



Collection and Verification of Know Your Customer Information for Incorporated & Unincorporated Associations

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 Incorporated & Unincorporated Associations, including Body Corporates & Registered Co-Operatives.

All fields marked with * are mandatory.



Who can complete this form?

Any individual who currently holds one of the following roles:

- Chairperson
- Secretary
- Treasurer

Section 1: General Organisation Information

Full name of organisation*

Industry information* – what is the primary business/purpose of the association?

Registered office address (PO Box is not acceptable)

| | | |
|-------|----------|--|
| | | |
| State | Postcode | |

Principal place of business (PO Box is not acceptable)

Same as registered office address

| | | |
|-------|----------|---------|
| | | |
| State | Postcode | Country |

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 Charity? (e.g. vocational training for disabled, persons, assistance for tsunami victims, building fund for a particular school or institution etc.) if 'yes' then provide objective

No

Is the organisation's primary business activity investing?*

Tick **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.

Yes No

Select organisation type below:*

Incorporated Association Unincorporated Association Body Corporate Registered Co-Operative

If registered by a State, Territory or Foreign Body Registration Body, please provide unique identification number issued by the relevant body:

Section 2: Officeholder Information

Please provide details of key officeholders:

Note: *key persons provided below may be required to provide further identification*

Chairman (or equivalent)*

First Name Middle Names (if any)

Surname Date of Birth (DD/MM/YYYY)

Secretary (or equivalent)*

First Name Middle Names (if any)

Surname Date of Birth (DD/MM/YYYY)

Treasurer (or equivalent)*

First Name Middle Names (if any)

Surname Date of Birth (DD/MM/YYYY)

Only if 'Unincorporated Association' was selected; Member of Unincorporated Association

First Name Middle Names (if any)

Surname Date of Birth (DD/MM/YYYY)

Section 3: Body Corporate Manager Information

This section is only applicable for Body Corporates

Is there an external third party Body Corporate Manager?

Yes No

Is the Body Corporate Manager an individual or an organisation?

Individual – please provide individual's details

First Name Middle Names (if any)

Surname Date of Birth (DD/MM/YYYY)

Organisation – please provide organisation's details below

Name of organisation

Australian Company Number (ACN)

Section 4: Documentation Requirements

Please be aware that you may be asked to provide a **wet ink copy of Certified or Original** of one of the applicable documents listed below to your local CommBank branch:

Unincorporated Association:

- Minutes of Meeting, held within the last 12 months (note: does not need to be an Annual General Meeting)
- Association Constitution

Body Corporates:

- Minutes of Meeting, held within the last 12 months (note: does not need to be an Annual General Meeting)
- Land or Strata Title with the Strata Number

Incorporated Association or Registered Co-Operative:

- Association Constitution or Association Rules

Section 5: 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 6: 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 individual(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 4: 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)