

# 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
Individual	Individual
Company (foreign or domestic)	Company
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

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- 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

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- 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

**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 or a law enforcement agency.

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# COMPANY

## Investor Identification Information Form

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

**Service requested by the Investor**

Please tick one

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

**Issuer details**

Issuer name

CENTRO MCS SYNDICATES & DIRECT PROPERTY FUNDS

Security code/Description

UNITS

**Section 1**

**Investor identification details**

Company name

[Empty text box for Company name]

Registered office street address (Do not use a PO Box or C/- Address)

Line 1 [Empty text box]

Line 2 [Empty text box]

Line 3 [Empty text box]

Line 4 [Empty text box]

Suburb/Town/City

[Empty text box for Suburb/Town/City]

State/Territory/County/Region

[Empty text box for State/Territory/County/Region]

Post/Zip code

[Empty text box for Post/Zip code]

Country (if not Australia)

[Empty text box for Country (if not Australia)]

Country of incorporation/Origin

[Empty text box for Country of incorporation/Origin]

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

Line 1 [Empty text box]

Line 2 [Empty text box]

Line 3 [Empty text box]

Line 4 [Empty text box]

Suburb/Town/City

[Empty text box for Suburb/Town/City]

State/Territory/County/Region

[Empty text box for State/Territory/County/Region]

Post/Zip code

[Empty text box for Post/Zip code]

Country (if not Australia)

[Empty text box for Country (if not Australia)]

**Company type and registration details**

Please tick from each column

Domestic company

Public company

ASIC registered

ACN or ARBN

[Empty text box for ACN or ARBN]

Foreign company

Proprietary or Private company

Foreign registered

and/or

Foreign registration number

[Empty text box for Foreign registration number]

Section 1 – to be completed by all Investors.

Sections 2 & 3 – to be completed by private or proprietary Company Investors.

**Section 2** If a proprietary or private company, the full name of each director of the company

Name  
 \_\_\_\_\_  
 \_\_\_\_\_

Name  
 \_\_\_\_\_  
 \_\_\_\_\_

Name  
 \_\_\_\_\_  
 \_\_\_\_\_

Name  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 3** If a proprietary or private company, the name and address of the beneficial owners owning 25% or more of the issued capital

Name  
 \_\_\_\_\_

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

Name  
 \_\_\_\_\_

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

Name  
 \_\_\_\_\_

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

Name  
 \_\_\_\_\_

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

Name  
 \_\_\_\_\_

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

Section 4 – to be completed by direct Investors.


**Section 4** Identification documents – to be completed by the Investor

Please attach at least 1 identification document which verifies the identity of the company. Please **DO NOT** attach original documents. Send only **certified copies** of original documents. Documents will not be returned. Holders of an AFSL providing a service to the Investor must complete the AFS Licensee form at the end of this document which certifies they have verified the identity of the Investor.

Tick ✓	Identity document
	A certificate of registration issued by ASIC or other regulator.
	A licence issued by a domestic or foreign regulator.
	A disclosure certificate that verifies information about the company.
	Other, please specify:

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

Director or Sole Director  
 \_\_\_\_\_ 

Director or Company Secretary  
 \_\_\_\_\_ 

Company Seal

Date  
 \_\_\_\_\_  
 dd / mm / yyyy

**AFS Licensee Information Form (OPTIONAL)**

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

Investors full name

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Investor type:

Individual

Company

**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 the Investors identity.

Full name of AFS representative

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AFS licensee type

Planner	Advisor	Broker
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AFS licensee name

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AFS license number

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Licensee address

Address line 1
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Phone number

Country code / area code / number
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Address line 2
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I confirm that I have sighted original or certified copies of the Investors identity documents; and (where applicable).

I confirm that I have sighted original or certified copies of the Investors Agent or Power of Attorney identity documents.

AFS licensee signature

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Date verified

dd	/ mm	/ yyyy
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