Client Services contact details Phone

Within Australia: 1300 097 995 International: +61 3 9616 8614

Email

mba@unitregistry.com.au

Instructions: identification forms

Which form?	There are three forms that follow: one each for individuals, companies and trustees. Choose the form that is applicable to you. If you are a partnership, an association, a co-operative or a Government body, then contact us and we will send a more appropriate form to you.
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	 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: 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 solicitor or barrister (that is, 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 initialed 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.

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mba@unitregistry.com.au

Identification form - Individuals

A separate form is required for each investor in the case of joint holdings. 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.

Send your documents to our Administrator.

You can return your forms by post to:

Maple-Brown Abbott GPO Box 804 Melbourne VIC 3001

1 Personal details	
Title Full given names Surname Date of birth (DD/MM/YYYY) Usual occupation	
Verification procedure – individual investor	
Please provide a certified copy of one document from Group 1 or if individual applicant.	you can't, a certified copy of two documents from Group 2 for each
Group 1	Group 2
Australian driver's licence showing your photo, and please copy the front and back foreign driver's licence showing your date of birth, signature and photo Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you foreign passport showing your signature and photo, and please copy the pages which identify you Australian State or Territory Government issued ID card showing your date of birth, signature and photo foreign Government issued ID card showing your date of birth, signature and photo.	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.
3 Signature	
Signature Please print full name Date (DD/MM/YYYY)	

Client Services contact details Phone

Within Australia: 1300 097 995 International: +61 3 9616 8614

Email

mba@unitregistry.com.au

Identification form - Australian and Foreign companies

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.

Send your documents to our Administrator.

You can return your forms by post to:

Maple-Brown Abbott GPO Box 804 Melbourne VIC 3001

1 Company details	
1.1 General information	Registered in country of formation?
Full name of company	No Yes – name of regulator/exchange
Nature of business	Tes mane or regulatory exertainge
Tractare of Business	
1.2 Australian companies Principal place of business (if different to registered office address).	Identification number issued by foreign registration body
A PO Box/RMB/Locked Bag is not acceptable.	If you are a foreign company registered in Australia write your principal place of business in Australia or the full name and
Property/Building name (if applicable)	address of your Australian agent.
Unit Street number	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.
Street name	A PO Box/RMB/Locked Bag is not acceptable
	Property/Building name (if applicable)
Suburb State	
	Unit Street number
Postcode Country	
	Street name
Please provide us with certified copies of:	
an ASIC search	Suburb State
1.3 Foreign companies	Postcode Country (if not Australia)
Country of formation	
	Please provide us with certified copies of one of the following:
Registered in Australia?	an ASIC or foreign regulator search
No Yes – what is the ARBN	an ASIC or foreign regulator search
Tes what is the Allest	an ASIC or foreign regulator certificate of registration.
2 Company type	
Please complete the section below for public companies (section	Director 1
2.1) or private companies (section 2.2) as applicable.	Title Full given names
2.1 Public company	
Are you a public company?	Surname
No Yes	
If yes, please proceed to section 3.	Director 2
2.2 Private company	Title Full given names
Are you a private company?	
No Yes	Surname
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 3
Director details	Title Full given names
How many directors are there?	
Provide the full name of each director.	Surname

Director 4 Title Full given names Surname Regulated/Listed companies	If there are more directors, please provide their name on a separate sheet and attach to this form.
·	
Are you an Australian listed company? No Yes – please provide name of market/exchange	Are you a regulated company?
Market/exchange	One that which is licensed by an Australian Commonwealth, State or Territory statutory regulator.
	No Yes – please provide details of the regulator and
Are you a majority-owned subsidiary of an Australian listed company?	licence number
No Yes – please provide name of listed company	
and market/exchange	Regulator
Company	Licence number
Market/Exchange	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.	Date of birth (DD/MM/YYYY)
4.1 Beneficial owner details	Usual occupation/Nature of business
Provide details of all beneficial owners who are individuals who,	Sadi Secupation, Hatare of Business
through one or more shareholdings, ultimately own 25% or more of the company's issued capital or who control (whether directly	Residential address/Registered office address
or indirectly) the company and either the date of birth or full residential address of each beneficial owner.	A PO Box/RMB/Locked Bag is not acceptable
HELP	Property/Building name (if applicable)
Control: includes control as a result of, or by means of, trusts,	Unit Street number
agreements, arrangements, understandings and practices, whether or not having legal or equitable force and whether or	Street number
not based on legal or equitable rights, and includes exercising	Street name
control through the capacity to determine decisions about financial and operating policies.	
Beneficial owner 1	Suburb State
Title Full given names	Postcode Country
Tall given harnes	Country
Surname/Company name	Beneficial owner 2
	Title Full given names

	Residential address/Registered office address A PO Box/RMB/Locked Bag is not acceptable	
Surname/Company name	Property/Building name (if applicable)	
Date of birth (DD/MM/YYYY)		
DD / MM / YYYY	Unit Street number	
Usual occupation/Nature of business		
Ostali occupation/ Nature of Business	Street name	
Residential address/Registered office address A PO Box/RMB/Locked Bag is not acceptable	Suburb State	
Property/Building name (if applicable)		
Froperty/building flame (if applicable)	Postcode Country	
Unit Street number	Verification procedure - beneficial owners	
	Please provide a certified copy of one document from Group 1 or	
Street name	if you can't, a certified copy of two documents from Group 2 for	
	each individual applicant.	
Suburb State	Group 1	
Postcode Country	Provide a certified copy of one of these:	
Postcode Country	Australian driver's licence	
	showing your photo, and please copy the front and back	
Beneficial owner 3		
Title Full given names	foreign driver's licence	
- an great times	showing your date of birth, signature and photo	
	Acceptable and a second and	
Surname/Company name	Australian passport a passport that has expired within the preceding two years is	
	a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you	
Date of birth (DD/MM/YYYY)	acceptable, and pieuse copy the pages which identify you	
DD / MM / YYYY	foreign passport	
	showing your signature and photo, and please copy the	
Usual occupation/Nature of business	pages which identify you	
	Australian State or Territory Government issued ID card	
Residential address/Registered office address	showing your date of birth, signature and photo	
A PO Box/RMB/Locked Bag is not acceptable		
Property/Building name (if applicable)	foreign Government issued ID card showing your date of birth, signature and photo.	
Unit Street number	Group 2	
	If you can't provide anything from Group 1, then provide a	
Street name	certified copy of one of the following:	
	A	
	Australian or foreign government issued birth certificate	
Suburb State	Australian or foreign government issued citizenship	
	certificate	
Postcode Country		
	Centrelink pension or health card	
Beneficial owner 4	please copy the front and back.	
	PLUS provide a certified copy of one of the following:	
Title Full given names		
	a Government issued notice	
Surname/Company name	one which shows your name and residential address, not more	
	than 12 months old	
Date of birth (DD/MM/YYYY)	a rates or utilities notice	
DD / MM / YYYY	one which shows your name and residential address, not more	
	than 3 months old	
Usual occupation/Nature of business		

	Company title
ATO notice	
one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.	Residential address/Registered office address A PO Box/RMB/Locked Bag is not acceptable
For each corporate beneficial owner please provide:	Property/Building name (if applicable)
a completed Identification form – Australian and Foreign companies, plus any relevant identification.	Unit Street number
4.2 Voting rights If there are any other individuals, who have not been listed above	Street name
in section 4.1, and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights, please	Suburb State
provide their name, date of birth, and residential address on a separate sheet and attach to this form.	Postcode Country
4.3 Senior Managing Official details If the company does not have any beneficial owners, please	
provide the details of the Senior Managing Official (orequivalent). Title Full given names	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
Surname	the company's financial standing.
Date of birth (DD/MM/YYYY)	
5 Signing instructions	
Where the company has a sole director who is also the sole compar company (pursuant to section 204A of the Corporations Act 2001) d alone. Otherwise this form must be signed by a director jointly with	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compar company (pursuant to section 204A of the Corporations Act 2001) dalone. Otherwise this form must be signed by a director jointly with capacity in which the form is signed.	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compar company (pursuant to section 204A of the Corporations Act 2001) d alone. Otherwise this form must be signed by a director jointly with	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compar company (pursuant to section 204A of the Corporations Act 2001) dalone. Otherwise this form must be signed by a director jointly with capacity in which the form is signed.	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compar company (pursuant to section 204A of the Corporations Act 2001) dalone. Otherwise this form must be signed by a director jointly with capacity in which the form is signed. Signature of director 1	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compar company (pursuant to section 204A of the Corporations Act 2001) dalone. Otherwise this form must be signed by a director jointly with capacity in which the form is signed. Signature of director 1 Please print full name	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compar company (pursuant to section 204A of the Corporations Act 2001) dalone. Otherwise this form must be signed by a director jointly with capacity in which the form is signed. Signature of director 1 Please print full name	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compar company (pursuant to section 204A of the Corporations Act 2001) of alone. Otherwise this form must be signed by a director jointly with capacity in which the form is signed. Signature of director 1 Please print full name Date (DD/MM/YYYY) DD / MM / YYYYY Company officer (please indicate company capacity)	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compare company (pursuant to section 204A of the Corporations Act 2001) of alone. Otherwise this form must be signed by a director jointly with capacity in which the form is signed. Signature of director 1 Please print full name Date (DD/MM/YYYY) DD / MM / YYYYY Company officer (please indicate company capacity) Director	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compare company (pursuant to section 204A of the Corporations Act 2001) of alone. Otherwise this form must be signed by a director jointly with capacity in which the form is signed. Signature of director 1 Please print full name Date (DD/MM/YYYY) DD / MM / Company officer (please indicate company capacity) Director Sole director and company secretary	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compare company (pursuant to section 204A of the Corporations Act 2001) of alone. Otherwise this form must be signed by a director jointly with capacity in which the form is signed. Signature of director 1 Please print full name Date (DD/MM/YYYY) DD / MM / Company officer (please indicate company capacity) Director Sole director and company secretary	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compare company (pursuant to section 204A of the Corporations Act 2001) of alone. Otherwise this form must be signed by a director jointly with capacity in which the form is signed. Signature of director 1 Please print full name Date (DD/MM/YYYY) Director Director Sole director and company secretary Signature of director 2/company secretary	oes not have a company secretary, a sole director can also sign
Where the company has a sole director who is also the sole compar company (pursuant to section 204A of the Corporations Act 2001) of alone. Otherwise this form must be signed by a director jointly with capacity in which the form is signed. Signature of director 1 Please print full name Date (DD/MM/YYYY) DD / MM / WYY Company officer (please indicate company capacity) Director Sole director and company secretary Signature of director 2/company secretary Please print full name	oes not have a company secretary, a sole director can also sign

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Identification form – Trusts and Trustees

If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

- 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.

Send your documents to our Administrator.

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1 Trust details	
Full name of trust	
Durings again (if aga)	
Business name (if any)	
Country in that the trust was established	
2 Type of trust	
2.1 Regulated trusts This includes complying superannuation funds and self-managed superannuation funds Superannuation fund - or another type of trust registered and regulated by an Australian Commonwealth statutory regulator	2.2 Non-regulated trusts Including family trusts, testamentary trusts and other unit trusts, deceased estates and charitable trusts (but not including self-managed superannuation funds) Is the trust a non-regulated trust?
No Yes	No Yes
If yes, please tell us:	If yes, please specify the type of trust
The regulator if not APRA or the ATO beneficial owners who are individed the trust income or assets or windirectly) the trust and either trust address of each beneficial owners. Registered managed investment scheme No Yes If yes, please tell us the ARSN Government superannuation fund beneficial owners who are individed the trust income or assets or windirectly) the trust and either trust and either trust income or assets or windirectly) the trust and either trust income or assets or windirectly) the trust and either trust income or assets or windirectly) the trust and either trust income or assets or windirectly) the trust and either trust income or assets or windirectly) the trust and either trust income or assets or windirectly) the trust and either trust income or assets or windirectly) the trust and either trust and e	Please provide full name, address and date of birth of all beneficial owners who are individuals who own 25% or more of the trust income or assets or who control (whether directly or indirectly) the trust 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.
No Yes	Beneficial owner 1
If yes, please tell us the name of the Act that regulates the trust	Title Full given names
If you answered yes to any of these questions, then please provide	
a certified copy of one of the following:	Surname/Company name
superannuation funds go to www.abn.business.gov.au, select the 'Super Fund Lookup' option and print out the results for your super fund registered managed investment schemes an ASIC search of the scheme Government superannuation funds an extract of the establishing legislation.	Date of birth (DD/MM/YYYY) DD / MM / WWW Usual occupation/Nature of business
	Residential address A PO Box/RMB/Locked Bag is not acceptable Property/Building name (if applicable)
	1 77 S TV TEE TO TO
	Unit Street number
	Street name
	Suburb State

<u>Postcode</u> Country	Postcode Country	
Beneficial owner 2	Beneficial owner 4	
Title Full given names	Title Full given names	
Surname/Company name	Surname/Company name	
Date of birth (DD/MM/YYYY)	Date of birth (DD/MM/YYYY) DD / MM /	
Usual occupation/Nature of business	Usual occupation/Nature of business	
Residential address A PO Box/RMB/Locked Bag is not acceptable	Residential address A PO Box/RMB/Locked Bag is not acceptable	
Property/Building name (if applicable)	Property/Building name (if applicable)	
Unit Street number	Unit Street number	
Street name	Street name	
	Cabanda	
Suburb State	Suburb State	
	Postcode Country	
Postcode Country	Osteode	
	Please provide the name of all beneficiaries that are not	
Beneficial owner 3	beneficial owners.	
Title Full given names	If the trust deed describes the beneficiaries by reference to	
	member of a class please provide details of, the class to which the	
Surname/Company name	beneficiaries belong e.g. family members, unit holders, un-named charities on a separate sheet and attach to this form.	
Date of birth (DD/MM/YYYY)	Beneficiary 1	
	Title Full given names	
Usual occupation/Nature of business	Title Tuli given hames	
Osual occupation/Nature of business	Surname	
Decidential address		
Residential address A PO Box/RMB/Locked Bag is not acceptable	Beneficiary 2	
Property/Building name (if applicable)	Title Full given names	
Unit Street number	Surname	
Street name		
Street Hallie	Beneficiary 3	
Suburb State	Title Full given names	
State		
	Surname	

Beneficiary 4	Name of trust settlor
Title Full given names	
Surname Please provide the name of the appointor of the trust, if	HELP Settlor: this is the person that creates the trust. The settlor may be, for example, your accountant or solicitor.
HELP Appointor: the appointor has the power to appoint or remove the trustees of the trust. Not all trusts have an appointor.	Note: you do not need to provide the name of the trust settlor if they are deceased, or the material asset at the time the trust was established was less than \$10,000. If you are a non-regulated trust, please provide us with certified copies of one of the following: Trust deed or an extract of the trust deed showing the full name of the trust and any named trust settlor Other documentation confirming the full name of the trust and the name of the trust settlor
3 Trustee details	
3.1 Verification procedure – individual trustee Title Full given names Surname Date of birth (DD/MM/YYYY) Usual occupation	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:
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	a Government issued notice one which shows your name and residential address, not more than 12 months' old
Provide a certified copy of one of these: Australian driver's licence showing your photo, and please copy the front and back foreign driver's licence showing your date of birth, signature and photo Australian passport	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 passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you foreign passport showing your signature and photo, and please copy the pages which identify you	a completed Identification form – Australian and Foreign companies, plus any relevant identification. 3.2 Verification procedure – company trustees 3.2.1. General information Full name of company trustee
Australian State or Territory Government issued ID card showing your date of birth, signature and photo	Nature of business
foreign Government issued ID card showing your date of birth, signature and photo.	ACN

3.2.2. Australian company trustee Please complete the section below for public companies (3.2.4 (a)) Place of business (if different to registered office address) or private companies (section 3.2.4 (b)) as applicable. A PO Box/RMB/Locked Bag is not acceptable. 3.2.4 (a) Public company Property/Building name (if applicable) Are you a public company? No Yes Unit Street number If yes, please proceed to section 3.2.5 3.2.4 (b) Private company Street name Are you a private company? No Yes Suburb State If yes, please complete the director details section below if you are a private Australian company or a private foreign company. Do Postcode Country not complete for public companies. **Director details** 3.2.3 Foreign company trustee How many directors are there? Country of formation Provide the full name of each director: Director 1 Registered in Australia? Title Full given names No Yes If yes, please provide the ARBN Surname Registered in that country? Director 2 No Yes Title Full given names If yes, please provide the name of regulator/exchange Surname Identification number issued by foreign registration body Director 3 Registered business address in country of formation Title Full given names A PO Box/RMB/Locked Bag is not acceptable Property/Building name (if applicable) Surname Unit Street number Director 4 Title Full given names Street name Surname Suburb State If there are more directors, please provide their name on a Postcode Country (if not Australia) separate sheet and attach to this form. 3.2.5 Regulated/Listed companies Please provide us with certified copies of one of the following: Are you an Australian listed company? an ASIC or foreign regulator search Yes - please provide name of market/exchange

3.2.4 Company type

Customer identification form Page 13

an ASIC or foreign regulator certificate of registration.

Market/Exchange

	Suburb	State
Are you a majority-owned subsidiary of an Australian listed company?		
No Yes – please provide name of listed company and market/exchange	Postcode Country	
Company and market/exchange	Beneficial owner 2	
Market/Exchange	Title Full given names	
Are you a regulated company?	Surname/Company name	
One which is licensed by an Australian Commonwealth, State or Territory statutory regulator.	Date of birth (DD/MM/YYYY)	
No Yes – please provide details of the regulator and licence number	/ / Usual occupation/Nature of business	
Regulator	Residential address	
Licence number	A PO Box/RMB/Locked Bag is not acceptable	
	Property/Building name (if applicable)	
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.	Unit Street number	
an ASIC search	Street name	
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		
3.2.6 Non-regulated/non-listed companies		
If you answered no to all the questions in section 3.2.5, please fill in the sections 3.2.6 (a), (b) and (c) below.		
3.2.6 (a) Beneficial owner details		
Provide details of all beneficial owners (i.e. company shareholders) who, through one of more shareholdings, own 25% or more of the company's issued capital.		
Beneficial owner 1		
Title Full given names		
Surname/Company name		
Date of birth (DD/MM/YYYY) DD / / / / / / / / / / / / / / / / / /		
Usual occupation/Nature of business		
Residential address A PO Box/RMB/Locked Bag is not acceptable		
Property/Building name (if applicable)		

	DD / MM / YYYY
Unit Street number	Usual occupation/Nature of business
Street name	Residential address A PO Box/RMB/Locked Bag is not acceptable
Suburb State	Property/Building name (if applicable)
Postcode Country	Unit Street number
Beneficial owner 3	Street name
Title Full given	
names Surname/Company	Suburb State
name	Postcode Country
Date of birth (DD/MM/YYYY)	7

Beneficial owner 4	PLUS provide a certified copy of one of the following:
Title Full given names Surname/Company name	a Government issued notice one which shows your name and residential address, not more than 12 months' old
Date of birth (DD/MM/YYYY) DD / MM / YYYYY	a rates or utilities notice one which shows your name and residential address, not more than 3 months' old
Usual occupation/Nature of business	one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.
Residential address A PO Box/RMB/Locked Bag is not acceptable	For each corporate beneficial owner please provide:
Property/Building name (if applicable)	a completed Identification form – Australian and Foreign companies, plus any relevant identification.
Unit Street number	3.2.6 (b) Voting rights
Street name Suburb State	If there are any other individuals, who have not been listed above in section 3.2.6 (a), and who are entitled, either directly or indirectly, to exercise 25% or more of the company's voting rights please write down their full names on a piece of paper and attach to this form.
	3.2.6 (c) Senior Managing Official details
Postcode Country	If the company does not have any beneficial owners, please provide the details of the Senior Managing Official (or equivalent)
Verification procedure - beneficial owners	Title Full given names/Full company name
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.	Surname
Group 1	Date of birth (DD/MM/YYYY)
Provide a certified copy of one of these:	DD / MM / YYYY
Australian driver's licence showing your photo, and please copy the front and back	Nature of business
foreign driver's licence showing your date of birth, signature and photo	Company title
Australian passport a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you	Residential address A PO Box/RMB/Locked Bag is not acceptable
foreign passport showing your signature and photo, and please copy the pages which identify you	Property/Building name (if applicable)
Australian State or Territory Government issued ID card showing your date of birth, signature and photo	Unit Street number
foreign Government issued ID card showing your date of birth, signature and photo.	Street name
Group 2	Suburb State
If you can't provide anything from Group 1, then provide a certified copy of one of the following:	Postcode Country
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.	

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 beneficial owners in 3.2.6 (a) above, please provide documentation showing the name of the senior managing official, as provided in this section 3.2.6 (c).

4 Signing instructions

Individual Trustee: where the investment has one individual trustee, the trustee must sign.

Multiple trustees: where the investment has more than one individual trustee, all trustees must sign.

Corporate trustee: 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.

Trust: the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

Power of Attorney: if signing under a Power of Attorney and you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney. I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of trustee 1, director or authorised signatory
Disease print full years
Please print full name
Date (DD/MM/YYYY)
Company officer (please indicate company capacity) Director
Sole director and company secretary
Authorised signatory
Signature of trustee 2, director/company secretary or authorised signatory
Please print full name
Date (DD/MM/YYYY) DD / MM / YYYYY
Company officer (please indicate company capacity)
Director
Company secretary
Authorised signatory