline: 7424830312

## 8. Trusts Only

Name of Trust/Estate/Company/Partnership/Club/Society/ Charity:

Trading Name:

Full Name/s of Trustees/Executor/Directors/Partners/Authorised Signatories:

Please provide certified copies of appropriate ID and verification of address for all parties - refer to 'Identification and Address Verification'.

Full Name/s of Shareholder/s owing more than 25% of Investing Company:

Date of Trust Deed (if applicable)

Date:        /        /        (copy required)

Certified copy of Trust Deed (including amendments) Y / N

Certified copy of Probate / Will Y / N

Company Extract Y / N

Certified copy of Partnership Deed Y / N

Certified copy of Construction Y / N

I/We confirm the above trust details as recorded herein are correct and that the Trust's power to invest is recorded in the Deed of Trust.

Signature: \_\_\_\_\_  
(of one trustee)

Is this a discretionary Trust? Y / N

If no, complete below: FINAL BENEFICIARIES

Full Name Date of Birth

\_\_\_\_\_ /        /

\_\_\_\_\_ /        /

\_\_\_\_\_ /        /

### For Office Use (tick each box or enter appropriate number after completion of each task)

Date Received	Date Banked	IS	CD	C No.	I No.	Letters I L