

Client Number: _____

Name: _____

STORAGE ACCOUNT & AUTHORISATION FORM

CLIENT NUMBER: _____

DATE: _____

Important Information:

The following details, to be read in conjunction with NZ Gold Merchants Terms and Conditions of Trade, form an agreement between NZ Gold Merchants and you, your Authorised Agents, Trustees or Company Directors.

By signing up for a storage account; you agree to have your products stored and held by NZ Gold Merchants at a location determined solely by NZ Gold Merchants. All products will be identified by your name (or that of your Authorised Agent) and invoice number(s).

NZ Gold Merchants agrees to insure the value of your precious metals while stored by NZ Gold Merchants and you agree to pay the storage fees as they apply each quarter.

ACCOUNT HOLDER ONE

FULL NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ADDRESS: _____

D.O.B _____

SIGNATURE: _____

ACCOUNT HOLDER TWO

FULL NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ADDRESS: _____

D.O.B _____

SIGNATURE: _____

MAIN CONTACT INFORMATION

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS & CONDITIONS AS DETAILED AT: GOGOLD.CO.NZ/TERMS-CONDITIONS

PLEASE NOTE: A copy of your photo id must be taken to complete this. application



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NEXT OF KIN/POWER OF ATTORNEY

Please provide the details of the person who will take responsibility for managing your storage account/products in the event that you or your authorised agents become incapacitated or pass away.

It is your responsibility to notify New Zealand Gold Merchants of any changes to your nominated Next of Kin or Power of Attorney.

New Zealand Gold Merchants will not release precious metals stored under your name to any party without express authorisation from the account holder(s).

The Authorised Agent and all other signatories to this account acknowledge that New Zealand Gold Merchants have legal obligations to comply with the requirements of the Inland Revenue Department and the New Zealand Police.

ACCOUNT HOLDER NAME : _____

FULL NAME: _____ RELATION: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

ADDRESS: _____

DATE OF BIRTH: _____

STORAGE FEES: Below is indicative pricing for storage, charged quarterly in arrears:

Gold: 0.6% per annum of the value held in storage

Silver: 1.5% per annum of the value held in storage

Platinum: 0.8% per annum of the value held in storage

Palladium: 0.8% per annum of the value held in storage

Storage fees are subject to change. For accurate and up-to-date pricing, please visit: gogold.co.nz

PLEASE NOTE: Photo identification must be provided for the nominated Next of Kin or Power of Attorney.



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ADDITIONAL PARTIES

IMPORTANT INFORMATION:

If you wish to have more than one individual under your storage account, we will also need to collect information for each additional party you wish to include. A separate contact form will need to be filled out and returned to us before any additional parties can be added to the account.

Please list out any additional parties in the fields below, as well as the level of designation/authority you wish for them to have on this account (please see below for designations). If the additional party is not present to fill out a contact form, please ensure you leave an email address so that we can request this directly.

To protect your privacy & security, ID will also be required for each additional party.

FULL NAME	BEST CONTACT (PHONE/EMAIL)	DESIGNATION/AUTHORITY
_____ _____	_____	FULL PARTIAL COLLECT
_____ _____	_____	FULL PARTIAL COLLECT
_____ _____	_____	FULL PARTIAL COLLECT

DESIGNATION/AUTHORITY EXPLANATION

FULL AUTHORITY - Can act on the storage account and access all account information.

PARTIAL AUTHORITY - Cannot act on the storage account but has access to all account information.

COLLECTING AUTHORITY - Cannot act on the storage account or access account information. Authorized only to collect items on behalf of the account holder.

PLEASE NOTE: Any changes to designation or authority can only be made by the account holder or a party with Full Authority.



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