

Customer Identification Form

For Australian and Foreign Companies

ISSUED 07 MAY 2018

To comply with our obligations under the Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006, Pental investors must now complete a Customer Identification Form in addition to the application form.

The foreign tax residency information requested in this form is for the purpose of complying with our obligations under domestic and international laws to identify tax residents of a country or countries other than Australia.

This Customer Identification Form is to be completed by Australian and Foreign Companies only.

Customer identification forms for other entity types can be obtained by calling us on 1800 813 886 or downloaded from pentalgroup.com/application-customer-identification-forms.

Please follow the instructions provided.

Complete this form using a black pen – print in clear CAPITAL LETTERS.

Read this

Are you lodging your application form through a financial adviser? Please speak to your financial adviser before completing the Customer Identification Form.

Existing investors of Pental may not be required to complete the Customer Identification Form for AML purposes, however you will be required to complete this form to provide us with your foreign tax residency information. To determine if you are required to lodge this form for AML purposes, please call us on 1800 813 886 and provide your Pental account details.

Applications received without a completed Customer Identification Form and any necessary supporting documentation, from investors who are required to be identified for AML purposes, cannot be processed.

For more information call 1800 813 886
or visit pentalgroup.com



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Instructions and checklist for completing this form

WHO SHOULD COMPLETE THIS CUSTOMER IDENTIFICATION FORM

An Australian or Foreign Company investing in a new Pandal product.

IMPORTANT INFORMATION FOR INVESTORS

If you are lodging your product application form through a financial adviser, please contact your financial adviser for further information.

If you are lodging your product application form as a direct investor (without a financial adviser), please complete Section 1 or 2 of the Customer Identification Form only, and attach certified copies of your identification document(s). If you choose this option, please use the checklist provided below.

If you are an existing investor completing this form to provide us with your foreign tax residency information, you do not need to complete Section 1B or 2B or send us any supporting documentation outlined in this form.

CHECKLIST FOR OPTION 1

Before you send the Customer Identification Form, ensure that you have correctly completed all items on the checklist below. Ensuring that all information and documentation is provided will assist in a smooth application process.

This checklist section of this form is provided for your records and is not required by Pandal to process your application.

- Complete all applicable fields in Section 1 or 2 of the Customer Identification Form using the instructions provided.
- The following documents must be mailed to Pandal:

- ☐ completed Customer Identification Form
- ☐ certified copies of your identification document(s), and
- ☐ product application form with any applicable documentation.

IMPORTANT INFORMATION FOR FINANCIAL ADVISERS

When using this Customer Identification Form, please complete sections 1 or 2, and 3.

Under the AML/CTF Act, we are entitled to rely on the customer identification procedures conducted by financial advisers provided that the procedure was carried out in accordance with the requirements of the AML/CTF Act.

If you are a financial adviser who has identified and verified the investor, by completing this Customer Identification Form together with the verification procedure and in consideration of Pandal Fund Services Limited (Pandal) accepting the investor's application:

- you agree to identify and verify all new investors by using this Customer Identification Form
- you agree to retain a copy of the completed forms and all identification documents received from the investor in the investor's file for seven (7) years after the end of your relationship with the investor
- you agree to advise Pandal in writing when your relationship with the investor is terminated and agree to promptly provide Pandal all identification documents and/or the record of identification received from the investor at this time, or as otherwise requested from Pandal, from time to time.

FOREIGN TAX RESIDENCY REPORTING OBLIGATIONS

We are required to identify tax residents of a country or countries other than Australian in order to meet account information reporting requirements under domestic and international laws.

If at any time after account opening, information in our possession suggests that the Company and/or any individual who holds ownership and/or control in the Company of 25% or more (Controlling Person) may be a tax resident of a country or countries other than Australia, you may be contacted to provide further information on the foreign tax residency status of the Company and/or any Controlling Person(s). Failure to respond may lead to certain reporting requirements applying to the account.

By completing this form you certify that at any time there is a change to the foreign tax residency status details of the Company and/or any Controlling Person(s), you will inform us. You also certify that if at any time there is a change of a Controlling Person(s) in the Company, you will inform us.

A Controlling Person refers to the individual(s) that directly or indirectly own a legal interest in the Company of 25% or more and/or exercises actual effective control over the Company, whether from an economic or other perspective such as through voting rights. Where no individuals are identified as exercising control of the Company through ownership interests, the Controlling Person of the Company is deemed to be the individual(s) who hold the position of senior managing official.



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HOW TO CERTIFY YOUR DOCUMENTS

A certified copy is a document that has been certified as a true copy of an original document.

To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (e.g. postal agent, Justice of the Peace). Sample wording is provided below.

I, [full name], as [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original [signature and date].

WHO CAN CERTIFY COPIES OF DOCUMENTS

Legal	• a solicitor or barrister (that is, 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 notary public
JP	• a Justice of the Peace
Police	• a police officer
Accountant	• a member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants Australia or the National Institute of Accountants with two or more years of continuous membership
Post office	• 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 two or more years of continuous service who is employed in an office supplying postal services to the public
Diplomatic service	• an Australian consular officer • an Australian diplomatic officer (within the meaning of the Consular Fees Act 1985)
Financial corporations (bank, building society, credit union)	• an officer with two 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 two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993) • an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees.



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INSTRUCTIONS

Complete all parts of **one** of the following sections using **black** pen – print in clear **CAPITAL LETTERS**:

- **Section 1:** Australian Companies – See below
- **Section 2:** Foreign Companies – Go to page 9

SECTION 1: AUSTRALIAN COMPANIES

To be completed if company is an Australian Company

SECTION 1A: COMPANY DETAILS

1.1 GENERAL INFORMATION

Full name as registered by ASIC

Australian Company Number (ACN)

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Business/Trading As Name(s) (If any)

Registered office address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

Principal place of business (if any) (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

Source of funds – only provide options from the list below (must complete for new investors only)

Commission, Bonus, Business Income/Earnings, Business Profits, Investment Income/Earnings, Corporate investments earnings, Rental Income, Superannuation/Pension, Loan, Insurance Payment, Compensation Payment, Sale of assets, Liquidation of assets, Mergers and Acquisitions, Controlled Money Account, Gift/Donation, Tax refund, Additional sources (must outline the source)

Source of wealth – only provide options from the list below (must complete for new investors only)

Business income/earnings, Business profits, Investment Income/earnings, Corporate Investment/Earnings, Rental Income, Insurance Payment, Compensation Payment, Owns real estate/property, Sale of assets, Liquidation of assets, Mergers and Acquisitions, Controlled Money Account, Gift/Donation, Additional Source (must outline the source)

1.2 FOREIGN TAX RESIDENCY INFORMATION

Is the company a tax resident of any country outside of Australia?

☐

No

Go to Section 1.3

☐

Yes

List all of the countries outside of Australia in which the company is a resident for tax purposes and your Tax Identification Number (TIN)* for each below:

1 COUNTRY OF TAX RESIDENCY 1

Country of Tax Residency 1

Tax Identification Number (TIN) 1

OR

reason why TIN is not applicable (select ONE option only):

- ☐ Foreign TIN not issued by this country
- ☐ Foreign TIN pending issue by this country's tax authority

2 COUNTRY OF TAX RESIDENCY 2

Country of Tax Residency 2

Tax Identification Number (TIN) 2

OR

reason why TIN is not applicable (select ONE option only):

- ☐ Foreign TIN not issued by this country
- ☐ Foreign TIN pending issue by this country's tax authority

If there are more than two countries outside Australia in which the company is a resident for tax purposes, please photocopy this section to provide these details.

*A foreign TIN is an identifying number or equivalent issued by the individual's country of tax residency that is used for tax purposes.



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1.3 REGULATORY / LISTING DETAILS

Select [**x**] the following categories which apply to the Company and provide the information requested

☐ Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator)	Regulator name
	Licence details
☐ Australian listed company	Name of market/exchange
☐ Majority-owned subsidiary of an Australian listed company	Australian listed company name
	Name of market/exchange

1.4 COMPANY TYPE

Select [**x**] only **one** of the following categories

☐ Public	Go to Section 1B.
☐ Proprietary	Go to Section 1.5 below.

1.5 DIRECTORS

- To be completed for proprietary Companies.
- This section does **not** need to be completed for public and listed Companies.

How many directors are there?		Provide the full name of each director below.
	Full given name(s)	Surname
1		
2		
3		
4		
If there are more directors, provide details on a separate sheet.		

If the Company is a regulated Company (as selected in Section 1.3 above), go to Section 1B, otherwise continue to Section 1.6 below.

Continued on the next page



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1.6 BENEFICIAL OWNERSHIP

1.6A SHAREHOLDERS

- To be completed for proprietary Companies that are not regulated Companies.
- Provide details of all individuals who ultimately own 25% or more of the Company's issued capital (through direct or indirect shareholdings).

NOTE: All individuals listed below are required to complete an Individual Customer Identification Form. Please refer to Section 1C.

1 SHAREHOLDER 1

Full given name(s)	Surname	
Alternate name(s) (if any)	Date of Birth (dd/mm/yyyy)	
	/ /	
Residential address (PO Box is not acceptable)		
STATE	POSTCODE	COUNTRY

2 SHAREHOLDER 2

Full given name(s)	Surname	
Alternate name(s) (if any)	Date of Birth (dd/mm/yyyy)	
	/ /	
Residential address (PO Box is not acceptable)		
STATE	POSTCODE	COUNTRY

3 SHAREHOLDER 3

Full given name(s)	Surname	
Alternate name(s) (if any)	Date of Birth (dd/mm/yyyy)	
	/ /	
Residential address (PO Box is not acceptable)		
STATE	POSTCODE	COUNTRY

4 SHAREHOLDER 4

Full given name(s)	Surname	
Alternate name(s) (if any)	Date of Birth (dd/mm/yyyy)	
	/ /	
Residential address (PO Box is not acceptable)		
STATE	POSTCODE	COUNTRY



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1.6B OTHER CONTROLLING PARTIES

- If there are no individuals who meet the requirement of 1.6A, provide the names of the individuals who directly or indirectly control* the Company.

* Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the Company (such as the managing director or directors who are authorised to sign on the Company's behalf).

NOTE: All individuals listed below are required to complete an Individual Customer Identification Form. Please refer to Section 1C.

1 CONTROLLING PARTY 1

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

2 CONTROLLING PARTY 2

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

3 CONTROLLING PARTY 3

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

4 CONTROLLING PARTY 4

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY



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SECTION 1B: AUSTRALIAN COMPANY VERIFICATION PROCEDURE

- Complete either Part A or Part B to tell us what document(s) you are sending us or the verification method Pandal should perform.
- Contact us if you are unable to provide the required document(s).
- If instructed to provide certified copies of documents, please refer to the 'How to certify your documents' section for information on how to do this.

PART A – ACCEPTABLE DOCUMENT

Cross x	Select ONE of the following options used to verify the Company
☐	Certified copy of the certification of registration issued by ASIC.
☐	Perform a search of the relevant database (Pandal to perform for direct customers).

OR

PART B – ALTERNATIVE ACCEPTABLE DOCUMENT

For a Company which is an Australian listed company or majority owned subsidiary of an Australian listed company, or is a regulated company (i.e. licensed by an Australian, Commonwealth, State or Territory statutory authority).

Cross x	Select ONE valid option from this section
☐	Public document issued by the relevant company.
☐	Perform a search of the relevant market/exchange (Pandal to perform for direct customers).
☐	Perform a search of the relevant database (Pandal to perform for direct customers).
☐	Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator (Pandal to perform for direct customers).

SECTION 1C: BENEFICIAL OWNERSHIP VERIFICATION PROCEDURE

Each Shareholder or Controlling Party specified in Section 1.6 is required to complete an Individual Customer Identification Form available from pandalgroup.com/application-customer-identification-forms.

Australian Company Identification Form now complete



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SECTION 2: FOREIGN COMPANIES

To be completed if company is a Foreign Company

SECTION 2A: COMPANY DETAILS

2.1 GENERAL INFORMATION

Full name of Foreign Company

Business/Trading As Name(s) (If any)

Country of formation / incorporation / registration

☐ Select [x] if registered by a foreign body and provide name of body below

Source of funds – only provide options from the list below (must complete for new investors only)

Commission, Bonus, Business Income/Earnings, Business Profits, Investment Income/Earnings, Corporate investments earnings, Rental Income, Superannuation/Pension, Loan, Insurance Payment, Compensation Payment, Sale of assets, Liquidation of assets, Mergers and Acquisitions, Controlled Money Account, Gift/Donation, Tax refund, Additional sources (must outline the source)

Source of wealth – only provide options from the list below (must complete for new investors only)

Business income/earnings, Business profits, Investment Income/earnings, Corporate Investment/Earnings, Rental Income, Insurance Payment, Compensation Payment, Owns real estate/property, Sale of assets, Liquidation of assets, Mergers and Acquisitions, Controlled Money Account, Gift/Donation, Additional Source (must outline the source)

2.2 FOREIGN TAX RESIDENCY INFORMATION

Is the company a tax resident of any country outside of Australia?

☐ No

Go to Section 2.3

☐ Yes

List all of the countries outside of Australia in which the company is a resident for tax purposes and your Tax Identification Number (TIN)* for each below:

1 COUNTRY OF TAX RESIDENCY 1

Country of Tax Residency 1

Tax Identification Number (TIN) 1

OR

reason why TIN is not applicable (select ONE option only):

- ☐ Foreign TIN not issued by this country
☐ Foreign TIN pending issue by this country's tax authority

2 COUNTRY OF TAX RESIDENCY 2

Country of Tax Residency 2

Tax Identification Number (TIN) 2

OR

reason why TIN is not applicable (select ONE option only):

- ☐ Foreign TIN not issued by this country
☐ Foreign TIN pending issue by this country's tax authority

If there are more than two countries outside Australia in which the company is a resident for tax purposes, please photocopy this section to provide these details.

*A foreign TIN is an identifying number or equivalent issued by the individual's country of tax residency that is used for tax purposes.



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2.3 IS THE FOREIGN COMPANY REGISTERED WITH ASIC?

Select [x] **one** of the following

☐ Yes	Provide ARBN						
	Provide either (cross one box): ☐ Principal place of business address in Australia OR ☐ Local agent name and address details Address (PO Box is not acceptable) <table border="1"><tr><td colspan="3"> </td></tr><tr><td>STATE</td><td>POSTCODE</td><td>COUNTRY</td></tr></table> Name of local agent in Australia				STATE	POSTCODE	COUNTRY
STATE	POSTCODE	COUNTRY					
☐ No	Provide Company identification number (if any) issued by the foreign registration body						
	Principal place of business in the Company's country of formation or incorporation (PO Box is not acceptable) <table border="1"><tr><td colspan="3"> </td></tr><tr><td>STATE</td><td>POSTCODE</td><td>COUNTRY</td></tr></table>				STATE	POSTCODE	COUNTRY
STATE	POSTCODE	COUNTRY					

2.4 REGISTERED ADDRESS OF COMPANY

Provide the registered address as registered with ASIC. If the Company is not registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

Registered office address (PO Box is not acceptable)

STATE	POSTCODE	COUNTRY

2.5 REGULATORY / LISTING DETAILS

Select [x] the following categories which apply to the Company and provide the information requested

☐ Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator)	Regulator name	
	Licence details	
☐ Listed on a major financial market	Name of market/exchange	
☐ Majority-owned subsidiary of an Australian listed company	Australian listed company name	
	Name of market/exchange	

2.6 COMPANY TYPE

Select [x] **only one** of the following categories and provide any information requested

☐ Public	Go to Section 2B below.
☐ Private/Proprietary	Go to Section 2.7 below.
☐ Other	Go to Section 2.7 below.



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2.7 DIRECTORS

To be completed for all Companies other than public or listed Companies.

How many directors are there?

Provide the full name of each director below.

Full given name(s)

Surname

	Full given name(s)	Surname
1		
2		
3		
4		

If there are more directors, provide details on a separate sheet.

If the Company is a regulated Company (as selected in Section 2.5 above), go to Section 2B, otherwise continue to Section 2.8.

2.8 BENEFICIAL OWNERSHIP

2.8A SHAREHOLDERS

- To be completed for all Companies which are not Public Listed or Unlisted Companies, majority owned by an Australian Public Listed Company or Companies (Regulated)
- Provide details of all individuals who ultimately own 25% or more of the Company's issued capital (through direct or indirect shareholdings).

Note: All individuals listed below are required to complete an Individual Customer Identification Form. Refer to Section 2C.

1 SHAREHOLDER 1

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

2 SHAREHOLDER 2

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

3 SHAREHOLDER 3

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY



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4 SHAREHOLDER 4

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

2.8B OTHER CONTROLLING PARTIES

- If there are no individuals who meet the requirement of 2.8A, provide the names of the individuals who directly or indirectly control* the Company.

*Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the Company (such as the managing director or directors who are authorised to sign on the Company's behalf).

Note: All individuals listed below are required to complete an Individual Customer Identification Form. Refer to Section 2C.

1 CONTROLLING PARTY 1

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

2 CONTROLLING PARTY 2

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

3 CONTROLLING PARTY 3

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY



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4 CONTROLLING PARTY 4

Full given name(s)

Surname

Alternate name(s) (if any)

Date of Birth (dd/mm/yyyy)

 / /

Residential address (PO Box is not acceptable)

STATE

POSTCODE

COUNTRY

SECTION 2B: FOREIGN COMPANY VERIFICATION PROCEDURE

- Complete either Part A, Part B or Part C to tell us what document(s) you are sending us or the verification method Pental should perform.
- Contact us if you are unable to provide the required document(s).
- If instructed to provide certified copies of documents, please refer to the 'How to certify your documents' section for information on how to do this.

PART A – ACCEPTABLE ID DOCUMENTS

Cross x	Select this option if the Foreign Company is registered with ASIC.
☐	Certified copy of the certification of registration issued by ASIC.
☐	Perform a search of the relevant database (Pental to perform for direct customers).
☐	Perform a search of the relevant foreign registration body (Pental to perform for direct customers).

OR**PART B – ACCEPTABLE ID DOCUMENTS**

Cross x	Select this option if the Foreign Company is not registered with ASIC.
☐	A certified copy of the certification of registration issued by the relevant foreign registration body.
☐	A disclosure certificate from the Company given by an individual acting as agent of the Company where the agent has been verified. Contact us for more information.
☐	Perform a search of the relevant foreign registration body (Pental to perform for direct customers).

OR**PART C – ACCEPTABLE ID DOCUMENTS**

Cross x	Select this option if a listed Company, a majority owned subsidiary of an Australian listed Company or a regulated Company.
☐	A public document issued by the relevant Company.
☐	Perform a search of the relevant financial market (Pental to perform for direct customers).
☐	Perform a search of the relevant ASIC database (Pental to perform for direct customers).
☐	Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator (Pental to perform for direct customers).

Documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

SECTION 2C: BENEFICIAL OWNERSHIP VERIFICATION PROCEDURE

Each Shareholder or Controlling Party specified in Section 2.8 is required to complete an Individual Customer Identification Form available from pentalgroup.com/application-customer-identification-forms.

Foreign Company Identification Form now complete

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SECTION 3: FINANCIAL ADVISER USE ONLY**OPTION 1**

Financial advisers can complete Sections 3B and 3C as outlined below. Please ensure that you indicate which document(s) you have sighted or which search was performed as set out in Section 1B or Section 2B of this form. Enclose the completed verification procedure with your client's product application form and mail to us. **This is our preferred method.**

OR**OPTION 2**

Financial advisers can complete Section 3C and send us copies of the documents received from the investor with this completed Customer Identification Form and the product application form. Documents must be provided in line with Section 1B or Section 2B of this form.

SECTION 3A: VERIFICATION REQUIREMENTS FOR DOMESTIC AND FOREIGN COMPANIES**DOMESTIC COMPANY VERIFICATION PROCEDURE**

Standard verification procedure	Alternative verification procedure
Verify - the full name of the Company as registered by ASIC - whether the Company is registered as a proprietary or a public company - the ACN issued to the Company.	For a Company which is an Australian Listed Company, a majority owned subsidiary of an Australian listed company or is a regulated company (i.e. licensed by an Australian Commonwealth, State or Territory statutory regulator). Verify that the Company is: - an Australian Listed Company (if applicable) - a majority owned subsidiary of an Australian Listed Company (if applicable) - a Regulated Company (if applicable)

FOREIGN COMPANY VERIFICATION PROCEDURE

Standard verification procedure – for Foreign Companies registered with ASIC	Standard verification procedure – for Foreign Companies NOT registered with ASIC
Verify - the full name of the Company as registered by ASIC - the ARBN issued to the Company - whether it is registered by a foreign registration body and, if so, whether it is registered as a private company or a public company	Verify: - the full name of the Company - whether it is registered by a foreign registration body and if so: - whether it is registered as a private company or a public company - the identification number issued to the company

SECTION 3B: RECORD OF VERIFICATION PROCEDURE

ID Document Details	Document 1	Document 2 (if applicable)
Verified from	☐ Performed search ☐ Original ☐ Certified copy	☐ Performed search ☐ Original ☐ Certified copy
Document issuer/Web		
Public document type		
Issue/search date (dd/mm/yyyy)		
Accredited English translation	☐ n/a ☐ Sighted	☐ n/a ☐ Sighted

SECTION 3C: FINANCIAL ADVISER DETAILS

Identification and verification conducted by:

Date verified (dd/mm/yyyy)

 / /

Financial Adviser's name

Phone number

AFS Licensee name

AFSL number

By completing this section you are agreeing to be bound by the terms and conditions set out on page 2 of this form.



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