

Collection and Verification of Know Your Customer Information for Companies

Purpose of this form:

The Commonwealth Bank of Australia is collecting your organisation and its related parties' information in order to comply with its regulatory obligations, including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. This form will assist the Bank to collect and verify your organisation's details. This form is not intended to be used as an application for any of the Bank's products or services.



Guide to completing this form:

This form applies to listed & unlisted Australian Companies, including those listed on the ASX or NSX. It does not apply to any other organisation types..

All fields marked with * are mandatory.

Who can complete this form?



No

Any individual who currently holds one of the following roles:

 Director Secretary

Shareholder

Please note: If any of the officeholders or shareholders have changed, please ensure ASIC has been updated.				
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Section 1: General Company Information				
Full name of company*				
Australian Company Number (ACN)*				
Industry information* – what is the primary business/purpose of the company?				
Registered office address (PO Box is not acc	eptable)			
			State	Postcode
Principal place of business (PO Box is not acc	ceptable)			
Same as registered office address				
	State	Postcode	Country	
Please select whether the organisation is a p	oublic or private	company?*		
Public Private/Proprietary				
Is the organisation Not For Profit?*				
- -				
Yes Please provide industry/sector:				
No				
Is the organisation operating as a charity?*				
Yes What is the objective/purpose of (building fund for a particular scho			abled, persons, ass	sistance for tsunami victims,

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Section 1: General Company Information (continued)

Is the organisation's primary business activity investing?*

No Yes If the organisation earns more than 50% of its total income from investing activities (e.g. rent, interest or dividends), or more than 50% of the trust's assets produce or are held for producing investment income.

How many directors are there?

Please provide full names of all directors*

Full given name(s)*

Surname*

Note: If there are more directors, please provide details on Space for Additional information below.

Section 2: Beneficial Owner Information

A. Are there any individuals who own 25% or more of the shares in the company, either directly or indirectly?

Yes Provide details of all individuals below.

No Please answer Question B.

B. If no individual owns 25% or more of the shares in the company, are there any individuals who control 25% or more of the shares in the company, either directly or indirectly, for example through voting rights?

Yes Provide details of all individuals below.

No In that case, in the section below provide details of any individuals who controls the Company through their capacity to determine decisions about financial and operating policies (including but not limited to the CEO, Managing Director, CFO etc.)

Note: Beneficial Owners provided below may be required to provide further identification. If there are more than four Beneficial Owners, please provide details on the additional space at the end of the form.

Beneficial Owner 1*

First Name Middle Names (if any)

Surname Date of Birth (DD/MM/YYYY)

Beneficial Owner 2

First Name Middle Names (if any)

Surname Date of Birth (DD/MM/YYYY)

Beneficial Owner 3

First Name Middle Names (if any)

Surname Date of Birth (DD/MM/YYYY)

Beneficial Owner 4

First Name Middle Names (if any)

Surname Date of Birth (DD/MM/YYYY)

Section 3: Documentation Requirements

Please be aware that if there are any individual shareholders who hold shares Non-Beneficially (on behalf of third parties) within your company's structure, you are required to provide the following documentation:

- Share Certificate(s) for any individual(s) with non-beneficially held shares
- Trust Deed(s) if the shares are held for a trust

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Section 4: Privacy

Our Privacy Policy

Visit commbank.com.au/privacy for our most up to date privacy policy or ask for a copy at any CommBank Branch.

It tells you about:

- Other ways and reasons we may collect, use or share your information.
- · How to access your information and correct it if it's wrong.
- How to make a privacy-related complaint (including about our compliance with the Australian Privacy Principles and credit reporting rules and codes) and how we'll deal with it.

Want to speak to us about your privacy?

Phone: 1800 805 605 or +61 2 9841 7700 from overseas 8:30am - 6pm (AEST) Monday to Friday

Fax: 1800 028 542 or +61 2 9841 7700 from overseas

To make a privacy related complaint visit commbank.com.au/feedback or write to us:

CBA Group Customer Relations,

Reply Paid 41, Sydney NSW 2001

Section 5: Declaration

Customer Declaration

This declaration is to be signed by an authorised representative of the entity.

I understand and acknowledge that the law requires applicants to provide true and correct information and state all the names by which they are commonly known. I also understand that the law prohibits the use of false names, as well as the giving, use or production of false or misleading information or documents in connection with the provision of financial services and making, possession or use of a false document in connection with an identification procedure.

Where applicable, I have obtained consent of any indivdual(s) whose personal information is provided in the application. In addition, those individuals have authorised the collection, use or exchange of their information in accordance with our Privacy Policy.

Where applicable, I certify that I am authorised by, and have the consent to provide this information on behalf of individual and the entity, and they have confirmed to me that the information provided about them is true and correct. I confirm I have made them aware that this information and information relating to the account may be provided to the tax authorities.

I declare that the details as shown on this form are complete and correct and that I will advise the Commonwealth Bank of Australia if these change.

I acknowledge the Commonwealth Bank of Australia may request additional document(s) per **Section 3: Documentation Requirements** or clarification if there are any further outstanding details required.

Name Position

*Signature Date (DD/MM/YYYY)

Space for Additional Information (if applicable)

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