






ISSUED 22 MARCH 2023

# Partnership and partners

## Customer Identification Form

### How to complete this Form

<b>A</b>	<b>Who can use this Form</b>	Direct investors applying to make an initial investment in a Pental fund.					
<b>B</b>	<b>Complete the relevant sections</b> <ul style="list-style-type: none"><li>• Use a <b>black</b> pen</li><li>• Print in clear <b>CAPITAL</b> letters</li><li>• Cross boxes where needed</li></ul>	<div><div>Investor</div><div>Partners</div><div>Beneficial owners</div><div>Controlling parties</div><div>Verification</div></div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div></div>					
<b>C</b>	<b>Provide ALL relevant documents</b> <p>Your Application cannot be processed if you do not provide the relevant completed Customer Identification (ID) Form(s) and any required ID support documents or attachments.</p>	<div><div></div><div>+</div><div></div><div>+</div><div></div><div>+</div><div></div><div>+</div><div></div></div> <div><div>Application Form</div><div>Any support attachment(s)</div><div>Customer ID Form(s)</div><div>ID support document(s)</div><div>Self-Certification Form(s)</div></div>					
<b>D</b>	<b>Certify your ID documents</b> <ul style="list-style-type: none"><li>• take the original document and a copy to a person listed adjacent</li><li>• ask them to certify that the copy is a true copy of the original.</li></ul> <p>Sample wording:</p> <p><i>"I, [full name], as [category of person listed], certify that this [name of document] is a true and correct copy of the original."</i></p> <ul style="list-style-type: none"><li>• Underneath this wording the certifier must provide their signature and the date.</li></ul>	<b>Legal</b> <ul style="list-style-type: none"><li>- a solicitor or barrister (a person who is on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner)</li><li>- a judge of a court or magistrate</li><li>- a chief executive officer of a Commonwealth court</li><li>- a registrar or deputy registrar of a court</li><li>- a notary public</li></ul>	<b>JP</b> <ul style="list-style-type: none"><li>- a Justice of the Peace</li></ul>	<b>Police</b> <ul style="list-style-type: none"><li>- a police officer</li></ul>	<b>Accountant</b> <ul style="list-style-type: none"><li>- 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</li></ul>	<b>Diplomatic service</b> <ul style="list-style-type: none"><li>- an Australian consular officer</li><li>- an Australian diplomatic officer (within meaning of the Consular Fees Act 1985)</li><li>- an officer of an Embassy, Consulate or High Commission (for foreign investors)</li></ul>	<b>Financial corporations (bank, building society, credit union)</b> <ul style="list-style-type: none"><li>- an officer with two or more continuous years of service with one or more financial institutions (as per Statutory Declaration Regulations 1993)</li><li>- a finance company officer with two or more continuous years of service with one or more finance companies (as per Statutory Declaration Regulations 1993)</li><li>- an officer with, or authorised representative of, a holder of an Australian financial services licence for two or more continuous years.</li></ul>

### D Send everything together



Mail: Apex Fund Services Unit Registry GPO Box 4584 Sydney NSW 2001



Email: [pendal@apexgroup.com](mailto:pendal@apexgroup.com)

### Pental Fund Services Limited

Pental Fund Services Limited (Pental, 'our' or 'us')  
ABN 13 161 249 332, AFSL No. 431426 is the responsible entity or trustee of, and issuer of units, in the Pental funds.

### Our legal obligations

Australia's Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation obliges us to collect certain identification information and documentation about each investor.

## 1 Investor details

## 1.1 Partnership

**Full name of Partnership**

\_\_\_\_\_

Registered business name of Partnership – if any

Country where Partnership established

## 1.2 Sources of funds and wealth

**Provide sources from the list below** (new investors must complete)


Employment Income/Earnings, Redundancy, Inheritance, Gift/Donation, Windfall, Tax refund,  
Business Income/Earnings, Investment Income/Earnings, Rental Income, Superannuation/Pension,  
Loan, Insurance Payment, Compensation Payment, Government Benefits, Sale/Liquidation of Assets,  
or other sources (please outline the other source)

### 1.3 Primary contact person

To be completed for one signing Partner. We will use these details to contact the partnership regarding the investment.

MR      MRS      MISS      MS      OTHER:

\_\_\_\_\_

First name

\_\_\_\_\_

Last name

\_\_\_\_\_

Email address

[illegible]

Mobile phone number

( )

Work phone number

( )

Residential address (PO Boxes are not accepted)

--

STATE	COUNTRY	POSTCODE
-------	---------	----------

The primary contact must complete a separate Individual Customer Identification Form.

#### 1.4 Partnership type

**Is the Partnership regulated by a professional association?**

**No** – go to 2 ►

**Yes** – provide the details below

Name of Association

\_\_\_\_\_

## Membership details

--

Go to 2 ►

## 2 Partners

### 2.1 Partners

Number of partners

Provide the details of each partner below

Each individual listed below must complete a separate Individual Customer Identification Form.

PARTNER

1

Full given name(s)

Last name

Residential address (PO Boxes are not accepted)

STATE

COUNTRY

POSTCODE

PARTNER

2

Full given name(s)

Last name

Residential address (PO Boxes are not accepted)

STATE

COUNTRY

POSTCODE

PARTNER

3

Full given name(s)

Last name

Residential address (PO Boxes are not accepted)

STATE

COUNTRY

POSTCODE

If there are more than 3 partners, provide their details on a separate sheet with this Form.

Go to 3 ▶

## 3 Beneficial owners

### 3.1 Beneficial owners

Are there any individuals that own 25% or more of the Partnership or are entitled (directly or indirectly) to exercise 25% or more of the voting rights, including power of veto?

NO – go to 4 ▶

YES – Provide details of each below

Each individual listed below must complete a separate Individual Customer Identification Form.

BENEFICIAL OWNER

1

Full given name(s)

Last name

Role

BENEFICIAL OWNER

2

Full given name(s)

Last name

Role

BENEFICIAL OWNER

3

Full given name(s)

Last name

Role

If there are more than 3 beneficial owners, provide their details on a separate sheet with this Form.

Go to 4 ▶

## 4 Controlling parties

### 4.1 Controlling parties

#### Provide details of the individuals who directly or indirectly control the Partnership.

This includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices. If there is no such person, then the most senior managing official/s of the Partnership (such as the Managing Partner).

Each individual listed below must complete a separate Individual Customer Identification Form.

CONTROLLING PARTY

1

Full given names

Last name

Role

CONTROLLING PARTY

2

Full given names

Last name

Role

CONTROLLING PARTY

3

Full given names

Last name

Role

CONTROLLING PARTY

4

Full given names

Last name

Role

If there are more than 4 controlling parties, provide their details on a separate sheet with this Form.

Go to 5 ►

## 5 Verification of identity

### 5.1 Verification instructions

Australia's Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) Act obliges us to collect identification information and documentation from prospective investors.

Contact us directly if you are unable to provide the required documents.

### 5.2 ID document

#### Select ONE of the following documents

an original, a current certified copy or current certified extract of the Partnership agreement

a current certified copy or a current certified extract of minutes of a Partnership meeting

an original current membership certificate (or equivalent) of a professional association

membership details independently sourced from the relevant professional association

a notice issued by the ATO within the last 12 months e.g. Notice of Assessment

an original or current certified copy of a current certificate of registration of business name issued by a government or government agency in Australia.

#### If you cannot supply a document from the list above, select ONE of the following options

an original current membership certificate (or equivalent)

membership details independently sourced from the relevant association.

Documents that are not in English MUST be accompanied by an accredited English translation.

**THIS FORM IS NOW COMPLETE**

#### How to submit this Form



Mail: Apex Fund Services Unit Registry GPO Box 4584 Sydney NSW 2001



Email: pendal@apexgroup.com