

**EMS I-REC(E) Customer Additional Information Form**

This form requests additional company information specific to New Zealand. EMS uses this information in conjunction with that provided with the SF-01 to complete your registration.

**Required information**

|  |  |
| --- | --- |
| **Request type** | |
| Date |  |
| Application Type | New  Update Existing |

|  |  |  |
| --- | --- | --- |
| **Company Details** | | |
| **Q #** | **Question** | **Answer** |
|  | Is the Company registered on NZ Companies Register? | Yes  No |
|  | Company number |  |
|  | New Zealand Business Number (NZBN) |  |
|  | Source of funds |  |
|  | Industry of operation  (as per Companies Register Classification) |  |
|  | Nature of business |  |

|  |  |  |
| --- | --- | --- |
| **Company Type and Ownership** | | |
| **Q #** | **Question** | **Answer** |
|  | Please specify the company entity type – | Limited Liability Company  Co-Operative Company  Unlimited Company |
|  | Extensive shareholding  - as per Section 4 of [companiesoffice.govt.nz](https://companies-register.companiesoffice.govt.nz/help-centre/filing-annual-returns/how-to-file-an-annual-return/) | Yes  No |

|  |  |  |
| --- | --- | --- |
| **Directors’ details** | | |
| **For this section – If any individuals own more than 55% of the Company then instead of director details, please provide majority Shareholder details.** | | |
| **Q #** | **Question** | **Answer** |
|  | How many total Directors does the Company have |  |
|  | Identify up to three Directors (Max 3) | Complete Table 1 below |
|  | Details of Director who is providing photo ID | Name:  Address:  D.O.B:  Nationality: |
|  | Confirm the type of photo ID for the Director | Passport  Driver’s License  (Only one required) |
|  | Directors Photo ID Status | Attached and signed |

|  |  |  |
| --- | --- | --- |
| **EA Participant Registry Details – As per the EA Participant register -** [Home - Electricity Authority Participant Register (ea.govt.nz)](https://register.ea.govt.nz/) | | |
| **Q #** | **Question** | **Answer** |
|  | Trading Name |  |
|  | Registration date |  |

**Table 1 – Director or Major Shareholders Details.**

|  |  |
| --- | --- |
| Director (or Major Shareholder) 1 – Name: | |
| D.O.B: | Nationality: |
| Address | |
| Director (or Major Shareholder) 2 – Name: | |
| D.O.B: | Nationality: |
| Address | |
| Director (or Major Shareholder) 3 – Name: | |
| D.O.B: | Nationality: |
| Address: | |

# **Privacy notice** (to be signed by person providing identity information)

I, (name of person providing Identity documents – either director or shareholder) confirm that;

EMS is permitted to collect my name, contact information and copies of my identity documents for the purposes of confirming ownership and/. or directorship details of (name of registrant) so that (name of registrant) can apply for issuance of I-REC(E) certificates from EMS.

EMS is permitted to share this information with I-REC and Evident B-V to allow them to carry out their functions under the I-REC(E) Code and Standard.

You are not required to provide us with this personal information, but if you choose not to (Registrant) may not be able to become a Registrant company and request I-REC(E) certificates from us.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you’d like to ask for a copy of your information, or to have it corrected, please contact us at EMS email recs@ems.co.nz

Signed..........................................................

Date:

# **Customer Confirmation**

I acknowledge and agree that the information provided will be used by EMS for the purposes of providing services relating to the I-REC(E) product.

I acknowledge that EMS as Issuer for I-REC(E) for New Zealand is required to facilitate and handle required customer signup information for Evident to join IREC and that they are able to use this information for the purposes delivering customer onboarding check such as KYC/AML.

On behalf of the applicant, I warrant that the information contained in the application form is truthful and exhaustive.

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Name (printed): Signature:

.......................................................... ..........................................................

Date: Position: