

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

– Associations



ABN: 12 676 939 467

GUIDE TO COMPLETING THIS FORM

- o Complete all applicable sections of this form in BLOCK LETTERS IN BLACK PEN
 - Section 1 (all parts) – all Associations
- AND for Unincorporated Associations complete the following section:
 - Section 2 – Individual Member ID procedure
- 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 Documents or Certified Copies of the ID Documents.

SECTION 1A: ASSOCIATION DETAILS

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 Association _____

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

	Full Given Name(s) of officer (if applicable)	Surname
Chairman	_____	_____
Secretary	_____	_____
Treasurer	_____	_____

Provide an ID number issued on incorporation (eg. An CAN) (if any) _____

1.2 Association Type (select ✓ only ONE of the following categories)

- Incorporated Association Go to Section 1.3 below
- Unincorporated Association Go to Section 1.4 below

1.3 Incorporated Association (select ✓ and provide ONE of the following)

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

Street

Suburb

State

Postcode

Country

Go to Section 1B. You do not need to complete Section 1.4

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

Street

Suburb

State

Postcode

Country

Go to Section 1B. You do not need to complete Section 1.4

- 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

Street

Suburb

State

Postcode

Country

Go to Section 1B. You do not need to complete Section 1.4

1.4 Unincorporated Association

Principal place of administration address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

[Go to Section 1B](#)

SECTION 1B: ASSOCIATION VERIFICATION PROCEDURE – INCORPORATED ASSOCIATION

Complete Part I or Part II to tell us what documents you are sending us or the verification method we should perform.

If your proof of identity has not been provided or accepted previously, the identification documentation required is listed below.

PART I – ACCEPTABLE ID DOCUMENTS

Tick Select one or more of the following options (Tick the Document ID being provided)

- Information provided by ASIC or the government responsible for the incorporation of the association.
- An original, certified copy or certified extract of the Constitution or Rules of the association.

SECTION 1C: ASSOCIATION VERIFICATION PROCEDURE – UNINCORPORATED ASSOCIATION

PART II – ACCEPTABLE ID DOCUMENTS

Tick **Verification options** (use the following to verify the Unincorporated Association)

- An original, certified copy or certified extract of the Constitution or Rules of the association.

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

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

IMPORTANT: Verify the Association's full name and ID Number issued on Incorporation (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		
Public Document Type		
Issue date / Search date		
Checking Officer's Name	Signature	Date Verified
Authorising Officer's Name	Signature	Date Verified

If an Unincorporated Association Complete Section 2.

If an Incorporated Association, the form is now COMPLETE.

SECTION 2A: INDIVIDUAL MEMBER IDENTIFICATION PROCEDURE (Unincorporated Association only)

Name & residential address of the member who is signing on behalf of the Association (PO Box is NOT acceptable)

Full Given Name(s) of officer

Surname

Date of Birth (dd/mm/yyyy)

Street

Suburb

State

Postcode

Country

SECTION 2B: INDIVIDUAL MEMBER VERIFICATION PROCEDURE

If your proof of identity has not been provided or accepted previously, the identification documentation required is listed below:

OPTION 1 (Photographic ID) – 2 documents are required:	OPTION 2 (No Photographic ID) – 3 Separate documents are required:
<ul style="list-style-type: none">– One Primary ID Document from Part I– And one Secondary ID Document from Part II A or B	<ul style="list-style-type: none">– One Secondary ID Document from Part II A– And one Secondary ID Document from Part II B or one Foreign ID Document from Part III– And one Secondary ID Document from either Part II A or B or Foreign ID Document from Part III

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick ✓ Select ONE valid option from this section only

- Australian State / Territory driver's licence containing a photograph of the person
- Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph
- Foreign passport or similar travel document containing a photograph and the signature of the person*

PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – *should only be completed if the individual does not own a document from Part I*

Tick ✓ Select ONE valid option from this section only

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink

Tick ✓ **AND ONE** valid option from this section

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Block out the TFN before scanning, copying or storing this document.
- A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)

PART III – ACCEPTABLE FOREIGN ID DOCUMENTS – *should only be completed if the individual does not own a document from Part I*Tick ✓ **BOTH** documents from this section must be presented

- Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

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

SECTION 2C: RECORD OF VERIFICATION PROCEDURE – Office Use Only

IMPORTANT: Verify the Member's full name; and EITHER their date of birth OR residential address.

ID DOCUMENT DETAILS	Document 1		Document 2	
Verified From	<input type="checkbox"/> Original	<input type="checkbox"/> Certified copy	<input type="checkbox"/> Original	<input type="checkbox"/> Certified copy
Document Issuer				
Issue date				
Expiry date				
Document Number				
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