



Collection and Verification of Know Your Customer Information for Partnerships

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 all partnerships, including any informal partnerships where there is no formal written agreement. It does not apply to any other organisation types

All fields marked with * are mandatory.



Who can complete this form?

Any individual Partner or if there are any organisational Partner(s), someone who holds position of authority in the organisational partner (as detailed below).

If there is a trust partner, then anyone who holds one of the following roles in the trust

- Trustee
- Beneficiary
- Appointer
- Principal

If there is a company partner or the trust has a corporate trustee, then anyone who holds one of the following roles in the company

- Director
- Secretary
- Shareholder

Section 1: General Partnership Information

Full name of Partnership*

Full Business Name (if any)

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

Registered office address* (PO Box is not acceptable)

	State	Postcode	Country	

Principal place of business* (PO Box is not acceptable)

Same as registered office address

	State	Postcode	Country	

Is the organisation's primary business activity investing?*

Yes ▶ 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.

No

Section 2: Partnership Information

Country where the partnership was established?*

Australia Other – please provide country ▶

Is the partnership regulated by a professional association?*

Yes ▶ Please provide name of professional association here

No ▶ Please provide full name and address of each individual(s) and/or corporate partner(s) below

Please fill in either Residential address (if individual) or registered office address (if organisation) PO Box is not acceptable

Partner 1*

Full name

Address

	State	Postcode	Country

Partner 2*

Full name

Address

	State	Postcode	Country

Partner 3

Full name

Address

	State	Postcode	Country

Partner 4

Full name

Address

	State	Postcode	Country

Note: All corporate and individual partners named in this form must be fully identified, we may require further information/clarification from you, and we will call you if required. If there are more partners, please provide details on the additional space at the end of the form.

Is there a Partnership Agreement?*

Yes ▶ You may be required to provide a wet ink copy of the original or certified partnership agreement at your local CommBank Branch or to your Relationship Manager.

No

Section 3: Beneficial Owner Information

A. Are there any individuals who own 25% or more of the partnership, either directly or indirectly?*

Yes ▶ Provide details of all individuals below.

No ▶ Please answer Question B.

B. If no individual owns 25% or more, are there any individuals entitled (either directly or indirectly) to exercise 25% or more of the voting rights of the partnership, including power to veto?

Yes ▶ Provide details of all individuals below.

No ▶ Provide details below of any individuals who are responsible for the strategic or financial decisions of the partnership (that is, the individual who exercises primary control over the company because of the partnership because of the position they hold e.g. Managing Partner or senior managing official).

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.

Section 3: Beneficial Owner Information (continued)

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 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 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) or clarification if there are any further outstanding details required.

Name

Position

*Signature

Date (DD/MM/YYYY)

Space for Additional Information (if applicable)