# HOW TO COMPLETE THE - Client Identification Form (CIF)



ABN: 12 676 939 467

The information requested in this form is required to enable The Public Trustee of Queensland to comply with Australian government and regulatory requirements to confirm the identity of clients.

### Instructions for completing this form

- Complete all applicable sections of this form in BLOCK LETTERS IN BLACK PEN.
- Full Name, Address and Date of Birth, where shown on documents must be in English. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.
- If an item is not applicable, please leave the boxes unmarked.
- If you make an error, please initial the change. Please do not use correction fluid.
- Please do not post original documents through the mail.

In addition to the information and documents requested in this form, we may require further information and documents from you.

#### When do I have to complete this form?

- If you have an existing account with The Public Trustee of Queensland and have not previously completed a Client Identification Form.
- If you do not have any existing account with The Public Trustee of Queensland.
- If you do have existing account with The Public Trustee of Queensland, but want to open an additional account:
  - ☐ That will be in a **different name** to the existing account (for example, in your family company's name or a joint account with someone else); or
  - ☐ That will be in a **different capacity** to the existing account (for example, as trustee for a trust, a deceased estate or a person under the age of 18, or on behalf of an unincorporated association).

#### **Investor identification documents**

In addition to completing this *Client Identification Form*, you will need to also provide us with **certified copies** of certain identification documents (as in the CIF).

A document can be certified by any of the people identified below. If the document has more than one page please ensure that the certification identifies the number of pages (for example, 'I certify this document of [x] pages to be a true copy of the original').

A **certified** copy means a document that has been certified as a true copy of an original document by one of the following persons:

- 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);
- 2. a judge of a court;
- 3. a magistrate;
- 4. a chief executive officer of a Commonwealth court;
- 5. a registrar or deputy registrar of a court;
- **6.** a Justice of the Peace;
- 7. a notary public (for the purposes of the Statutory Declaration Regulations 1993 (C'wlth));
- 8. a police officer;
- an agent of the Australian Postal Corporation who is in charge of supplying postal services to the public;
- a 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;
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (C'wlth));

- **12.** an officer with 2 or more continuous years of service with one or more financial institutions (for the purpose of the Statutory Declaration Regulations 1993 (C'wlth));
- a finance company officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (C'wlth));
- 14. an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees:
- 15. a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership;
- **16.** if the certification occurs in New Zealand: a person before whom a statutory declaration may be made under the law of New Zealand.



Which Client Identification Form (CIF) do I use?				
Investor Type	Client identification Form (CIF)			
Individual	Individual or Sole Trader			
Sole Trader A sole trader is a single person operating a business under their own name eg John Brown or with a registered business name Brown Exporting	Individual or Sole Trader			
Trusts Charitable Trusts, Informal, testamentary, Family –(Discretionary and Unit), Deceased Estates, for people under the age of 18 and Nominee/Custody arrangements.	Trusts			
Partnerships Partnerships created pursuant to a partnership agreement	Partnerships			
Associations Incorporated and Unincorporated Associations	Associations			
Government Bodies Local Councils, Public Utilities, Universities and State and Federal Government Departments	Government Bodies			
Registered co-operatives	Registered co-operatives			
Australian/foreign companies All company types including some charities	Australian/foreign companies			

#### Who do I contact to get More Information?

#### The Public Trustee of Queensland

 if you have any queries please contact your local office or call the Investor Hotline on 1800 066 774.

#### **Australian Government**

- Attorney Generals Department

Customer information line: 1800 021 037 www.australia.gov.au/crimeandmoney E-mail: customers@austrac.gov.au

## What if I do not provide a Client identification Form (CIF)

The Public Trustee will not be able to process any transaction until all your identification requirements have been received and are satisfactory to The Public Trustee of Queensland.

## At a glance – Anti-Money Laundering and Counter-Terrorism Financing Legislation

Australia has implemented the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (C'wlth) to meet international standards and to help protect businesses from being misused for money laundering and terrorism financing.

As a client seeking certain services you may be asked to verify your identity.

By verifying your identity you are helping to protect Australian businesses from being misused for the purposes of criminal activity.

If you require any assistance completing this form, please contact your local office of The Public Trustee of Queensland or the Investment Hotline on 1800 066 774.

# THE PUBLIC TRUSTEE OF QUEENSLAND IDENTIFICATION FORM

Australian Companies



ABN: 12 676 939 467

### GUIDE TO COMPLETING THIS FORM

- o Complete all applicable sections of this form in BLOCK LETTERS IN BLACK PEN
- o If you have any queries please contact your local Office of the Public Trustee of Queensland or call the Investor Hotline on 1800 066 774.

o You can Provide Original ID Document	ts or Certified Copies of t	the ID Documents.	
SECTION 1A: AUSTRALIAN COMP	ANY DETAILS		
Are you currently a client of The Public Truster  ☐ Yes ☐ No If yes, what is you			
1.1 General Information			
Full name as registered by ASIC			
ACN			
Registered office address (PO Box is NOT accept Street	table)		
Suburb	State	Postcode	Country
<b>Principal place of business</b> (if any) (PO Box is N Street	OT acceptable)		
Suburb	State	Postcode	Country
1.2 Regulatory / Listing Details (select ✓ the	e following categories which	annly to the company and	provide the information requested)
☐ Regulated company (licensed by an Austral Regulator name			
Licence details			
☐ Australian listed company Name of Markey / exchange			
☐ Majority-owned subsidiary of an Austra Australian listed company name	lian listed company		
Name of market / exchange			
1.3 Company Type (select ✓ only ONE of the following the	lowing categories)		
□ Public Go to Section 1B below.			
☐ <b>Proprietary</b> <i>Go to Section 1.4 below.</i>			

1.4 Directors (only needs to be completed for p	proprietary companies)				
This section does NOT need to be complete	ed for public and listed compa	anies.			
How many directors are there?	provide full name of each director				
Full given name(s)		Surname			
1					
2					
3					
4					
If there are more directors, provide details	•				
If the company is a regulated company (as Otherwise, for all other proprietary compa			elow.		
1.5 Shareholders (only needs to be completed	d for proprietary companies that are	e not regulated companies	s as selected in Section 1.2)		
Provide details of ALL individuals who are pany's issued capital	beneficial owners through on	e or more shareholdii	ngs of more than 25% of the com-		
Shareholder 1					
Full given name(s)		Surname			
Residential address (PO Box is NOT acceptable Street	le)				
Suburb	State	Postcode	Country		
Shareholder 2					
		Surname			
Full given name(s)		Suriaine			
Residential address (PO Box is NOT acceptable	le)				
Street	-7				
Suburb	State	Postcode	Country		
Shareholder 3					
Full given name(s)		Surname			
Residential address (PO Box is NOT acceptable	le)				
Street					
Suburb	State	Postcode	Country		
Suburb	State	rosicode	Country		
	20551155				
SECTION 1B: VERIFICATION PRO					
Complete Part I or Part II to tell us what do	, and a		·		
If your proof of identity has not been provide	ded or accepted previously, th	e identification docur	mentation required is listed below:		
PART I – STANDARD VERIFICATION PROCE	EDURE				
Tick ✓ Select one of the following o	·				
☐ Perform a search of the relev☐ If the ASIC database is not reissued by ASIC.		al or certified copy of	the certification of registration		

Tick ✓	Select one or	more of the following options						
	Perform a sea	orm a search of the relevant market/exchange.						
	Perform a sea	arch of the relevant ASIC database.						
	Perform a sea	a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator.						
	A public docu	public document issued by the relevant company.						
SECTION	1C: RECOR	D OF VERIFICATION PRO	CEDURE –	Offi	ce Use Only			
IMPORTANT:	company (sta Verify that the	mpany's full name as registered indard verification). e Company is Australian listed, t , (alternative verification)).	,					
ID DOCUMEN	IT DETAILS	Document 1			Document 2			
Verified From	1	☐ Performed search ☐ Original	☐ Certified co	ору	☐ Performed sear	ch 🗆 Original 🏻	☐ Certified copy	
Document Iss	suer / Website							
Public Docun	nent Type							
Issue date / S	Search date							
Checking Officer's Name			Signature			Date Verified		

Signature

Date Verified

PART II – ALTERNATIVE VERIFICATION PROCEDURE

Authorising Officer's Name