

In accordance with the Australian 'Anti Money Laundering and Counter Terrorism Financing Act 2006 (Cwlth)', organisations that provide specified financial services must carry out identification procedures commonly known as 'Know your Customer' or KYC to verify the identity of the customer. This requirement applies equally to individuals and non-individuals and extends in some circumstances to beneficial owners and controlling persons. Customers requesting a designated service will be asked to provide personal information as well as providing identification evidence.

Which type of investor are you and which section of the form should you complete?

The amount of information you need to provide depends upon your Investor type. You need only complete the section(s) of the form that relate to your particular Investor type and circumstances, as follows:

Investor Type	Form
Individual	Individual (Complete one form for each joint individual holder)
Company (foreign or domestic)	Company (Complete the company form for each company)
Trust (super fund, family trust, managed investment scheme etc)	Trust (Complete the trust form for each trust. If the trust has a corporate trustee, also complete the company form)

What do you need to do?

1. Complete the appropriate form or forms for your Investor Type by typing it, or handwriting in blue or black pen ink. Do not use correction fluid/tape or pencil. Please initial all corrections. Complete one form for each Investor.
2. **Include originally certified copies** of identity documents as specified on each form. A list of people who can certify documents is on the other side of this page. **Do not** send original documents as they may get lost. Certified copies of documents will not be returned to you.
3. Each Acting Authority/Authorised Representative e.g. Agent, Power of Attorney, Guardian etc. acting on behalf of an Individual Investor must identify themselves and provide supporting documentation.
4. Attach all of the relevant documents to the front of the transfer, transmission, sale authority form, or application form and mail to:

Link Market Services Limited
 Registry Operations – AML/CTF Processing
 Locked Bag A14
 SYDNEY SOUTH NSW 1235
 AUSTRALIA

Who can certify identity documents for you?

The following persons are authorised to certify documents under the AML/CTF Act.

1. A person who, under a law in force in a State or Territory, is currently licensed or registered to practice in an occupation listed in Part 1 of Schedule 2 of the *Statutory Declarations Regulations 1993*;
2. 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);
3. A person listed in Part 2 of Schedule 2 of the *Statutory Declarations Regulations 1993*. For the purposes of these Rules, where Part 2 uses the term '5 or more years of continuous service', this should be read as '2 or more years of continuous service';
4. An officer with, or a credit representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees;
5. An officer with, or a credit representative of, a holder of an Australian credit licence, having 2 or more years of continuous service with one or more licensees;
6. A person authorised as a notary public in a foreign country.

In the following lists items 101 to 112 (Part 1) and items 201 to 238 (Part 2) are extracted from the *Statutory Declarations Regulations 1993*.

Certified documents will **not be** returned to the customer.

Part 1 Occupations

- | | |
|-----|----------------------|
| 101 | Chiropractor |
| 102 | Dentist |
| 103 | Legal practitioner |
| 104 | Medical practitioner |
| 105 | Nurse |
| 106 | Optometrist |
| 107 | Patent attorney |
| 108 | Pharmacist |

- 109 Physiotherapist
- 110 Psychologist
- 111 Trade marks attorney
- 112 Veterinary surgeon

Part 2 Other persons

- 201 Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- 202 Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
- 203 Bailiff
- 204 Bank officer with 5 or more continuous years of service
- 205 Building society officer with 5 or more years of continuous service
- 206 Chief executive officer of a Commonwealth court
- 207 Clerk of a court
- 208 Commissioner for Affidavits
- 209 Commissioner for Declarations
- 210 Credit union officer with 5 or more years of continuous service
- 211 Employee of the Australian Trade Commission who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
- 212 Employee of the Commonwealth who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
- 213 Fellow of the National Tax Accountants' Association
- 214 Finance company officer with 5 or more years of continuous service
- 215 Holder of a statutory office not specified in another item in this Part
- 216 Judge of a court
- 217 Justice of the Peace
- 218 Magistrate
- 219 Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- 220 Master of a court
- 221 Member of Chartered Secretaries Australia
- 222 Member of Engineers Australia, other than at the grade of student
- 223 Member of the Association of Taxation and Management Accountants
- 224 Member of the Australian Defence Force who is:
 - (a) an officer; or
 - (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 2 or more years of continuous service; or
 - (c) a warrant officer within the meaning of that Act
- 225 Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- 226 Member of:
 - (a) the Parliament of the Commonwealth; or
 - (b) the Parliament of a State; or
 - (c) a Territory legislature; or
 - (d) a local government authority of a State or Territory
- 227 Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- 228 Notary public
- 229 Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
- 230 Permanent employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority; or
 - (c) a local government authority;with 5 or more years of continuous service who is not specified in another item in this Part
- 231 Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- 232 Police officer
- 233 Registrar, or Deputy Registrar, of a court
- 234 Senior Executive Service employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a State or Territory or a State or Territory authority

- 235 Sheriff
- 236 Sheriff's officer
- 237 Teacher employed on a full-time basis at a school or tertiary education institution
- 238 Member of the Australasian Institute of Mining and Metallurgy

Personal Information Collection Notification Statement: Link Group advises that the *Anti-Money Laundering & Counter Terrorism Financing Act 2006* ("AML/CTF Act") requires that personal information about you (including but not restricted to, your name, address, date of birth and country of origin) be collected and verified before a designated service is provided to you. The information collected complies with the rules of the AML/CTF Act. Some or all of your personal information may be disclosed to the AML/CTF regulator – AUSTRAC, Commonwealth government agencies, law enforcement agencies, or as required under other Australian law. The security issuer or the Link Group may request additional information from you before providing you with the requested designated service. For further details about our personal information handling practices, including how you may access and correct your personal information and raise privacy concerns, visit our website at www.linkmarketservices.com.au for a copy of the Link Group privacy policy.

This page left intentionally blank

Issuer Details

Issuer Name	Security Code/Description
<input type="text"/>	<input type="text"/>

Section 1 Individual Identification Details

First Name	Middle Name(s)
<input type="text"/>	<input type="text"/>

Surname/Family Name	Date of Birth
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>

Residential Street Address (Do not use a PO Box or C/- Address)

Suburb/Town/City	State/Territory/County/Region	Post/Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country (if not Australia)

Other Names known by 1. 2.

Country of Birth

Country(s) of Residency 1. 2.

Country(s) of Citizenship 1. 2.

Primary Occupation or Business Activity 1. 2.

In Australia In your country of citizenship or residency other than Australia

Source of wealth and funds used to purchase/acquire this product (e.g. Income, Investments, Savings, Inheritance, Sale of Assets, Loan etc.) Provide details

Section 2 Sole Trader

If the individual investor is a sole trader, please provide the following additional information.

Trading or Business Name

Business Street Address (Do not use PO Box or C/- address)

Suburb/Town/City	State/Territory/County/Region
<input type="text"/>	<input type="text"/>

Post/Zip code	Country (if not Australia)
<input type="text"/>	<input type="text"/>

Primary Business Activity	Australian Business Number (ABN)
<input type="text"/>	<input type="text"/>

Section 1 - to be completed by all investors.

Section 2 - to be completed by all investors.

Section 3 – to be completed by all Investors.

Section 3

Identification Documents - Individual Investor

Please complete either Option 1 or Option 2 and attach the applicable document(s). Please **DO NOT** attach original documents. Send only **certified copies** of original documents. Documents will not be returned.

Option 1 – Please attach at least 1 document

<input checked="" type="checkbox"/>	Primary photographic identity document
	Drivers Licence (Not expired)
	Australian Passport (current or expired in the last 2 years)
	International Travel Document – foreign passport (Not expired)
	Proof of Age Card (Not expired)
	National Identity Card (Not expired)

All foreign language documents must be accompanied by an English translation prepared by an accredited translator

Option 2 – Please attach 1 primary non-photographic document and 1 secondary non-photographic document; OR 2 primary non-photographic documents

<input checked="" type="checkbox"/>	Primary non-photographic identity document;
	Australian Birth Certificate or Extract of Birth
	Australian Citizenship Certificate
	Foreign Citizenship Certificate
	Foreign Birth Certificate
	A Commonwealth of Australia Pension card or Healthcare card

<input checked="" type="checkbox"/>	Secondary non-photographic identity document
	A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months
	An income tax assessment notice issued within the last 12 months
	A local government notice (e.g. council rates) or utilities notice (e.g. power, gas or phone bill) issued within the last 3 months
	In relation to a minor (under 18 years of age) a notice issued by a school principal within the last 3 months

All foreign language documents must be accompanied by an English translation prepared by an accredited translator

Investors signature

Date

DD / MM / YYYY

Section 4 – to be completed by a person authorised to Act for the Individual.

Section 4

Authorised Representative or Acting Authority

Full Name of person acting on behalf of the Individual

[Empty text box]

Date of Birth

DD / MM / YYYY

Residential Street Address (Do not use a PO Box or C/- Address)

[Empty text box]

Phone Number

Country code / area code / number

[Empty text box]

Date Appointed as Representative or Authority

DD / MM / YYYY

I have attached a certified copy of my drivers licence, passport or other photo Id which confirms my details above and contains my signature; and

Agent

I have attached a certified copy of my authorisation to Act on behalf of the Investor. (Tick from list below)

Power of Attorney

In the case of a minor, I have attached a certified copy of the minor's full birth certificate.

Parent or Guardian

Other

Signature

Date

DD / MM / YYYY

Please **DO NOT** attach original documents. Send only certified copies of original documents. Documents will not be returned.

<input checked="" type="checkbox"/>	Authorisation to Act
	Authority to act as Investor's Agent
	Power of Attorney
	Minor(s) Statement and Indemnity
	Guardianship Orders
	Other, please specify:

Issuer Details

Issuer Name

Security Code/Description

Section 1

Company Identification Details

Company Name

Country of Incorporation/Origin

Registered Office Street Address or Address of Australian Agent if a Foreign Company Registered with ASIC (Do not use a PO Box or C/- Address)

Suburb/Town/City

State/Territory/County/Region

Post/Zip code

Country (if not Australia)

ACN, ABN or ARBN

Principal Place of Business (Do not use a PO Box or C/- Address)

Suburb/Town/City

State/Territory/County/Region

Post/Zip code

Country (if not Australia)

Source of wealth and funds used to purchase/acquire this product (e.g. Revenue, Investments, Sale of Assets, Loan etc.) Provide details

Section 1 – to be completed by all Investors.

Section 2

Company Type and Registration Details

Please select company type from the list below:

Are you acting in a custodial or nominee capacity for an individual, another company, a trust, or other entity who is named in the registration details?

 No

 Yes

If yes, what is the name of individual, company, trust or other entity?

Name of Underlying Account Holder:

* Complete another form for the underlying account holder

Are you a company licensed and subject to regulatory oversight of a Commonwealth, State or Territory statutory regulator in relation to its activities as a company, e.g. AFSL, RSL or ACLN?

 No

 Yes

Regulator Name: (e.g. ASIC, APRA)

Licence Details:

Are you an Australian or foreign listed public company?

 No

 Yes

Name of parent listed company if a majority-owned subsidiary:

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

 No

 Yes

Name of Market/Exchange:

Exchange or Ticker Code:

Section 2 – to be completed by all Investors.

Section 2 – to be completed by all Investors.

Are you a foreign registered company? No Yes

Name of relevant foreign registration body (if applicable):

Are you a foreign company registered with ASIC? No Yes

ASIC and/or foreign registration number:

Is the foreign company: Public Private

Foreign registration number (if any)

Proprietary and Private Companies: Director Details

If the entity is a proprietary or private company, provide the full name of each director of the company. If there are more than 4 directors, copy this page and complete this section for the additional directors, or attach a separate sheet with the details.

Full Name of Director

Full Name of Director

Full Name of Director

Full Name of Director

Section 3 Proprietary or Private Companies - Beneficial Owners and Controlling Person Details

If the entity is a proprietary or private company that is NOT licensed by ASIC (e.g. AFSL, RSL, ACLN), provide the full name and residential street address of the ultimate individual beneficial owners and controlling persons who directly or indirectly own, hold or control 25% or more of the issued capital*.

If there are more than 4 beneficial owners and controlling persons, copy this page and complete this section for the additional beneficial owners, or attach a separate sheet with the details.

Name

Date of Birth

Residential Street Address (Do not use a PO Box or C/- Address)

I have included a certified copy of an identity document from section 5.

Name

Date of Birth

Residential Street Address (Do not use a PO Box or C/- Address)

I have included a certified copy of an identity document from section 5

Name

Date of Birth

Residential Street Address (Do not use a PO Box or C/- Address)

I have included a certified copy of an identity document from section 5

Name

Date of Birth

Residential Street Address (Do not use a PO Box or C/- Address)

I have included a certified copy of an identity document from section 5.

* If any shareholders are companies then you must copy this form and provide information about the individuals who are the ultimate beneficial owners.

Section 3 – to be completed by private or proprietary Company Investors.

Section 4 Public Unlisted Company - Controlling Person Details

If the entity is a public unlisted company that is NOT licensed by ASIC (e.g. AFSL, RSL, ACLN), provide the full name, residential street address and date of birth of the person who exerts ultimate control over the company by virtue of his/her authority to make policy, financial and operating decisions.

If there are more than 2 controlling persons, copy this page and complete this section for the additional controlling persons, or attach a separate sheet with the details.

Full Name of Controlling Person

Date of Birth

Residential Street Address (Do not use a PO Box or C/- Address)

I have included a certified copy of an identity document from section 5.

Full Name of Controlling Person

Date of Birth

Residential Street Address (Do not use a PO Box or C/- Address)

I have included a certified copy of an identity document from section 5

Section 5 Identification Documents

Please attach at least 1 identification document which verifies the existence of the company. Please **DO NOT** attach original documents. Send only **certified copies** of original documents. Documents will not be returned. Please attach 1 identification document for each individual beneficial owner and controlling person.

Tick ✓	Company Identity Procedure - Proprietary, Private or Public Unlisted Companies (foreign and domestic)
	A certificate of registration issued by ASIC or other regulator.
	A licence issued by a domestic or foreign regulator.
	A disclosure document that verifies information about the company e.g. full company search or an Annual Statement issued by a regulator.
	Individual Identity Procedure
	Primary photographic identity document in relation to each Individual Beneficial Owner and Controlling Person from sections 3 and 4
	Drivers Licence (Not expired)
	Australian Passport (current or expired in the last 2 years)
	International Travel Document – foreign passport (Not expired)
	Proof of Age Card (Not expired)
	National Identity Card (Not expired)

All foreign language documents must be accompanied by an English translation prepared by an accredited translator

Director or Sole Director

..... 

Date

Director or Company Secretary

..... 

Date

This page left intentionally blank

Issuer Details

Issuer Name

Security Code/Description

Section 1 – to be completed by all Investors.

Section 1

Trust Identification Details

Trust Name

Trustee/Responsible Entity

Country of Establishment/Origin

Source of wealth and funds used to purchase/acquire this product (e.g. Revenue, Investments, Sale of Assets, Loan, Contributions, etc.) Provide details

Section 2 & 3 – to be completed by all Investors.

Section 2

Type of Trust and Registration Details

Type of trust (select one of the following types of trusts):

- Self-managed superannuation fund
- APRA registered or regulated superannuation fund
- Government superannuation fund established by legislation

Specify the superannuation fund's ABN or APRA number:

Specify name of legislation establishing the government super fund:

Note: also includes a regulated pension or retirement fund

- Registered managed investment scheme
- Unregistered managed investment scheme that has only wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies

Specify ABN or ARSN (if applicable):

- Other regulated trust (i.e. registered and subject to the regulatory oversight of a Commonwealth statutory regulator

Specify the name of the regulator (e.g. ASIC, APRA, ATO, ACNC):

Note: a regulated trust includes a charity that is registered (and publicly viewable) with the Australian Charities and Not-for-Profit register (ACNC). If the charity is not viewable on the ACNC, please provide a trust deed or extract from section 6

Specify the trust's ABN or registration/licensing details:

- Other unregulated trust, including a Foreign Trust
 - (a) Is the contribution to the trust by the settlor less than \$10,000?
 - Yes No
 - (b) Is the settlor deceased?
 - Yes No

Trust description (e.g. family trust or unregulated charitable trust):

Specify the trust's ABN or foreign registration number (if any):

*If you answered 'No' to either of the questions please provide the full name of the settlor at section 4.

Domestic Trust

Foreign Trust

If the terms of the trust identify the beneficiaries by reference to membership of a class – provide details of the class; otherwise provide beneficiary details at section 4. If there are more than 2 classes, copy this page and complete this section for the additional classes, or attach a separate sheet with the details.

Class 1

Class 2

Sections 3 – to be completed by all investors.

Section 3

Trustee Details

Trustee 1 I have included a certified copy of an identity document from section 6. Trustee type (tick ✓ one) Individual Company

Full Name of Trustee Date of Birth (if an individual) DD / MM / YYYY

Trustee Street Address (Do not use a PO Box or C/- Address)

Trustee 2 I have included a certified copy of an identity document from section 6. Trustee type (tick ✓ one) Individual Company

Full Name of Trustee Date of Birth (if an individual) DD / MM / YYYY

Trustee Street Address (Do not use a PO Box or C/- Address)

If there are more than 2 trustees, copy this page and complete this section for the additional trustees, or attach a separate sheet with the details.

Section 4 – to be completed by Unregulated and Foreign Trusts

Section 4 Unregulated and Foreign Trusts: Controlling Person Details - Appointer, Settlor, Trustee, Protector

Provide details of the controlling person(s) of an unregulated or foreign trust. Controlling Person of a trust, means the settlor(s) (if living), the trustee(s), the appointer and the protector(s) (if any), and any other natural person(s) exercising ultimate effective control over the trust (including through a chain of control or ownership). If there is more than 1 controlling person, attach a separate page with the other controlling persons' details.

Controlling Person Type: (Tick all that are relevant) Trustee Appointer Settlor Protector Other, Specify:

I have included a certified copy of an identity document from section 6.

Full Name Date of Birth DD / MM / YYYY

Street Address (Do not use a PO Box or C/- Address)

Sections 5 – to be completed by Unregulated Trusts

Section 5

Beneficiary Details for an Unregulated or Foreign Trust

Full Name of Beneficiary 1

Full Name of Beneficiary 2

Full Name of Beneficiary 3

Full Name of Beneficiary 4

If there are more than 4 beneficiaries, copy this page and complete this section for the additional beneficiaries or attach a separate sheet with the details.

Section 6

Identification documents for an Unregulated or Foreign Trust

Please attach at least 1 identification document which verifies the identity of the trust. Please **DO NOT** attach original documents. Send only certified copies of original documents. Documents will not be returned. Please attach 1 identification document for each individual and controlling person.

Tick ✓	Trust Identity Procedure
	A certified copy of the trust deed or extract (including cover page and signature page)
	A certificate issued to the trust by ASIC other regulator or professional association
	Corporate Trustee Identity Procedure Complete the company form about the corporate trustee
	Individual Identity Procedure Primary photographic identity document in relation to <u>each</u> Individual Trustee and Controlling person
	Drivers Licence (Not expired)
	Australian Passport (current or expired in the last 2 years)
	International Travel Document – foreign passport (Not expired)
	Proof of Age Card (Not expired)
	National Identity Card (Not expired)

All foreign language documents must be accompanied by an English translation prepared by an accredited translator

Trustee Signature



Date

DD	/	MM	/	YYYY
----	---	----	---	------

Trustee Signature



Date

DD	/	MM	/	YYYY
----	---	----	---	------