BDS Chartered Accountants Ltd

PO Box 7277, Victoria St. West, Auckland 1142



2025 Trust Questionnaire

| Name: | |
|--|--|
| Please provide details where not on XERO/MYOB for the period 1 April 2024 to 31 March 2025 | |
| 1. Business Income Trading Income | |
| 2. Interest income Resident withholding tax certificates | |
| 3. Dividend income Dividend statements | |
| 4. Investment income Portfolio summary where applicable | |
| 5. Overseas income including overseas rental and pension Details of overseas income and tax paid or deducted on your behalf | |
| 6. Rental income Details of income and expenses from rental property | |
| 7. Legal expense Copies of solicitor invoices | |
| Other Details Required | |
| 1. Any assets transferred to trust Provide supporting and resolutions where applicable | |
| 2. Details of gifting Gifting resolutions and deed of acknowledgement of debt | |
| 3. Solicitor Correspondence Provide copies of resolutions and documents prepared by solicitor . | |
| 4. Property owning trusts Copies of any valuations obtained. | |

Level 12, 17 Albert Street Auckland 1010 bdsforms@bdsaccountants.co.nz

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5. Trust Transactions

Provide details and supporting documentation of any sales and purchases of trust assets including shares and property

Declaration

sending to BDS

I accept responsibility for the accuracy and completeness of the information supplied in this questionnaire which is to be used in the calculation of my income from my property rental activities. You are not to complete an audit, nor do I wish to undertake a detailed review of my affairs in order to substantiate the accuracy of my information, and therefore you are not asked to provide any assurance on my financial statement. I understand your work can not be relied on to detect error and fraud and that you accept no liability for the accuracy and completeness of the information supplied by me. I further understand that the financial statements will be prepared at my request and for my purposes only and that you will not be liable for any losses, claims or demands by any third person. I also accept responsibility for all other records and information supplied to you other than those listed above. I accept responsibility for any failure by me to supply all relevant records and information to you.

| Prepared By: | Full Name | |
|-----------------------|------------------------------------|----|
| Designation: | Designation | |
| Signature: | J Signature | |
| Please ensure signing | before () Level 12, 17 Albert Stre | et |

Auckland 1010

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