

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)
Individual Minor	Individual Minor (Complete one form for each joint individual minor holder or account designation held for one or more minors.)
Deceased	Deceased (Complete the deceased individual form)
	Surviving joint individual (Complete the individual form)
	Surviving joint company (Complete the company form)
	Trust (Complete the trust form for the trust)
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 or provide details to allow for eVerification of identity. 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

Identification documents and eVerification (electronic verification of identity)

Link can verify the identity of Australian and New Zealand individuals electronically using government issued identity documents such as passports and driver's licences. If you consent to your identity being verified electronically, complete the identity documents section on the form for your investor type(s). It is important that we receive all of the completed forms and identity document details or we may not be able to verify your identity. Please choose option 1, 2 or 3 in the Identification Documents section of each form you complete. If you are unable to provide the requested identity documents, please contact us for a list of alternatives that we can accept.

Who can certify identity documents for you?

'Certified' means a document has been certified as a true copy of a complete original document ('certified copy'); or a true copy of some of the information contained in a complete original document ('certified extract').

The following persons are authorised to certify documents under the AML/CTF Rules (Chapter 1, Part 1.2 "certified copy").

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 2018*;
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 2018*. 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 authorised 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 in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents [such as: a notary public of JP].
7. In addition, Link will accept certifications from a person in a foreign country who holds an equivalent role in the foreign country to a person in Australia, specified in Parts 1 and 2 below.

In the following lists items 101 to 112 (Part 1) and items 201 to 238 (Part 2) are extracted from Schedule 2 of the *Statutory Declarations Regulations 2018*.

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

Part 1 - Occupations

Item	Foreign Equivalent	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

Item	Foreign Equivalent	Person
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 <i>Consular Fees Act 1955</i>)
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: <ul style="list-style-type: none"> (a) in a country or place outside Australia; and (b) authorised under paragraph 3 (d) of the <i>Consular Fees Act 1955</i>; and (c) exercising the employee's function at that place
212	✓	Employee of the Commonwealth who is: <ul style="list-style-type: none"> (a) in a country or place outside Australia; and (b) authorised under paragraph 3 (c) of the <i>Consular Fees Act 1955</i>; and (c) exercising the employee's function at 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
217	✓	Justice of the Peace
218	✓	Magistrate
219	✓	Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the <i>Marriage Act 1961</i>
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
- 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 permanent full-time or part-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. 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.

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Issuer Details

Issuer Name (Share company or trust in which you hold securities e.g. Westpac) Security Code/Description

Section 1 – to be completed by all Investors.

Section 1 Individual Identification Details - provide your Legal Name details

First Name Middle Name(s)

Surname/Family Name Date of Birth

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 Country (if not Australia)

Other Names known by (Alias, Anglicised or short-name if reflected as such in the register) Primary Occupation or Business Activity or Industry Sector

Country of Residency (other than Australia) Country of Citizenship (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 – to be completed by all Investors.

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 Post/Zip code Country (if not Australia)

Primary Business Activity Australian Business Number (ABN)

Section 3 – to be completed by a person authorised to Act for the Individual.

Section 3 Authorised Representative or Acting Authority

Full Name of person acting on behalf of the Individual Date of Birth

DD / MM / YYYY

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

I have provided details of 2 identity documents from Appendix A and consent to eVerification of my identity; and Power of Attorney

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

Other - Specify

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

Tick ✓	Authorisation to Act
<input type="checkbox"/>	Authority to act as Investor's Agent
<input type="checkbox"/>	Power of Attorney
<input type="checkbox"/>	Guardianship Orders
<input type="checkbox"/>	Other, please specify:

Section 4	Identification Documents
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Please complete either Option 1, Option 2 or Option 3 and attach the applicable document(s). Please **DO NOT** attach original documents. If you select option 2 or 3, send only **certified copies** of original documents. Documents will not be returned.

Option 1 – eVerification - Please complete Appendix A for each individual
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Option 2 – Please attach at least 1 document

Tick ✓	Primary photographic identity document (certified)
	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)

Option 3 – Please attach 1 primary non-photographic document and 1 secondary non-photographic document (certified); OR 2 primary non-photographic documents (certified)
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Tick ✓	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
Tick ✓	Secondary non-photographic identity document (If you don't have any or all of these secondary documents, contact Link for a list of other acceptable documents)
	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

All foreign language documents must be accompanied by an English translation prepared by an accredited translator
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Investors signature or authorised representative _____

Date

DD	/	MM	/	YYYY
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Issuer Details

Issuer Name (Share company or trust in which you hold securities e.g. Westpac) Security Code/Description

Section 1 – to be completed by all Investors.

Section 1 Individual Identification Details - provide your Legal Name details

First Name Middle Name(s)

Surname/Family Name Date of Birth

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 Country (if not Australia)

Other Names known by (Alias, Anglicised or short-name if reflected as such in the register) Primary Occupation or Business Activity or Industry Sector

Country of Residency (other than Australia) Country of Citizenship (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 – to be completed by a person authorised to Act for the Individual.

Section 2 Authorised Representative or Acting Authority

Full Name of person acting on behalf of the Individual Date of Birth

DD / MM / YYYY

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

I have provided details of 2 identity documents from Appendix A and consent to eVerification of my identity; and Power of Attorney

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

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

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

Tick ✓	Authorisation to Act
	Authority to act as Investor's Agent
	Power of Attorney
	Minor's full birth certificate showing the legal name of the minor and the legal name of the parent(s) signing this form
	Guardianship Orders
	Other, please specify:

Section 3

Identification Documents

Please complete either Option 1, Option 2 or Option 3 and attach the applicable document(s). Please **DO NOT** attach original documents. If you select option 2 or 3, send only **certified copies** of original documents. Documents will not be returned.

Option 1 – eVerification - Please complete Appendix A for each individual

Option 2 – Please attach at least 1 document

Tick ✓	Primary photographic identity document (certified)
	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)

Option 3 – Please attach 1 primary non-photographic document and 1 secondary non-photographic document (certified); OR 2 primary non-photographic documents (certified)

Tick ✓	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
Tick ✓	Secondary non-photographic identity document (If you don't have any or all of these secondary documents, contact Link for a list of other acceptable documents)
	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 full birth certificate

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

Investors signature or authorised representative



Date

DD	/	MM	/	YYYY
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Issuer Details

Issuer Name (Share company or trust in which you hold securities e.g. Westpac) Security Code/Description

Section 1 – to be completed by all investors.

Section 1 Deceased Individual Identification Details

First Name	Middle Name(s)		
Surname/Family Name	Date of Birth		
	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	Country (if not Australia)
Other Names known by (Alias, Anglicised or short-name if reflected as such in the register)		Primary Occupation or Business Activity or Industry Sector	
Country of Residency (other than Australia)		Country of Citizenship (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			
Date of Death			
DD / MM / YYYY			

Section 2 – to be completed by a person authorised to Act for the Individual.

Section 2 Authorised Representative or Acting Authority

Full Name of person acting on behalf of the Deceased Individual	Date of Birth
	DD / MM / YYYY
Residential Street Address (Do not use a PO Box or C/- Address)	Date Appointed as Representative or Authority
	DD / MM / YYYY
I have attached a certified copy of <u>my</u> drivers licence, passport or other photo Id which confirms my details above and contains my signature; OR	Surviving joint holder
I have provided details of 2 identity documents from Appendix A and consent to eVerification of my identity; and	Next of Kin
I have attached a certified copy of <u>my</u> authorisation to Act on behalf of the Deceased Individual; or	Executor/Administrator
I have attached a copy of the authority signed by the Executor/Administrator/Next of Kin(s) appointing me as his/her/their legal representative in matters relating to this deceased estate; and	Legal Representative
I have attached a certified copy of the death certificate.	

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

Tick ✓	Authorisation to Act
	Grant of Probate
	Letters of Administration
	Will (Only required if Probate or Letters of Administration have not been obtained. Full Will is not required - only send signing page and the first page specifying name of deceased and the appointment of executor/s)
	Statutory Declaration - Next of Kin (go to Link website at www.linkmarketservices.com.au to download form, if required)
	Legal representative authority to act for Executor, Administrator or Next of Kin

Section 3**Identification Documents**

Please complete either Option 1, Option 2 or Option 3 and attach the applicable document(s). Please **DO NOT** attach original documents. If you select option 2 or 3, send only **certified copies** of original documents. Documents will not be returned.

Option 1 – eVerification - Please complete Appendix A for each individual**Option 2 – Please attach at least 1 document**

Tick ✓	Primary photographic identity document (certified)
	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)

Option 3 – Please attach 1 primary non-photographic document and 1 secondary non-photographic document (certified); OR 2 primary non-photographic documents (certified)

Tick ✓	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
Tick ✓	Secondary non-photographic identity document (If you don't have any or all of these secondary documents, contact Link for a list of other acceptable documents)
	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

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

Investors signature or authorised representative



Date

DD	/	MM	/	YYYY
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Section 3 – to be completed by all Investors.

Issuer Details

Issuer Name (Share company or trust in which you hold securities e.g. Westpac) Security Code/Description

Section 1 – to be completed by all Investors.

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 (Businesses registered in Australia)	
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	
Principal business activity or industry sector e.g. retail, banking, financial services, primary production, mining and exploration, gambling, jewellery dealer, antique dealer etc.	

Section 2 – to be completed by all Investors.

Section 2 Custodian Attestation

Please select company type from the list below:

Are you acting in a custodial capacity for an individual, another company, a trust, or other entity?	No	Yes
In accordance with part 4.4.19 (a) to (d) of the AML/CTF Rules, chapter 4, does the custodian meet the definition of a custodian?	No	Yes
In accordance with part 4.4.19 (e) of the AML/CTF Rules, chapter 4, does the custodian attest that prior to requesting this designated service, it has carried out and will continue to carry out, all applicable customer identification procedures on the underlying account holder named or to be named in the register, including conducting ongoing customer due diligence requirements in accordance with chapter 15 of the AML/CTF?	No	Yes
If you answered YES to all of the above questions, then Link is able to apply the chapter 4, part 4.4 custodian rules to this account and will rely upon the customer due diligence conducted by the custodian on the underlying account holder named or to be named in the register. If requested to do so at any time after the provision of this designated service, the custodian agrees to honour any reasonable request made by Link for information or evidence about the underlying account holder in order to allow Link to meet its enhanced due diligence procedures. Does the custodian agree?	No	Yes

Please provide the legal name and regulator registration details of the **underlying account holder** named or to be named in the register.

Name of underlying account holder:

Regulator Name:

Registration Type: ACN, ABN, ARBN, ARSN, RSE, AFSL, RSL, ACLN etc:

Registration Number:

Excepting the below circumstances where the custodian answered NO to **any** of the above questions, no other information about the underlying account holder is required to be collected by Link. However, further information about the custodian as a company is required to be collected and verified by Link in accordance with the chapter 4 AML/CTF rules. Please complete the rest of this form for the custodian.

Excepting circumstances:

If you answered NO to **any** of the above questions, then Link is **unable** to apply the chapter 4, part 4.4 custodian rules to this account. Link is thus obligated to conduct full KYC on the underlying account holder named or to be named in the register including any named nominee, **and** the trustees, beneficial owners and controlling persons of the underlying named account in addition to the custodian. Therefore, please complete the required forms and provide identity evidence for all parties connected to this account.

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 2 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

Section 3 – to be completed by private or proprietary Company Investors who are NOT licensed.

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 (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 2 beneficial owners and controlling persons, copy this page and complete this section for the additional beneficial owners or controlling persons, or attach a separate sheet with the details.

Name	Date of Birth
	DD / MM / YYYY

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

I have included identity details for verification purposes at section 5.

Name	Date of Birth
	DD / MM / YYYY

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

I have included identity details for verification purposes at section 5.

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

Section 4 – to be completed by public unlisted Company Investors.

Section 4 Public Unlisted Company - Controlling Person Details

If the entity is a public unlisted company that is NOT licensed (e.g. AFSL, RSL, ACLN) and is not listed on a securities exchange, 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 is more than 1 controlling person, copy this page and complete this section for the additional controlling person(s), or attach a separate sheet with the details.

Full Name of Controlling Person	Date of Birth
	DD / MM / YYYY

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

I have included identity details for verification purposes at section 5.

Section 5 – to be completed by direct Investors.

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 complete either Option 1 or Option 2 for each individual beneficial owner or controlling person and attach the applicable document(s). If you select option 1, send only certified copies of original documents. If you select Option 2 relating to eVerification (verifying your identity electronically) then also complete Appendix A.

<input checked="" type="checkbox"/>	Company Identity Procedure - Proprietary, Private or Public Unlisted Companies (foreign and domestic)
	A certificate of registration issued by ASIC or other regulator, a full company search, or the most recent annual statement from ASIC.
	A licence issued by a domestic or foreign regulator.
	The company is a charity registered with the ACNC. Please attached a full company search issued in the last 3 months or the most recent annual statement issued by ASIC.
<input checked="" type="checkbox"/>	Option 1 - 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)
<input checked="" type="checkbox"/>	Option 2 - eVerification Identity Procedure in relation to each Individual Beneficial Owner and Controlling Person from sections 3 and 4 Please complete Appendix A for each individual requiring identification from sections 3 and 4.
	By submitting identity document details at Appendix A, the signing individual agrees that: <ul style="list-style-type: none"> • he/she is authorised to provide the identity documents for the individuals specified on this form; and • he/she understands and has explained to the other individual specified on this form that their identity document details will be checked against records held by the Issuer or Official Record Holder.

Director or Sole Director

Director or Company Secretary

Date

DD	/	MM	/	YYYY
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Issuer Details

Issuer Name (Share company or trust in which you hold securities e.g. Westpac) 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

Principal business activity or industry sector e.g. retail, banking, financial services, primary production, mining and exploration, gambling, jewellery dealer, antique dealer etc.

Sections 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	Specify the superannuation fund's ABN or RSE number:
APRA registered or regulated superannuation fund	
Government superannuation fund established by legislation	Specify name of legislation establishing the government super fund:
Note: also includes a regulated pension or retirement fund If the retirement fund is foreign complete the details below for an unregulated trust as this question only applies to Australian registered funds.	
Registered managed investment scheme in Australia	Specify ABN or ARSN (if applicable):
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 (in Australia)	
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 an extract of trust deed from section 6 (cover and signing pages and first two pages)	
Other unregulated trust, including a foreign trust or foreign retirement fund	Trust description (e.g. family trust or unregulated charitable trust):
(a) Is the contribution to the trust by the settlor less than AUD \$10,000?	
Yes No	Specify the trust's ABN or foreign registration number (if any):
(b) Is the settlor deceased?	
Yes No	Name of foreign regulator (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

Section 3 Trustee Details

Trustee 1	I have included identity details for verification purposes at 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 identity details for verification purposes at 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 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: Trustee Appointer Settlor Protector Other, Specify:
(Tick all relevant roles)

I have included identity details for verification purposes at section 6.

Full Name

Date of Birth

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

Section 5**Beneficiary Details for an Unregulated or Foreign Trust entitled to 25%+ benefit of the trust assets or distribution**

Full Name of Beneficiary 1 plus photo Id or eVerification at Appendix A

Full Name of Beneficiary 2 plus photo Id or eVerification at Appendix A

Full Name of Beneficiary 3 plus photo Id or eVerification at Appendix A

Full Name of Beneficiary 4 plus photo Id or eVerification at Appendix A

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.

If the terms of the trust identify the beneficiaries by reference to membership of a class – provide details of the class e.g. A Class, B Class, or Children, Grandchildren etc; otherwise provide beneficiary details above. 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

Section 6 Identification documents for an Unregulated or Foreign Trust

Please attach at least 1 identification document which verifies the existence of the trust. Please **DO NOT** attach original documents. Send only **certified copies** of original documents. Documents will not be returned. Please complete either Option 1 or Option 2 for each individual beneficial owner or controlling person and attach the applicable document(s). If you select option 1, send only certified copies of original documents. If you select Option 2 relating to eVerification (verifying your identity electronically) then also complete Appendix A.

Tick ✓	Trust Identity Procedure
	A certified copy of the trust deed extract (including cover page, the first two pages 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
Tick ✓	Option 1 - Individual Identity Procedure Primary photographic identity document in relation to <u>each</u> Individual Beneficial Owner and Controlling Person from sections 3, 4 and 5.
	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

Tick ✓	Option 2 - eVerification Identity Procedure in relation to each Individual Beneficial Owner and Controlling Person from sections 3, 4 and 5. Please complete Appendix A for each individual requiring identification from sections 3, 4 and 5.
	By submitting identity document details at Appendix A, the signing individual agrees that: <ul style="list-style-type: none"> • he/she is authorised to provide the identity documents for the individuals specified on this form; and • he/she understands and has explained to the other individual specified on this form that their identity document details will be checked against records held by the Issuer or Official Record Holder.

Trustee Signature

Trustee Signature

Date

DD	MM	YYYY
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eVERIFICATION OF IDENTITY

Company Details

If the seller is an Australian company registered with ASIC or a New Zealand Company registered with the New Zealand Companies Office, provide the following information about the entity to enable eVerification:

ACN or NZBN Licence number if regulated by ASIC e.g. AFSL:

Option 1 – eVerification of Individual Sellers or Authorised Representative, or Company Director/Secretary

Tick Below **Primary identity document of each Individual seller(s) or Authorised Representative, or Director/Secretary of a Company signing this transfer form**

<p>Full Name - Individual 1, Authorised Representative or Director of a Company <input style="width:100%;" type="text"/></p> <p>Residential Street Address <input style="width:100%;" type="text"/></p> <p>Suburb/Town <input style="width:20%;" type="text"/> State/Territory <input style="width:10%;" type="text"/> Post Code / Zip Code <input style="width:20%;" type="text"/></p> <p>Country (if not Australia) <input style="width:20%;" type="text"/> Date of Birth DD/MM/YYYY <input style="width:15%;" type="text"/></p> <p><input type="checkbox"/> I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.</p> <p>Select 2 choices Group 1 Select at least one option and complete the document details below exactly as shown on the document.</p> <p><input type="checkbox"/> Australian passport <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Australian driver's licence issued by a state or territory <input type="checkbox"/> New Zealand driver's licence <input type="checkbox"/> Australian citizenship certificate <input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> Australian ImmiCard <input type="checkbox"/> New Zealand citizenship certificate <input type="checkbox"/> Australian birth certificate (must match your name in the register) See important notes overleaf **</p> <p>State/Territory of Issue <input style="width:5%;" type="text"/> Document Number: e.g. DL number <input style="width:20%;" type="text"/> Expiry or Issue Date <input style="width:15%;" type="text"/></p> <p>Other information <input style="width:100%;" type="text"/> Note: For a drivers licence, please provide both the DL card number and DL number.</p> <p>Group 2 Select at least one option and complete the document details below exactly as shown on the document.</p> <p><input type="checkbox"/> Medicare card Ref. Nbr: _____ <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Centrelink Pension Card or Healthcare Card <input type="checkbox"/> Australian Electoral Roll (AEC)</p> <p>State/Territory of Issue <input style="width:5%;" type="text"/> Document Number: e.g. Medicare number <input style="width:20%;" type="text"/> Expiry or Issue Date <input style="width:15%;" type="text"/></p> <p>Other information <input style="width:100%;" type="text"/></p>	<p>Full Name - Individual 2, Authorised Representative or Director of a Company <input style="width:100%;" type="text"/></p> <p>Residential Street Address <input style="width:100%;" type="text"/></p> <p>Suburb/Town <input style="width:20%;" type="text"/> State/Territory <input style="width:10%;" type="text"/> Post Code / Zip Code <input style="width:20%;" type="text"/></p> <p>Country (if not Australia) <input style="width:20%;" type="text"/> Date of Birth DD/MM/YYYY <input style="width:15%;" type="text"/></p> <p><input type="checkbox"/> I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.</p> <p>Select 2 choices Group 1 Select at least one option and complete the document details below exactly as shown on the document.</p> <p><input type="checkbox"/> Australian passport <input type="checkbox"/> New Zealand passport <input type="checkbox"/> Australian driver's licence issued by a state or territory <input type="checkbox"/> New Zealand driver's licence <input type="checkbox"/> Australian citizenship certificate <input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> Australian ImmiCard <input type="checkbox"/> New Zealand citizenship certificate <input type="checkbox"/> Australian birth certificate (must match your name in the register) See important notes overleaf **</p> <p>State/Territory of Issue <input style="width:5%;" type="text"/> Document Number: e.g. DL number <input style="width:20%;" type="text"/> Expiry or Issue Date <input style="width:15%;" type="text"/></p> <p>Other information <input style="width:100%;" type="text"/> Note: For a drivers licence, please provide both the DL card number and DL number.</p> <p>Group 2 Select at least one option and complete the document details below exactly as shown on the document.</p> <p><input type="checkbox"/> Medicare card Ref. Nbr: _____ <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Centrelink Pension Card or Healthcare Card <input type="checkbox"/> Australian Electoral Roll (AEC)</p> <p>State/Territory of Issue <input style="width:5%;" type="text"/> Document Number: e.g. Medicare number <input style="width:20%;" type="text"/> Expiry or Issue Date <input style="width:15%;" type="text"/></p> <p>Other information <input style="width:100%;" type="text"/></p>
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If there are more than 2 individuals signing this form, then copy this page and complete Appendix A for the other individuals.

Individual or authorised person's signature

Individual or authorised person's signature.

Date

Date

Identification sources – you may choose one (1) source each from group 1 and group 2 OR you may choose two (2) sources from group 1. We are unable to accept only group 2 sources for eVerification.

Document number means the registration number of the document. This will typically be the driver's licence number, passport number, Medicare card number or birth certificate registration number etc.

**** Important notes about birth certificates:**

Only A.C.T. birth certificates issued from 1930 onwards can be verified electronically. If you were born in the A.C.T. before 1930 either select a different group 1 identification source or provide a certified copy of your birth certificate and also choose a group 2 identification source. For A.C.T. birth certificates issued between 1930 and May 2002, provide the **registration number** and also the **certificate issue date** e.g. 21 Jan 1963 using the 'Expiry or Issue Date' field. For A.C.T. birth certificates issued after May 2002, provide the **registration number** and **certificate issue date** and also provide the **certificate number** using the 'Other Information' field.

For N.S.W. birth certificates provide the **registration number** and the **registration year** e.g. 1952 using the 'Expiry or Issue Date' field.

For N.T. birth certificates provide the **registration number** and the **certificate issue date** e.g. 21 Jan 1963 using the 'Expiry or Issue Date' field and if your N.T. birth certificate was issued from 1999 onwards, also provide the **certificate number** using the 'Other Information' field.

For QLD birth certificates, provide the **registration number** and the **registration date** using the 'Expiry or Issue Date' field above.

For S.A. birth certificates provide the **registration number** and the **certificate issue date** e.g. 21 Jan 1963 using the 'Expiry or Issue Date' field and also provide the **certificate number** (if any) in the 'Other Information' field. Typically, more recent S.A. birth certificates issued on multi-coloured or light blue paper will have a certificate number.

For TAS birth certificates provide the **registration number** and the **registration year** e.g. 1952 using the 'Expiry or Issue Date' field.

For VIC birth certificates provide the **registration number** and the **registration year** e.g. 1952 using the 'Expiry or Issue Date' field.

Only W.A. birth certificates issued from 1930 onwards can be verified electronically. If you were born in W.A. before 1930 either select a different group 1 identification source or provide a certified copy of your birth certificate and also choose a group 2 identification source. For W.A. birth certificates issued from 1930 onwards, provide the **registration number** and the **registration year** e.g. 1952 using the 'Expiry or Issue Date' field and provide the **registration district** noted on birth certificates typically issued between 1930 and 1983 using the 'Other Information' field.