

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 – Partnerships



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: PARTNERSHIP 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 partnership _____

Registered business name of partnership (if any) _____

1.2 Type of Partnership *(select ✓ only ONE of the following partnership types and provide the information requested)*

Is this partnership regulated by a professional association?

Yes Provide name of association _____

Provide membership details _____

No How many partners are there? _____ *Provide full name and address of each partner below*

1.3 Partnership Details *(only complete for Partnerships NOT regulated by a professional association)*

Partner 1

Full given name(s) or Company name _____

Surname _____

Residential address if an individual trustee or company registered office address *(PO Box is NOT acceptable)*

Street _____

Suburb _____

State _____

Postcode _____

Country _____

Partner 2

Full given name(s) or Company name _____

Surname _____

Residential address if an individual trustee or company registered office address *(PO Box is NOT acceptable)*

Street _____

Suburb _____

State _____

Postcode _____

Country _____

Partner 3

Full given name(s) or Company name _____

Surname _____

Residential address if an individual trustee or company registered office address *(PO Box is NOT acceptable)*

Street _____

Suburb _____

State _____

Postcode _____

Country _____

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

SECTION 1B: PARTNERSHIP VERIFICATION PROCEDURE *to verify partnership name*

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

PART I – ACCEPTABLE ID DOCUMENTS

Tick **Verification option** (select one of the following options used to verify the Partnership)

- An original, a certified copy or certified extract of the partnership agreement.
- A certified copy or a certified extract of minutes of a partnership meeting.
- An original current membership certificate (or equivalent) of a professional association.
- Membership details independently sourced from the relevant professional association.
- A search of the relevant ASIC or other regulator's database.
- A notice issued by the Australian Taxation Office within the last 12 months eg Notice of Assessment. Block out the TFN before scanning, copying or storing this document.
- An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

SECTION 1C: PARTNERSHIP VERIFICATION PROCEDURE *to verify membership of a professional association*

PART II – ACCEPTABLE ID DOCUMENTS

Tick **Verification options** (select one of the following options used to verify the Partnership)

- An original current membership certificate (or equivalent).
- Membership details independently sourced from the relevant 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 full name of the Partnership or membership of the professional association.

| ID DOCUMENT DETAILS | | | | | |
|--------------------------------|---|-----------------------------------|---|---------------|--|
| Verified From | <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 | | | |
| Checking Officer's Name | | Signature | | Date Verified | |
| Authorising Officer's Name | | Signature | | Date Verified | |

Complete the following section to collect the additional information about the identity of ONLY ONE of the partners

SECTION 2A: INDIVIDUAL DETAILS *(to be completed for ONE partner)*

| | | | |
|---|----------------------|----------------------------|----------------------|
| Full Given Name(s) of officer | Surname | Date of Birth (dd/mm/yyyy) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Residential Address (PO Box is NOT acceptable) <i>Only provide address details if not provided in Section 1A.</i> | | | |
| <input type="text"/> | | | |
| Suburb | State | Postcode | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 2B: INDIVIDUAL PARTNER VERIFICATION PROCEDURE

| OPTION 1 (Photographic ID) <i>– 2 documents are required:</i> | OPTION 2 (No Photographic ID) <i>– 3 Separate documents are required:</i> |
|---|---|
| <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 that is not English must be accompanied by an English translation prepared by an accredited translator.

SECTION 2C: RECORD OF VERIFICATION PROCEDURE

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

| 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 | |