

# Lifeplan Investor Identification

## COMPANIES



The information requested in this form is required under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML). The information collected will be used to verify your personal details. In accordance with the Anti-Money Laundering laws, if you do not provide the information or if we require additional information to be collected we will contact you for further information and we will:

- Delay the start of your investment/withdrawal of funds until we are satisfied with the information received, or
- Refund your contribution or refuse to withdraw funds from your investment.

**One form is to be completed by each applicant.**

**Please use BLACK INK and print within the boxes in CAPITAL letters. Mark all answer boxes with a cross (X).**

### 1A. COMPANY INFORMATION (Domestic or Registered Foreign Company)

Full company name (as registered with ASIC)

ACN or ARBN

If foreign company, specify country in which company was formed

#### Registered office

Address (not PO Box)

Suburb

State  Postcode

Country

#### Principal place of business (if any)

Address (not PO Box)

Suburb

State  Postcode

Country

### 1B. COMPANY INFORMATION (Unregistered Foreign Company)

Full company name

Country in which company was formed, registered or incorporated

Is the company registered by a relevant foreign registration body?

Yes Identification number

No

If no, provide the full address of principle place of business in relevant country

Address (not PO Box)

Suburb

State  Postcode

Country

Full address of company in relevant country

Address (not PO Box)

Suburb

State  Postcode

Country



**1C. TYPE OF COMPANY**

**Public** (Go to step 2.)

**Proprietary** (Go to step 1D.)

**1D. DIRECTORS DETAILS (ONLY COMPLETE IF "PROPRIETARY" IS SELECTED IN STEP 1C)**

Do **not** complete if the company is **public** or **listed**.

How many directors are there?

Please provide full name of each director below.

**Director 1**

Title Mr  Mrs  Ms  Miss  Other (please specify)

Given names

Surname

**Director 2**

Title Mr  Mrs  Ms  Miss  Other (please specify)

Given names

Surname

If there are more directors, please provide details on a separate sheet.

**1E. SHAREHOLDERS DETAILS (ONLY COMPLETE IF "PROPRIETARY" IS SELECTED IN STEP 1C)**

Do **not** complete if the company is **public** or **regulated**.

Provide details of all individuals who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

**Shareholder 1**

Title Mr  Mrs  Ms  Miss  Other (please specify)

Given names

Surname

Residential address (not PO Box)

Suburb

State  Postcode

Country

**Shareholder 2**

Title Mr  Mrs  Ms  Miss  Other (please specify)

Given names

Surname

Residential address (not PO Box)

Suburb

State  Postcode

Country

If there are more shareholders, please provide details on a separate sheet.





## 2. COMPANY IDENTIFICATION PROCEDURES

### **PART A – ACCEPTABLE ID DOCUMENTS** (Domestic or Registered Foreign Company)

Select one of the following options used to verify the company.

- A search of the relevant ASIC database.
- If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC.
- A search of the relevant market/exchange.
- A search of the relevant ASIC database.
- A search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator.
- A public document issued by the relevant company.

### **PART B – ACCEPTABLE ID DOCUMENTS** (Unregistered Foreign Company)

Select one of the following options used to verify the company.

- A search of the relevant foreign registration body.
- A certificate of registration (or equivalent) issued by the relevant foreign registration body.
- A Disclosure Certificate. Please contact Lifeplan Customer Services on 1300 1300 38 for details.

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





### 3. COMPANY DECLARATION

I/We have no reason to suspect that the contribution lodged with the application or any subsequent contributions is or will be derived from or related to any money laundering, terrorism financing or other illegal activities.

A certified copy of each document is to be attached to this completed form (do not send originals). Each page of a copy must be certified as a true copy. Please sign here confirming that all information being forwarded is correct.

Signature

Date

#### Persons who may certify documents

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).
- A judge of a court or a magistrate.
- A chief executive officer of a Commonwealth court.
- A registrar or deputy registrar of a court.
- A Justice of the Peace.
- A notary public (for the purposes of the Statutory Declaration Regulations 1993).
- A police officer.
- An agent 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 officer with 2 or more continuous years of service with one or more financial institution (for the purposes of the Statutory Declaration Regulations 1993).
- An officer with, or authorised representative of, a holder of an Australian financial services license, having 2 or more continuous years of service with one or more licensees.
- 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.

#### The certifier must:

Write the following wording, or similar, on the copy of your documents:

Example, for identity verification documents that contain a photograph of you "I certify that I have seen the original documentation and that the photograph is a true likeness and this copy is a complete and accurate copy of that original."

Example, for other identity verification documents "I certify that I have seen the original documentation and this copy is a complete and accurate copy of that original."

Sign and date each page of the photocopy.

Add their name in block capitals along with their position/capacity, address and daytime contact telephone number (not a mobile phone). The certifier may be contacted by Lifeplan.

Add the official stamp of their office, if possible.

OFFICE USE ONLY	
Document Details	
<input checked="" type="checkbox"/> Original Viewed	<input checked="" type="checkbox"/> Certified Copy Viewed
<input checked="" type="checkbox"/> Attached	<input checked="" type="checkbox"/> Not Attached
<input checked="" type="checkbox"/> Performed Search	
INFORMATION	Document 1
Document Issuer	<input type="text"/>
Document Type	<input type="text"/>
Issued/Search Date	<input type="text" value="DDMMYYYY"/>
Expiry Date	<input type="text" value="DDMMYYYY"/>
Document Number	<input type="text"/>
English Translation Required	Sighted <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signed by	Date <input type="text" value="DDMMYYYY"/>

