

b-packaged[®] and b-entertained[®] organisation application form



Customer Number: _____

Please complete the following sections:

- Section 1 - organisation details
- Section 2-6 - dependent on relevance to your organisation. If more than one organisation type is applicable (ie, company as trustee for a trust), please complete all relevant sections
- Section 7 - beneficial ownership or control
- Section 8 - signatories
- Section 9 - foreign accounts tax compliance act (FATCA)
- Section 10 - common reporting standard (CRS)
- Section 11 - account information
- Section 12 & 13 - privacy disclosure and authorisation

Return this form by mail to Community Sector Banking, PO Box 585, Corrimal, NSW 2518.

Section 1 Organisation Details (must be completed by all organisations)

- Australian Company (complete Section 2)
- Foreign Company (Registered with ASIC) (complete Section 2)
- Foreign Company (Not Registered with ASIC) (complete Section 2)
- Trust/Superannuation Fund (complete Section 3)
- Partnership (complete Section 4)
- Incorporated Association (complete Section 5)
- Unincorporated Association (complete Section 5)
- Cooperative (complete Section 5)
- Government Body (complete Section 6)
- PBI Status
- Other FBT Exemption

Full registered name including full business name or trading name (if any) of the organisation:

ABN: _____ ACN/ARBN: _____ Unique identifying number (if incorporated association or registered co-operative): _____

ANZSIC Code: _____ Industry (i.e. primary business activity): _____

Registered office address (PO Box not acceptable):

Suburb: _____ State: _____ Postcode: _____ Country: _____

Principal place of business (PO Box not acceptable): Same as registered office address

Suburb: _____ State: _____ Postcode: _____ Country: _____

Postal Address: Same as registered office address Same as principal place of business

Suburb: _____ State: _____ Postcode: _____ Country: _____

Primary contact name: _____ Primary contact number: _____

Primary contact email: _____

Community Sector Banking ABN 88 098 858 765 (Australian Financial Services authorised representative No. 265317 and Australian Credit authorised representative No. 379667) is a franchisee of Bendigo and Adelaide Bank Limited ABN 11 068 049 178, AFSL and Australian Credit Licence No. 237879 and is a wholly owned subsidiary of Community Sector Enterprises Pty Ltd ABN 95 098 858 354. Community Sector Enterprises is a 50/50 joint venture between Bendigo and Adelaide Bank and Community 21 Limited ABN 79 097 612 416.
Banking products are products of Bendigo and Adelaide Bank.

Section 2 Company

Company structure:

Proprietary/Private Public (domestic listed company) Majority owned subsidiary of a domestic listed company
Public unlisted company Other, please specify _____

Number of directors: _____

For proprietary or private companies only, provide details of each director.

Director 1

Full legal name: _____ Date of birth: _____

Director 2

Full legal name: _____ Date of birth: _____

Director 3

Full legal name: _____ Date of birth: _____

Director 4

Full legal name: _____ Date of birth: _____

If there are more than four Directors, please attach additional page(s).

Is the company regulated*? No Yes

** A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'regulated' means subject to supervision beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL holders); Australian Credit Licensees (ACL holders); and Registrable Superannuation Entity (RSE) Licensees.*

If Yes - please specify Regulator Name Licence Details (e.g. AFSL Number)

If the company is a public listed company, a majority owned subsidiary of a public listed company or a regulated* company, go to Section 8 otherwise complete sections below.

Company Ownership (only required for proprietary, private and public unlisted companies)

Please provide details of all individuals who own through one or more shareholdings (direct or indirect) 25% or more of the issued capital of the company

Tick this box if no individual owns 25% or more of the issued capital of the company and complete Entity Control section.

Shareholder 1

Full legal name: _____ % shareholding: _____

Shareholder 2

Full legal name: _____ % shareholding: _____

Shareholder 3

Full legal name: _____ % shareholding: _____

Shareholder 4

Full legal name: _____ % shareholding: _____

Each shareholder listed who owns 25% or more of the issued capital must complete Section 7 (Beneficial Ownership or Control) and provide individual identification documents.

Entity Control Details (only required for proprietary, private and public unlisted companies)

This section is only required if the ownership details in previous section cannot be determined. Each individual listed below (in part a or b) must complete Section 7 (Beneficial Ownership or Control) and provide individual identification documents.

a) Please provide details of all individuals who control 25% or more of the voting rights, including power of veto

Individual 1

Full legal name: _____ % voting rights: _____

Individual 2

Full legal name: _____ % voting rights: _____

If there are more than two individuals who control 25% or more of the voting rights, please attach additional page(s).

If unable to complete part a) above then complete part b) below:

b) Please provide details of the Senior Managing Official(s) - *the 'Senior Managing Official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller)*

Officer 1: Full legal name: _____ Position Title: _____

Officer 2: Full legal name: _____ Position Title: _____

If there is more than two Senior Managing Officials, please attach additional page(s).

Additional Information for Foreign Company

Name of country where company was established, incorporated or registered: _____ Name of foreign registration authority: _____

Foreign registration number: _____

Please complete the following section only for foreign companies registered in Australia

Local Agent: Full legal name of individual or company name: _____

Address of Local Agent (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Please complete the following section only for foreign companies not registered in Australia.

Principal place of business (PO Box not acceptable) in home country: _____

Section 3 Trust

Type of trust: Please tick (/) applicable

Individual OR Family

Regulated trust (Superannuation/SMSF)

Registered managed investment scheme

Government superannuation fund

Other: _____

Country where Trust was established: _____

Settlor of Trust:

(Not required for regulated trusts, registered managed investment schemes and government superannuation funds or if initial sum to establish the trust was less than \$10,000)

The 'settlor' is the person/entity who established the trust by contributing the initial assets or amount, often called the 'settled sum'.

Full legal name (given name, middle name(s), family name) or Registered Business Name: _____

Trustee Details

Provide details of all trustee/s of the trust. If the Trustee is a company please complete Section 2 - Company Details.

Individual Trustee 1

Full legal name:

Date of birth:

Full residential address (PO Box not acceptable):

Suburb:

State:

Postcode:

Country:

Individual Trustee 2

Full legal name:

Date of birth:

Full residential address (PO Box not acceptable):

Suburb:

State:

Postcode:

Country:

Individual Trustee 3

Full legal name:

Date of birth:

Full residential address (PO Box not acceptable):

Suburb:

State:

Postcode:

Country:

Individual Trustee 4

Full legal name:

Date of birth:

Full residential address (PO Box not acceptable):

Suburb:

State:

Postcode:

Country:

If there are more than four Trustees, please attach additional page(s).

Beneficiary Information

(except for a trust that is registered and subject to Australian regulatory oversight)

Beneficiary 1 - Full legal name or organisation name:

Beneficiary 2 - Full legal name or organisation name:

Beneficiary 3 - Full legal name or organisation name:

Beneficiary 4 - Full legal name or organisation name:

Class(es) of Beneficiaries: If the terms of the Trust identify beneficiaries by reference to membership of a class then provide details (e.g. unit holders, family members of named person, charitable organisations/causes)

If there are more than four Beneficiaries, please attach additional page(s).

Section 4 Partnership

Is the partnership a member of a professional association (ie law society):

Yes - please specify: _____

No - please provide the details of each partner below. If one of the partners is a company please complete Section 2- Company Details

Country in which partnership was established:

Ownership Details

All partners (individual and non-individual) must complete the details below and at least one partner must provide identification documents.

If the Partner is a company please complete Section 2 - Company Details.

Partner 1: Full legal name: _____ % Ownership

Partner 2: Full legal name: _____ % Ownership

Partner 3: Full legal name: _____ % Ownership

Partner 4: Full legal name: _____ % Ownership

If there are more than four Partners, please attach additional page(s).

All partners listed above must complete section 7 (Beneficial Ownership or Control) and provide individual identification documents.

Entity Control Details

If no partner holds 25% or more of the partnership as detailed in previous section then:

Provide the details of the Senior Managing Official(s) - the 'Senior Managing Official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller)

Officer 1: Full legal name _____ Position Title: _____

Officer 2: Full legal name _____ Position Title: _____

If there is more than two Senior Managing Officials please attach additional page(s)

The Senior Managing Official(s) must complete Section 7 (Beneficial Ownership or Control) and provide individual identification documents.

Section 5 Association/Co-Operative

	Given name:	Middle name:	Family name:
Chairman/President	_____	_____	_____
Vice Chairman/President	_____	_____	_____
Secretary/Public Officer	_____	_____	_____
Treasurer	_____	_____	_____

If there are additional officers, please attach additional page(s).

At least one person (Chairman, Secretary or Treasurer) must complete individual customer identification requirements.

Entity Control Details

(a) Provide the details of each individual who directly or indirectly controls the organisation, including those entitled to 25% or more of assets upon termination, voting rights of 25% or more or power to veto.

Individual 1 - Full legal name _____ %

Individual 2 - Full legal name _____ %

Individual 3 - Full legal name _____ %

Individual 4 - Full legal name _____ %

If unable to complete part (a) above then complete part (b) below:

(b) This section is only required if the entity control details in the above section cannot be determined. Provide details of the Senior Managing Official(s) who make decisions affecting a substantial part of the business (e.g. Chairman, Secretary or Treasurer)

Officer 1 - Full legal name _____ Position Title: _____

Officer 2 - Full legal name _____ Position Title: _____

Officer 3 - Full legal name _____ Position Title: _____

Officer 4 - Full legal name _____ Position Title: _____

If there are more than four Senior Managing Officials, please attach additional page(s).

Each individual listed above must complete section 7 (Beneficial Ownership or Control) and provide individual identification documents.

Section 6 Government Body

Government body established under legislation of: Please tick (✓) applicable

Australian State or Territory

Commonwealth of Australia

Foreign country

Full legal name of contact: _____

Full legal name of alternative contact: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Contact phone number: _____

Please Note: Section 7 Beneficial Ownership or Control is not applicable for Australian Government Bodies.

Section 7 Beneficial Ownership or Control

Individual 1 - (Beneficial Ownership or Control)
Full legal name: _____ Date of birth: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Identified under another customer number: _____ (Must have an active account and valid ID.)

Individual 2 - (Beneficial Ownership or Control)

Full legal name:

Date of birth:

Full residential address (PO Box not acceptable):

Suburb:

State:

Postcode:

Country:

Identified under another customer number:

(Must have an active account and valid ID.)

Individual 3 - (Beneficial Ownership or Control)

Full legal name:

Date of birth:

Full residential address (PO Box not acceptable):

Suburb:

State:

Postcode:

Country:

Identified under another customer number:

(Must have an active account and valid ID.)

Individual 4 - (Beneficial Ownership or Control)

Full legal name:

Date of birth:

Full residential address (PO Box not acceptable):

Suburb:

State:

Postcode:

Country:

Identified under another customer number:

(Must have an active account and valid ID.)

If there are more than four beneficial owners/control, please attach additional page(s).
Each person listed above must provide individual identification documents.

Section 8 Signatories (must be completed by all organisations)

Please list below all persons who will have authorised access to the account in the context described as follows:

- Obtain account and transactional information on all **b-packaged** and **b-entertained** cards
- Authorise the opening and closing of accounts and adding of Non-Titled Members
- Authorise card ordering and/or cancellation
- Act as a point of contact for Community Sector Banking staff to discuss changes, transactions and any other issues relating to the **b-packaged** and **b-entertained** cards
- Monitor accounts using No Withdrawals e-banking Access

A minimum of two signatories required per organisation.

Signatory 1 - Details

Full legal name

Date of birth:

Mr/Mrs/Miss/Ms:

Full residential address (PO Box not acceptable):

Suburb:

State:

Postcode:

Country:

Postal address: Same as residential address

Suburb:

State:

Postcode:

Country:

Preferred Contact Number:

Specific Occupation:

Email:

Internet access (view only): yes no

I confirm that all details provided in this application by me are true and correct. I confirm that I have read and agree to the Privacy Disclosure in this application.

Signature:

Date: / /

You will be required to provide individual identification documents and complete a Signature Capture Form (IC021). As these forms are uniquely numbered they are not available to download online. We will send you a form to sign and send back to us. Alternatively you can attend your local Bendigo and Adelaide Bank branch to sign this form.

Identified under another customer number:

(Must have an active account and valid ID.)

Signatory 2 - Details

Full legal name Date of birth:

Mr/Mrs/Miss/Ms:

Full residential address (PO Box not acceptable):

Suburb: State: Postcode: Country:

Postal address: Same as residential address

Suburb: State: Postcode: Country:

Preferred Contact Number: Specific Occupation:

Email:

Internet access (view only): yes no

I confirm that all details provided in this application by me are true and correct. I confirm that I have read and agree to the Privacy Disclosure in this application.

Signature:

Date: / /

You will be required to provide individual identification documents and complete a Signature Capture Form (IC021). As these forms are uniquely numbered they are not available to download online. We will send you a form to sign and send back to us. Alternatively you can attend your local Bendigo and Adelaide Bank branch to sign this form.

Identified under another customer number: (Must have an active account and valid ID.)

Signatory 3 - Details

Full legal name Date of birth:

Mr/Mrs/Miss/Ms:

Full residential address (PO Box not acceptable):

Suburb: State: Postcode: Country:

Postal address: Same as residential address

Suburb: State: Postcode: Country:

Preferred Contact Number: Specific Occupation:

Email:

Internet access (view only): yes no

I confirm that all details provided in this application by me are true and correct. I confirm that I have read and agree to the Privacy Disclosure in this application.

Signature:

Date: / /

You will be required to provide individual identification documents and complete a Signature Capture Form (IC021). As these forms are uniquely numbered they are not available to download online. We will send you a form to sign and send back to us. Alternatively you can attend your local Bendigo and Adelaide Bank branch to sign this form.

Identified under another customer number: (Must have an active account and valid ID.)

Signatory 4 - Details

Full legal name: _____ Mr/Mrs/Miss/Ms: _____ Date of birth: _____

Full residential address (PO Box not acceptable): _____

Suburb: _____ State: _____ Postcode: _____ Country: _____

Postal address: Same as residential address

Suburb: _____ State: _____ Postcode: _____ Country: _____

Preferred Contact Number: _____ Specific Occupation: _____

Email: _____

Internet access (view only): yes no

I confirm that all details provided in this application by me are true and correct. I confirm that I have read and agree to the Privacy Disclosure in this application.

Signature:

Date: / /

You will be required to provide individual identification documents and complete a Signature Capture Form (IC021). As these forms are uniquely numbered they are not available to download online. We will send you a form to sign and send back to us. Alternatively you can attend your local Bendigo and Adelaide Bank branch to sign this form.

Identified under another customer number: _____ (Must have an active account and valid ID.)

If there are more than four signatories, please attach additional page(s).

Do any of the applicants reside in an "Additional Know Your Customer Country?" Yes No

If 'yes', please ensure you capture the following information:

Foreign Applicants

If yes, complete the following fields:

Applicant Name: _____

Occupation: _____ Country of citizenship: _____

Reason for opening an account in Australia: _____

Salary range: \$0 - \$30,000 \$30,001 - \$50,000 \$50,001 - \$100,000 \$100,001 +

If there is more than one Foreign Applicant, please attach additional page(s).

Section 9 Foreign Accounts Tax Compliance Act (FATCA) - Completion of all sections is mandatory

Are any applicants Citizens or Residents of the US for Tax purposes? Yes - (Please complete the Foreign Tax Details Form (OA740)) No

Is the Entity/s created in the US, established under the laws of the US or a US taxpayer? Yes - (Please complete the Foreign Tax Details Form (OA740)) No

Are any controlling persons of an Entity Citizens or Residents of the US for Tax purposes? Yes - (Please complete the Foreign Tax Details Form (OA740)) No

Is the Entity a Financial Institution? Yes - (Please complete the Foreign Tax Details Form (OA740)) No

For companies, trusts and partnerships a controlling person is an individual who is a shareholder, trustee, beneficiary, settlor or partner AND who owns 25% or more of the Entity, controls 25% or more of the voting rights including a power of veto, or holds the position of senior managing official of the Entity. For associations and co-operatives a controlling person is also an individual who is entitled to 25% or more of the assets of the Entity upon dissolution.

Section 10 Common Reporting Standard (CRS) - Foreign Tax - Completion of all sections is mandatory

Are any individual applicants residents of any country other than Australia or US? Yes - (Please complete the Foreign Tax Details Form (OA740)) No

Is the Entity created in any country other than Australia or US? Yes - (Please complete the Foreign Tax Details Form (OA740)) No

Is the Entity Account Holder a Passive Non-Financial Entity? Yes - (Please complete the Foreign Tax Details Form (OA740)) No

Section 11 Account Information

Type of account to be opened:

b-packaged facility b-entertained facility

Section 12 Privacy Disclosure

Community Sector Banking Pty Limited provides products and services issued by Bendigo and Adelaide Bank Limited.

1. Collection of your personal information

We, Bendigo and Adelaide Bank Limited, collect your personal information to assess your application, to provide you with the product or service that you have requested and to assess any future applications for products or services you may make to us or our related entities. Collection of some of this information is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. If you provide incomplete or incorrect information we may be unable to provide you with the product or service you are applying for.

2. Collection of personal information about third parties

We may need to collect personal information about a third party from you as part of this application. If we do this, you agree you will advise that person that we have collected their information, and that in most cases they can access and seek correction of the information we hold about them.

3. Use and disclosure of your personal information

We may use your personal information to perform our business functions (for example internal audit, operational risk, product development and planning). We may also use your personal information to confirm your details (for example contacting your employer to confirm your employment and income details).

We treat your personal information as confidential and only disclose it to others where necessary. For example, we usually disclose your information to organisations to whom we outsource functions such as mailing and printing houses, IT providers, our agents and specialist advisers such as accountants and solicitors. Other disclosures usually include joint account holders, account operators and account applicants, insurers, intermediaries and government authorities. Your information may also be disclosed to our related entities, our joint venture partners and Community Bank® companies where its confidentiality is maintained at all times.

4. Disclosure of personal information to overseas organisations

Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

5. Access to and correction of your personal information

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1300 CSBANK (1300 272 265)

6. Direct marketing

We may use your personal information to inform you about financial products and services that are related to those you have with us or other products and services we think you may be interested in. These may be products and services provided by us, our related entities or other entities we are associated with. If you do not wish to receive any marketing material from us please mark the box below or call Community Sector Banking on 1300 CSBANK (1300 272 265)

I do not wish to receive marketing material from Community Sector Banking or Bendigo and Adelaide Bank Ltd

7. Privacy Policy

You should also read our Privacy Policy.

Our Privacy Policy contains information about:

- how you can access and seek correction of your personal information;
- how you can complain about a breach of the privacy laws by us and how we will deal with a complaint;
- if we disclose personal information to overseas entities, and where practicable, which countries those recipients are located in.

Our Privacy Policy is available on our website www.communitysectorbanking.com.au or by telephoning 1300 CSBANK (1300 272 265).

Section 13 Authorisation

We authorise that this account be opened with Community Sector Banking.

We confirm that all details provided in this application by us are true and correct. We agree to indemnify Community Sector Banking against any claim or liability arising from the breach of restricted use or other limitations in respect of a card. We also acknowledge that by signing this declaration we agree to abide by the relevant Terms and Conditions and accept full responsibility for transactions conducted on our accounts by us and additional cardholders nominated by us. If additional cardholders have been nominated by us, we authorise and instruct Community Sector Banking to pay and honour all transactions on our account conducted by them. Authorisations for additional cardholders to transact on our account are to remain in force until revoked by us.

We confirm that We have read and agree to the Privacy Disclosure in this application.

We confirm that the nominated signatories are authorised to act on behalf of the organisation.

We undertake to advise you as soon as practicable should the nomination be revoked or a signatory ceases to be employed by the organisation.

The below authorisation is to be signed by any 2 board or committee members (e.g. director, chairman, partner, secretary or treasurer)

Signature:

Name: _____

Position: _____

Date: / /

Signature:

Name: _____

Position: _____

Date: / /

If you are not already a customer of Bendigo Bank or Community Sector Banking we will require a copy of your certified identification and certified identification form to verify your signature.

Identification Verification Documents for Individuals

Tick the identification verification document(s) used and attach an **original certified copy** of the original identification document(s) to this form:

All certified identification must be accompanied by a completed Certified Identification Form (IC032a).

NOTE: If you are unable to present one of the primary photographic documents you can present a primary non-photographic document PLUS a secondary identification document to meet your identification requirements.

New Customers*

One Primary Photographic document **OR** (Note: Must show a clear photograph)

1 2 3 4

Australian Driver's Licence - (Current, Renewed, Interim, Provisional, Driver's, Truck or Learner's)

Australian or Foreign Passport (current or expired Australian Passport within preceding 2 years), with English translation by an accredited translator (if not in English)

Proof of Age Card (issued by an Australian State or Territory)

Foreign National Identity Card (must be in English or English translation by an accredited translator)

ImmiCard: No account is to be opened unless the Centralised KYC team have performed the appropriate checks

Document for Travel to Australia: No account is to be opened unless the Centralised KYC team have performed the appropriate checks

NSW Photo Card: Issued by the NSW State Government

Personal Information Card: Issued by the Tasmanian State Government

Minimum of one document is required for residents listed in Additional KYC Country List

One Primary Non-Photographic document **AND**

1 2 3 4

Birth Certificate (Australian) or Foreign Birth Certificate with English translation by an accredited translator (if not in English)*

Birth Extract by an Australian State or Territory

Citizenship Certificate - Australian or Foreign with English translation by an accredited translator (if not in English)*

Pension or Government Health Card (reference number required) (issued by Centrelink or the Department of Veterans' Affairs)

Minimum of one document is required for residents listed in Additional KYC Country List

One Secondary Identification Document

1 2 3 4

Notice issued by a Commonwealth, State or Territory Department which records provision of financial benefit less than 12 months old (eg Centrelink statement). Must contain the individual's name and residential address.

Notice issued by the Australian Tax Office of debt or assessment less than 12 months old that contains the name of the individual and residential address.

Notice less than 3 months old issued by a local government body or utilities provider that notes the provision of services to that address and/or that person (eg Council Rates, Water Rates, Electricity Bill, Gas Bill and Telephone Landline Bill). Must contain the name of the individual and residential address.

For a person under 18 years, a letter issued by a school principal (less than 3 months old) which includes a record of the length of time the person attended the school. Must contain the name of the individual and residential address.

Only in relation to a person aged 7 to 17 years, a Medicare/Pension/Health Care Card containing the name of the individual.

Note: Only the name is required to be verified from the Medicare/Pension/Care Card, not the date of birth or residential address.

Special Cases

Aboriginal Person or Torres Strait Islander Resident

1 2 3 4

The full legal name of the signatory and either date of birth or residential address, may be verified by a statement from two persons who are recognised as community leaders, including elected members of an Aboriginal Council of the community to which the signatory belongs.

Know Your Customer Information Verified - Office Use Only

I confirm that the following Know Your Customer Information has been verified against the identification document(s) referred to above.

Full legal name {middle initial(s) acceptable for a drivers licence} **and** Either date of birth or residential address **and**
Country of Citizenship (if applicant resides in an Additional KYC Country)

A manual search of the KYC Interface has been completed for all parties to an organisation who do not have signing authority **Yes** **No**

For non-individual applicants specify the Entity Structure: **Complex** **OR** **Simple**

Signed:

Staff number/ADM: _____ Date: / / _____

Please note that all fields with an asterisk () are mandatory for the collection and verification of Know Your Customer identification.

Identification Verification Documents for Entities

When you open your business account with us, we need to obtain the following identification information as required by law. Please refer to the Account Opening Help Card for further detail.

Select from the following list of documents:

Partnership

Original, certified copy or certified extract of the partnership agreement **OR**

Original or certified copy of minutes of a partnership meeting confirming the name and existence of the partnership and authorisation to open an account.

The following information **must** be noted:

1. Dated
2. State the name of the partnership
3. State an account/s to be opened with Community Sector Banking **OR**

Original letter from the accountant or legal practitioner confirming the name and existence of the Partnership (must not be more than 12 months since date of issue) **AND**

ABN Lookup to confirm registered partnership details (Community Sector Banking to complete)

Company

Company search (Community Sector Banking to complete)

Formal Trust / Superannuation Fund

Original or certified copy of the Full Trust Deed and latest Original or certified copy of the Amendment to the Trust Deed (if applicable)

AND

ASIC search to Registered Business details if applicable (Community Sector Banking to complete) **AND**

ABN Lookup to be completed to confirm ABN if applicable. (Community Sector Banking to complete)

Incorporated Association / Co-Operative

ASIC search to confirm registered incorporation details (Community Sector Banking to complete) **OR**

An original, certified copy or certified extract of the rules or constitution of the Incorporation **AND**

Minutes of a meeting of Association, the following information **must** be noted:

1. Dated
2. State that an account/s is to be opened with Community Sector Banking
3. State the Full Legal Name of the intended signatories to the account

ABN Lookup to be completed to confirm ABN (if applicable) (Community Sector Banking to complete)

Unincorporated Association

Minutes of a meeting of Association, the following information **must** be noted:

1. Dated
2. State that an account/s is to be opened with Community Sector Banking
3. State the Full Legal Name of the intended signatories to the account **AND**

ABNK Lookup to confirm ABN (if applicable) (Community Sector Banking to complete)

Government Body

If the Government body is established under legislation, a copy or relevant extract of the legislation obtained from a reliable and independent source (e.g. Government website) **OR**

Search a relevant Commonwealth, State, or Territory website for confirmation of the Government body's existence and address of principal place of operations **OR**

Review of the relevant Commonwealth, State or Territory register of Government bodies **AND**

Minutes of a meeting or letter, the following information **must** be noted:

1. Dated
2. State that an account/s is to be opened with Community Sector Banking
3. State the Full Legal Name of the intended signatories to the account

Know Your Customer Information Verified - Office Use Only

I confirm that the following Know Your Customer Information has been verified against the identification document(s) referred to above.

Signed:

Staff number /ADM: _____

Date: / /