

Client Services contact details

Phone

1800 287 245 or 02 9259 0200

Email

ausbil_transactions@unitregistry.com.au

Website

www.ausbil.com.au

Instructions: Identification Forms

Australian and Foreign Companies

| | |
|---|---|
| Copies or originals? | This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us. |
| Certifying copies | <p>You must have someone certify the copies you send to us. The following people can be the certifier: You must certify the copies you send to us by one of the following certifiers:</p> <ul style="list-style-type: none"> • a Justice of the Peace • a Notary public (for the purposes of the Statutory Declaration Regulations 1993) • an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public • a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public • an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees • an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993) • a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993) • a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership • a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described) • a Judge of a court • a magistrate • a chief executive officer of a Commonwealth court • a registrar or deputy registrar of a court • a Police officer • an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955). |
| What should the person certifying write? | "I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document." Each page should be initialled by the person certifying your documents. |
| Not in English? | Documents not in English must be accompanied by an English translation prepared by an accredited translator. Contact us if you need guidance on accredited translators. |

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Identification Form – Australian and Foreign Companies

Complete this form if you are a company investing for the first time with an Ausbil Investment Management fund. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

If you are a trustee, do NOT complete this form. Complete the Identification Form – Trusts and Trustees instead.

1. Please complete this identification form in BLOCK letters and using a black pen.
2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.
3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us.

1.1 General information

Full name of company

Nature of business

1.2 Australian companies

Principal place of business (if different to registered office address). A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Registered office address (if different to principal place of business)

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Please provide us with certified copies of:

an **ASIC search**

1.3 Foreign companies

Country of formation

Registered in Australia?

No Yes – what is the ARBN

If you are a foreign company registered in Australia write your principal place of business in Australia or the full name and address of your Australian agent.

Provide EITHER

Principal place of business address in Australia OR

Australian agent name and address

Property/Building name (if applicable)

A PO Box/RMB/Locked Bag is not acceptable.

Unit Street number

Street name

Suburb State

Postcode Country

Name of local agent in Australia

Registered in country of formation?

No Yes – name of regulator/exchange

Identification number issued by foreign registration body

If you are a foreign company not registered in Australia write your registered business address in country of formation or principal place of business if there is not a registered address.

Principal place of business address in country of formation
OR

Principal place of business as there is no registered address

A PO Box/RMB/Locked Bag is not acceptable

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country (if not Australia)

Please provide us with certified copies of one of the following:

an **ASIC or foreign regulator search**

2 Company type

Please complete the section below for public companies (section 2.1) or private companies (section 2.2) (as applicable).

2.1 Public company

Are you a public company?

No Yes

If yes, please proceed to section 3.

2.2 Private company

Are you a private company?

No Yes

If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do not complete for public companies.

Director details

How many directors are there?

Provide the full name of each director.

Director 1

Title Full given names

Surname

Director 2

Title Full given names

Surname

Director 3

Title Full given names

Surname

Director 4

Title Full given names

Surname

If there are more directors, please provide their name on a separate sheet and attach to this form.

3 Regulated/Listed companies

Are you an Australian listed company?

No Yes – please provide name of market/exchange

Market/Exchange

Are you a majority-owned subsidiary of an Australian listed company?

No Yes – please provide name of listed company and market/exchange

Company

Market/Exchange

Are you a regulated company?

One that which is licensed by an Australian Commonwealth, State or Territory statutory regulator.

No Yes – please provide details of the regulator and licence number

Regulator

Licence number

If you answered yes to any of these questions, please provide us with a certified copy of **one** of the following and sign the form at the end. For you, this form is then complete.

- an **ASIC search**
- a **search of the licence or other records of the relevant regulator**
- a **public document issued by the company**
- a **search of the relevant market/exchange**

4 Non-regulated/non-listed companies

If you answered no to all the questions in section 3, please fill in the sections 4.1, 4.2 and 4.3 below.

4.1 Beneficial owner details

Provide details of all beneficial owners who are individuals who, through one or more shareholdings, ultimately own 25% or

more of the company's issued capital or who control (whether directly or indirectly) the company and either the date of birth or full residential address of each beneficial owner.

HELP

Control: includes control as a result of, or by means of, trusts, agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or not based on legal or equitable rights, and includes exercising control through the capacity to determine decisions about financial and operating policies.

Beneficial owner 1

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

 / /

Usual occupation/Nature of business

Residential/Registered office address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Beneficial owner 2

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

 / /

Usual occupation/Nature of business

Residential/Registered office address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Beneficial owner 3

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

 / /

Usual occupation/Nature of business

Residential/Registered office address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Beneficial owner 4

Title Full given names

Surname/Company name

Date of birth (DD/MM/YYYY)

 / /

Usual occupation/Nature of business

Residential/Registered office address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Verification procedure - beneficial owners

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each individual applicant.

Group 1

Provide a certified copy of one of these:

- current Australian driver's licence**
showing your photo, and please copy the front and back
- current foreign driver's licence**
showing your date of birth, signature and photo
- current Australian passport**
a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you
- current foreign passport**
showing your signature and photo, and please copy the pages which identify you
- current Australian State or Territory Government issued ID card**
showing your date of birth, signature and photo
- current foreign Government issued ID card**
showing your date of birth, signature and photo.

Group 2

If you can't provide anything from Group 1, then provide a certified copy of one of the following:

- Australian or foreign government issued birth certificate**
- Australian or foreign government issued citizenship certificate**
- Centrelink pension or health card**
please copy the front and back.

PLUS provide a certified copy of one of the following:

- a Government issued notice**
one which shows your name and residential address, not more than 12 months old
- a rates or utilities notice**
one which shows your name and residential address, not more than 3 months old
- ATO notice**
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

For each corporate beneficial owner please provide:

- a completed Identification form – Australian and Foreign Companies, plus any relevant identification.

4.2 Voting rights

If there are any other individuals, who have not been listed above in section 4.1, and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights, please provide their name, date of birth, and residential address on a separate sheet and attach to this form.

4.3 Senior Managing Official details

If the company does not have any beneficial owners, please provide the details of the Senior Managing Official (or equivalent).

Title Full given names

Surname

Date of birth (DD/MM/YYYY)

/ /

Company title

Residential/Registered office address

A PO Box/RMB/Locked Bag is not acceptable.

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

HELP
Senior Managing Official: an individual who makes, or participates in making, decisions that affect the whole, or a substantial part of the company, or that may significantly affect the company's financial standing.

Verification procedure - Senior Managing Official details

If you are unable to provide details of the beneficial owners in 4.1 above, please provide documentation showing the name of the Senior Managing Official, as provided in this section 4.3.

5 Performance of client identification and verification procedures

Please confirm whether client identification and verification procedures have been performed:

Select on option

- Financial adviser has **NOT** performed identification and verification procedures **OR**
- Financial adviser has performed the required identification and verification procedures for the client and has provided duly completed Client ID Form(s) with this application.

Adviser Declaration

I represent and warrant to Ausbil that:

- I have undertaken the applicable identification and verification procedure in relation to the client;
- I will make available to Ausbil, on request, original verification and identification records in respect to the client and will keep those records for a period of seven years after my relationship with the client has ended;

- I will use reasonable efforts to obtain additional information from the client if Ausbil requests me to do so;
- I will not knowingly do anything to put Ausbil in breach of AML/CTF Laws; and
- I will notify Ausbil immediately if I become aware of anything that would put Ausbil in breach of AML/CTF Laws.

AFSL Licensee name

Representative/Employee name

AFSL No

Phone No

Signature

6 Record of verification procedure by licensee

| ID Document details | Document 1 | Document 2 (if required) |
|--------------------------------|---|---|
| Verified Form | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy |
| Document Issuer/ Website | | |
| Public Document Type | | |
| Issue date/ Search date | | |
| Accredited English Translation | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted |

By completing and signing this Record of Verification Procedure I represent and warrant to Ausbil that:

- An identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative
- The tax information provided is reasonable considering the documentation provided
- I have followed the FSC/FPA Industry Guidance Note No. 24, Part 7.2 of the AML/CTF Rules and any other applicable guidelines and laws with respect to the AML/CTF Laws
- I will make available to Ausbil, on request, original verification and identification records obtained by me in respect of the client
- On request, I will provide the customer identification procedures adopted by me in relation to the client
- I have kept a record of the clients identification and verification and will retain these in their files for a period of seven years after my relationship with the client has ended

- I will use reasonable efforts to obtain additional information from the client if Ausbil requests me to do so
- I will not knowingly do anything to put Ausbil in breach of AML/CTF Laws, and
- I will notify Ausbil immediately if I become aware of anything that would put Ausbil in breach of AML/CTF Laws.

AFSL Licensee name

Representative/Employee name

AFSL No

Phone No

Signature

Date verification completed (DD/MM/YYYY)

7 Signing instructions

Where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Signature of director 1

Please print full name

Date (DD/MM/YYYY)

Company officer (please indicate company capacity)

Director

Sole director and company secretary

Signature of director 2/company secretary

Please print full name

Date (DD/MM/YYYY)

 / /

Company officer (please indicate company capacity)

Director

Company secretary