

**MEMBER OF THE SOUTH PACIFIC STOCK EXCHANGE**  
 Ground Floor, Ra Marama Telephone: (679) 330 7025  
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 Government Buildings  
 Suva, Fiji Islands

# CLIENT AGREEMENT

## INVESTOR 1

Title (Mr /Mrs /Miss /Ms)

Surname/Family Name

First or Given Names

Date of Birth

Nationality

Father's Name

Occupation

Tax identification Number

## INVESTOR 2

(Please use if purchasing **On Account Of** or **As Trustee For**)

Title (Dr /Mr /Mrs /Miss /Ms)

Surname/Family Name

First or Given Names

Date of Birth

Nationality

Father's Name

Occupation

Tax identification Number

## COMPANIES/INSTITUTIONS/GROUPS/TRUSTS

Name

Authorized Officers/ Position

Contact Person/Telephone No.

Tax Identification (TIN)

## 2. CONTACT DETAILS

Residential Address

Postal Address

### 3. How do you want your reports, contract notes and certificates

Send. Please tick in the box of choice.

C/Collected  Posted

If posted which address you want us to use:

Postal  Residential

### 4. COMMUNICATE (Phone, Mobile, Fax & E-mail)

(Home Ph)

(Work Ph)

(Mobile)

(Fax)

(Email)

### 5. TYPE OF CLIENT (Please choose and tick in the box)

(Refer back of buy order for explanation)

Execution Only  General Customer  Discretionary

### 6. GENERAL INVESTMENT OBJECTIVES

Capital Growth  Security  High Income

Speculative  Other (Specify) .....

### 7. Frequency of reporting by FHLS to clients (in regards to orders)

Daily  Weekly  fortnightly  monthly

### 8. Do you wish FHLS to inform you on investment opportunities?

YES

NO

### 9. Who else is authorized to place buy orders on this account?

Self  Either/Or  Both  Another party

Please provide details and contacts:

.....

.....

**10. Statement by the customer**

I/We acknowledge and understand that investments are subject to risks, share prices can go down as well as up, the calculation of fees by FHLS, and that a customer has a right to complain. I/We also agree to inform FHLS if there are any changes to the information on this form.

**11. Signature of Account(s) (Please print name below signature)**

Signature 1

Signature 2

Signature 3

Signature 4

Date

Company Seal

**12. Financial Status**

If FHLS is to provide you with securities recommendations, by law it can only do so having made due enquiry as to your investment objective, financial situation and particular needs.

You may decline to provide the information requested below by signing the following confirmation but you should note that FHLS recommendations and obligations will be limited accordingly.

We confirm that we do not wish to complete the following section of this Client Information Form as requested and accordingly release FHLS from the requirement to obtain this information not provided.

Signed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated: \_\_\_\_\_

*Following is a simple Assets/Liabilities Statement, which we ask that you complete should you wish to provide the information. This is confidential to your advisor to assist in achieving your investment objectives.*

LIABILITIES	\$	ASSETS	\$
BANK etc: Mortgages/Loans (details)		BANK	
OTHER		PROPERTY (DETAILS)	
Taxation		1	
Hire Purchase		2	
<b>TOTAL LIABILITIES</b>			
<b>SURPLUS</b>			
<b>TOTAL LIABILITIES</b>		<b>TOTAL ASSETS</b>	

\* Company's Financial Accounts to be submitted

Other shares/debentures (above)

Code                      Number                      Est Value

Monthly Income

Monthly Expenses

Net Uncommitted Income

\$ \_\_\_\_\_

(Attach if necessary)

\$ \_\_\_\_\_

I/We declare that the information given on this form is true and correct.

Signature(s)

(NB: This document is confidential to your advisor to assist achieving your investment objectives)

\_\_\_\_\_  
 Licensed Broker/Dealer Representative

\_\_\_\_\_  
 Date