

# 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; <b>and an</b> Individual form <b>OR</b> a Company form in relation to any one of the trustees
Partnership	Trust or Partnership; <b>and an</b> Individual form <b>OR</b> a Company form in relation to any one of the partners Note: if the partners in a partnership comprise both individuals and companies, please provide information in relation to an individual partner rather than a company partner.
Government Body (foreign or domestic)	Government Body
Association (incorporated or unincorporated)	Associations & Registered Co-operatives; <b>and</b> If the customer is an <u>unincorporated association</u> , please also complete an: Individual form for one of 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. This list may be different to other lists you are accustomed to using. One of the people on this list should certify your identity documents or we may have to reject your forms.

- 1) A legal practitioner enrolled on the roll of the Supreme Court of an Australian State or Territory, or the High Court of Australia;
- 2) A judge of a court;
- 3) A magistrate;
- 4) A chief executive officer of a Commonwealth court;
- 5) A registrar or deputy registrar of a court;
- 6) A Justice of the Peace (a.k.a. JP);
- 7) A notary public (for the purposes of Statutory Declaration Regulations 1993);
- 8) A police officer;
- 9) An agent of Australia Post, who is in charge of an office supplying postal services to the public;
- 10) A permanent employee of Australia Post with 2 or more years continuous service who is employed in an office supplying postal services to the public;
- 11) An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- 12) An officer with 2 or more years continuous service with one or more financial institutions (for the purposes of Statutory Declaration Regulations 1993) e.g. bank manager;
- 13) An officer with 2 or more years continuous service with one or more finance companies (for the purposes of Statutory Declaration Regulations 1993) e.g. finance company manager;
- 14) An officer or a representative with 2 or more years continuous service with one or more holders of an Australian financial services licence e.g. financial planner;
- 15) A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years continuous membership e.g. Accountant or CPA.

#### **Privacy Statement:**

Link Market Services Limited advises that the Anti-Money Laundering & Counter Terrorism Financing Act 2006 (AML/CTF) requires information about you (including but not restricted to, your name, street address, date of birth or country of origin) be collected and verified before a designated service is provided to you. The minimum information collected complies with the rules of the AML/CTF Act. The security issuer or Link may request additional information from you before providing you with the requested designated service.

**Please note:** your personal information may be disclosed to the AML/CTF regulator, AUSTRAC.



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 any one of the Trustees or Partners**

Tick ✓ 1	<b>Trustee or Partner identity procedure</b>
	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	<b>Trustee or Partnership identity procedure</b>
	A certified copy of the trust deed or partnership agreement
	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**

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

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

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# 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        | } → | Australian State or Territory e.g. NSW<br><input type="text"/> |
| <input type="checkbox"/> Territory    |     |  |
| <input type="checkbox"/> Commonwealth |     |  |

**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
<input type="checkbox"/>	A certified copy of the constitution of the government body
<input type="checkbox"/>	A certificate issued to the government body by a regulator
<input type="checkbox"/>	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 any one 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.

**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 (OPTIONAL)**

**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

 Planner     Advisor     Broker

AFS licensee name

AFS license number

Licensee address

Address line 1

Phone number

Country code / area code / number

Address line 2

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

AFS licensee signature

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Date verified

dd / mm / yyyy

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