

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:

1. 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;
9. an agent of the Australian Postal Corporation who is in charge of supplying postal services to the public;
10. 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;
11. 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));
13. 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

– Registered Co-operative



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.

SECTION 1A: REGISTERED CO-OPERATIVE

Are you currently a client of The Public Trustee of Queensland?

- Yes No If yes, what is your client number? _____

1.1 General Information

Full name of registered co-operative

Provide ID number issued by relevant registration body (if any)

Full name of the following (or equivalent in each case):

Full Given Name(s) of officer (if applicable)

Surname

Chairman

Secretary

Treasurer

1.2 Address Information *(select ✓ and provide ONE of the following)*

- Principal place of operation** *(PO Box is NOT acceptable)*

Street

Suburb

State

Postcode

Country

[Go to Section 1B](#)

- Registered office address** *(PO Box is NOT acceptable)*

Street

Suburb

State

Postcode

Country

[Go to Section 1B](#)

- Name & Residential address of the public officer** *(or president, secretary or treasurer if there is no public officer) (PO Box is NOT acceptable)*

Full Given Name(s) of officer

Surname

Position

Residential Address *(PO Box is NOT acceptable) Only provide address details if not provided in Section 1.4 above.*

Suburb

State

Postcode

Country

[Go to Section 1B](#)

SECTION 1B: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE

Complete the choices below to tell us what documents you are sending us or the verification method we should perform.

Tick ✓ **Verification options** (select one or more of the following options)

- Information provided by ASIC or the relevant registration body responsible for the registration of the co-operative.
- An original or certified copy or certified extract of the register maintained by the co-operative.

Documents that are written in a language that is not English, must be accompanied by an English translation prepared by an accredited translator

SECTION 1C: RECORD OF VERIFICATION PROCEDURE – Office Use Only

IMPORTANT: Verify the Registered Co-Operative's full name and ID number issued by relevant registration body (if any).

| ID DOCUMENT DETAILS | Document 1 | | Document 2 | |
|--------------------------------|---|----------------------------------|---|----------------------------------|
| Verified From | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | | <input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy | |
| Document Issuer / Website | | | | |
| Issue date / Search date | | | | |
| Accredited English Translation | <input type="checkbox"/> N/A | <input type="checkbox"/> Sighted | <input type="checkbox"/> N/A | <input type="checkbox"/> Sighted |
| Checking Officer's Name | | Signature | | Date Verified |
| Authorising Officer's Name | | Signature | | Date Verified |