

How to complete the AML/CTF Investor Identification Information Form

The Australian government has introduced legislation called the 'Anti-Money Laundering and Counter Terrorism Financing Act 2006' which is designed to combat money laundering and terrorism financing.

The introduction of this legislation means that investors must provide additional identification details when they request a 'designated service'. You may also be asked to provide supporting identity documentation.

What is a designated service, and are you requesting one of them?

1. Are you buying securities in a managed investment scheme (e.g. trust) through an Off-market Transfer?
2. Are you applying for securities in a managed investment scheme (e.g. a trust) by completing an application form?

If the answer is yes to any of these questions, you are requesting a designated service and therefore must complete an 'Investor Identification Information Form' and provide the identity documents specified on the form.

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
Trust	Trust or Partnership; and an Individual form OR a Company form in relation to all of the trustees
Partnership	Trust or Partnership; and an Individual form OR a Company form in relation to all of the partners
Government Body (foreign or domestic)	Government Body
Association (incorporated or unincorporated)	Associations & Registered Co-operatives; and If the customer is an <u>unincorporated association</u> , please also complete an: Individual form for all the governing committee members
Registered Co-operative	Associations & Registered Co-operatives
Financial Planners, Brokers or other AFSL Holders	AFS Licensee Information Form

What do you need to do?

1. Complete the appropriate form or forms for your Investor type by typing it, or handwrite 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 Agent or Power of Attorney acting on behalf of an Individual Investor who has been appointed to make decisions "jointly" must identify themselves and provide supporting documentation.
4. If you are requesting a designated service via a financial planner or broker, provide your identity documents to them for verification.

5. Attach all of the relevant documents to the front of the transfer or application form and mail to:

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

Please note: If you are lodging this form with an 'Application for Securities' such as the type used in a float or public offer, please send your AML form with your application to the address specified on the application form or in the PDS document.

AFS Licensees:

6. Verify the Investors identity and then complete the AFS Licensee form. Attach it to the Investor Identification Information Form.

Who can certify identity documents for you?

The following individuals are authorised to certify identity documents. One of the people on this list should certify your identity documents or we may have to reject your forms. **You may not certify your own identity documents.**

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 2 or more continuous years of service
- 205 Building society officer with 2 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 2 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 2 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 2 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
- ### An officer or authorised representative of an Australian Financial Services Licensee e.g. Financial Planner

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 condensed privacy statement, or contact us by phone on +61 1800 502 355 (free call within Australia) 9am–5pm (Sydney time) Monday to Friday (excluding public holidays) to request a copy of our complete privacy policy.

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TRUST OR PARTNERSHIP

Investor Identification Information Form

Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation 2006

Service requested by the customer

Please tick one

- Off-market transfer registration
- Application for an issue of securities

Issuer details

Issuer name

Security code/Description

Section 1

Investor identification details

Trust or Partnership name

Business name (if any) of the Trustee/Responsible entity or partnership.

Customer type (tick one)

- Trust
- Partnership

Country of Establishment/Origin

Section 2

Trust identification details

Also complete this part of section 1 if you are a Trust

Type of Trust (tick one)

- Unit Trust
- Registered MIS
- Family Trust
- Charitable Trust
- Property Trust
- Unregistered MIS
- Government Superannuation Fund
- Corporate Unit Trust
- Authorised Trustee Corporation
- Other → Specify
- Public Trading Trust
- Managed Investment Trust

Full name of the trust beneficiaries OR member class of beneficiary

Each beneficiary's full name OR each member class

Section 1 – to be completed by all Investors.

Section 2 – to be completed by trust Investors.

Sections 3 & 4 – to be completed by all investors.

Section 3 **Trustee or Partners identification details**

Trustee or Partner 1 Trustee or Partner type (tick one) Individual Company

Full name of Trustee or Partner

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

Address line 1

Address line 2

Trustee or Partner 2 Trustee or Partner type (tick one) Individual Company

Full name of Trustee or Partner

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

Address line 1

Address line 2

Trustee or Partner 3 Trustee or Partner type (tick one) Individual Company

Full name of Trustee or Partner

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

Address line 1

Address line 2

Section 4 **Identification procedure for all of the Trustees or Partners**

Number of Trustee or Partner	Trustee or Partner identity procedure
	Individual Trustee or Partner – Please complete the applicable sections of the identity information form for individuals and sole traders. If you are applying directly, remember to attach certified copies of identification documents so that your identity as a trustee or partner can be verified.
	Company Trustee or Partner – Please complete the applicable sections of the identity information form for a company. If you are applying directly, remember to attach certified copies of identification documents so that your identity as a trustee or partner can be verified.

Please attach the completed trustee identity information form and identity documents to the back of this document.

Section 5 – to be completed by direct investors.

Section 5 **Identification documents – to be completed by the customer**

Please attach at least 1 identification document which verifies the identity of the trust or partnership. Please **DO NOT** attach original documents. Send only certified copies of original documents. Documents will not be returned.

Tick ✓	1	Trustee or Partnership identity procedure
		A certified copy of the trust deed confirming the full name of the trust; type of trust; country where the trust established and the name of each beneficiary or class of beneficiary. If the trust is a unit trust you will need to provide a certificated extract of the trust register to confirm the name of each beneficiary.
		A certified copy or certified extract of a current partnership agreement or a minutes of a partnership meeting. Either copy must include the full name of the partnership; the registered business name; the country in which the partnership was established; and the full name and residential address of each partner.
		A certificate issued to the trust or partnership by ASIC or other regulator
		Other, please specify:

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

If the trustee is an individual, please also provide identification documentation required for individuals.

If the trustee is a company, please also provide identification documentation required for companies.

For partnership, please also provide identification documentation for one partner.

Trustee or Partner Signature Executor (Please tick if you are signing as the executor(s) of a deceased estate).

Trustee or Partner Signature Date

----- dd / mm / yyyy

GOVERNMENT BODY

Investor Identification Information Form

Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation 2006

Service requested by the customer

Please tick one

- Off-market transfer registration
- Application for an issue of securities

Issuer details

Issuer name

Security code/Description

Section 1

Investor identification details

Government body name

Principal place of business street address (Do not use a PO Box or C/- Address)

Suburb/Town/City

Line 1

Line 2

State/Territory/County/Region

Line 3

Post/Zip code

Line 4

Country (if not Australia)

Country of Establishment/Origin

Government Body Type

Please tick one from each column

- | | |
|---|--|
| <input type="checkbox"/> Domestic Government Body | <input type="checkbox"/> Entity |
| <input type="checkbox"/> Foreign Government Body | <input type="checkbox"/> Emanation |
| | <input type="checkbox"/> Established under legislation |

If a Domestic Government Body, tick one:

- | | |
|---------------------------------------|-----|
| <input type="checkbox"/> State | } → |
| <input type="checkbox"/> Territory | |
| <input type="checkbox"/> Commonwealth | |

Australian State or Territory e.g. NSW

Section 2

Identification documents – to be completed by the customer

Please attach at least 1 identification document which verifies the identity of the Government body. Please **DO NOT** attach original documents. Send only certified copies of original documents. Documents will not be returned.

Tick ✓	Identity document
	A certified copy of the constitution of the government body
	A certificate issued to the government body by a regulator
	Other, please specify:

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

Authorised signatory

Authorised signatory

Date

Section 1 – to be completed by all Investors.

Section 2 – to be completed by direct Investors.

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ASSOCIATIONS & REGISTERED CO-OPERATIVES

Investor Identification Information Form

Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation 2006

Service requested by the customer

Please tick one

- Off-market transfer registration
- Application for an issue of securities

Issuer details

Issuer name

Security code/Description

Section 1

Investor identification details

Association or Co-operative Name

Principal place of Operations/Administration/Registered Office street address (Do not use PO Box or C/- address)

Line 1

Line 2

Line 3

Line 4

Country of Establishment/Origin

Suburb/Town/City

State/Territory/County/Region

Post/Zip code

Country (if not Australia)

Organisation type and registration details

Please tick from each column

Incorporated Association

Registered Co-operative

Domestic registered

Domestic registration number

Unincorporated Association

and/or

Foreign registered

Foreign registration number

Section 2

Governing Committee Member or Officer Details

Chairperson or President

Full name

Secretary

Full name

Treasurer

Full name

Also undertake the following identification procedure if you are an unincorporated association

For all of the above governing members, please complete the applicable sections of the identity information form for individuals. If you are applying directly, remember to attach certified copies of identification documents so that the individual's identity can be verified.

Sections 1 & 2 – to be completed by all Investors.

Section 3 Identification documents – to be completed by the customer

Please attach at least 1 identification document which verifies the identity of the association or registered co-operative. Please **DO NOT** attach original documents. Send only certified copies of original documents. Documents will not be returned.

Tick ✓	1	Identity document
		A certified copy of the constitution or rules of the association or co-operative
		A certificate issued to the association or co-operative by ASIC or other regulator
		A certified copy of the minutes of an association or co-operative meeting
		Other, please specify:

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

Governing Member or Officer signature 

.....

Governing Member or Officer signature 

.....

Date

dd	/	mm	/	yyyy
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AFS Licensee Information Form

Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation 2006

Investor full name

Customers type:

- Trust or Partnership
- Government Body
- Association or Registered Co-operative

Record of Investor identification procedure – To be completed by AFS licensee

Identity details	Primary document – Individuals and non-individuals (Do not attach original documents)	Secondary document – Individuals (Originals will not be returned)
Identity verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
The identity document is	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Document details	Primary document	Secondary document
Document issuer		
Issue date	dd / mm / yyyy	dd / mm / yyyy
Expiry date	dd / mm / yyyy	dd / mm / yyyy
Document number		
Accredited English translation	<input type="checkbox"/> Original <input type="checkbox"/> Attached <input type="checkbox"/> Sighted	<input type="checkbox"/> Original <input type="checkbox"/> Attached <input type="checkbox"/> Sighted

AFS licensee details – Financial Planner, Financial Advisor, Broker

AFS Licensees or their representatives, who are arranging a designated service for the investor must complete this section of the investor identification information form verifying that they have confirmed their investors identity.

Full name of AFS representative

AFS licensee type

AFS licensee name

AFS license number

Licensee address

Phone number

I confirm that I have sighted original or certified copies of the customers identity documents.

AFS licensee signature

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Date verified

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