

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 – Trusts and Trustees



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 trusts.*
- AND select and complete one of the following sections for ONLY ONE of the trustees:
 - Section 2 (applicable parts) – selected trustee is an Individual.*
 - Section 3 (applicable parts) – selected trustee is an Australian Company.*
- 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: TRUST 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 trust _____

Full business name (if any) _____

1.2 Type of Trust *(select only one of the following trust types and provide the information requested)*

Registered managed investment scheme

Provide Australian Registered Scheme Number (ARSN) _____

(Go to Section 1B)

Regulated trust (eg an SMSF)

Provide name of the regulator (eg ASIC, APRA, ATO) _____

Provide the trust's ABN or registration / licensing details _____

(Go to Section 1B)

Government superannuation fund

Provide name of the legislation establishing the fund _____

(Go to Section 1B)

Other trust type

Trust description (eg Family, unit, charitable, estate) _____

(Complete Section 1.3 and 1.4)

1.3 Beneficiary Details *(only complete if "Other trust type" is selected in section 1.2 above)*

Do NOT complete if the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund.

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

- Yes Provide details of the membership class/es (eg unit holders, family members of named person, charitable purpose) _____

(Go to Section 1.4)

- No How many beneficiaries are there? _____ provide full name of each beneficiary below

Full given name(s)

Surname

1

2

3

4

5

If there are more beneficiaries, provide details on a separate sheet

1.4 Trustee Details (only complete if "Other trust type" is selected in section 1.2 above)

Do NOT complete if the trust is a registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund.

How many trustees are there? provide full name and address of each trustee below

Trustee 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

Trustee 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

Trustee 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

Trustee 4

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

Trustee 5

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

SECTION 1B: TRUST VERIFICATION PROCEDURE for registered managed investment scheme, regulated trust or government superannuation fund

Complete Part I or Part II to tell us what documents you are sending us or the verification method we should perform. The identification documents required will depend on the type of Trust.

PART I – ACCEPTABLE ID DOCUMENTS

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

- Perform a search of the ASIC, ATO or relevant regulator's website (eg "Super Fund Lookup" at www.abn.business.gov.au).
- A copy or relevant extract of the legislation establishing the government superannuation fund sourced from a government website.

SECTION 1C: TRUST VERIFICATION PROCEDURE for "Other trust type"

PART II – ACCEPTABLE ID DOCUMENTS

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

- A notice issued by the Australian Taxation Office within the last 12 months (eg a Notice of Assessment). Block out the TFN before scanning, copying or storing this document.
- A letter from a solicitor or qualified accountant that confirms the name of the trust.
- An original or certified copy or certified extract of the trust deed.

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 Trust's full name and that the trust is a registered managed investment scheme, regulated trust (eg SMSF) or superannuation fund (if applicable)

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 **ONLY ONE** of the following sections, as required, to collect the additional information about the identity of **ONLY ONE** of the trustees:

- **Section 2 (applicable parts)** – where the selected trustee is an Individual.
- **Section 3 (applicable parts)** – where the selected trustee is an Australian Company.

By completing Section 1 you have verified the Trust. Section 2 and 3 requires verification of the Trustee.

SECTION 2A: INDIVIDUAL DETAILS (to be completed if selected trustee is an Individual)

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 1.4 above.</i>			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the trust is a registered regulated trust (eg SMSF) the form is now COMPLETE.
If "Other trust type" is selected in Section 1.2 above, complete Section 2B and 2C below.

SECTION 2B: INDIVIDUAL 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 ✓ **PART I** Select ONE valid option from this section only *(Tick the Document ID being provided)*

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

PART II – ACCEPTABLE SECONDARY ID DOCUMENTS

Tick ✓ **PART II – A** *(Tick the Document ID being provided)*

- Australian birth certificate/extract
- Australian citizenship certificate
- A current Pension card issued by Centrelink
- A current Health card issued by Centrelink

Tick ✓ **PART II – B** *(Tick the Document ID being provided)*

- 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)
- If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

PART III – ACCEPTABLE FOREIGN ID DOCUMENTS

Tick ✓ **PART III** *(Tick the Document ID being provided)*

- 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 – OFFICE USE ONLY

IMPORTANT: Verify the Individual's full name and either their date of birth or residential address.

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	

If the selected trustee is an individual, the form is now COMPLETE.

SECTION 3A: AUSTRALIAN COMPANY DETAILS (to be completed if selected trustee is an Australian Company)

3.1 General Information

Full name as registered by ASIC

ACN

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

Street

Suburb

State

Postcode

Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

3.2 Regulatory / Listing Details (select ✓ the following categories which apply to the company and provide the information requested)

Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name

Licence details

Australian listed company

Name of Markey / exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market / exchange

3.3 Company Type (select ✓ only ONE of the following categories)

Public If the trust is a registered managed investment scheme or government superannuation fund, the form is now **COMPLETE**. If "Other trust type" is selected in Section 1.2 above, complete Section 3B and 3C below.

Proprietary Go to Section 3.4 below.

3.4 Directors (only needs to be completed for proprietary companies)

This section does NOT need to be completed for public and listed companies.

How many directors are there? provide full name of each director

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

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

If the company is a regulated company (as selected in Section 3.2 above) AND the trust type selected in Section 1.2 above is:

- **A registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE.**
- **"Other Trust Type", complete Section 3B and 3C below.**

Otherwise, continue to Section 3.5 below

3.5 Shareholders (only needs to be completed for proprietary companies that are not regulated companies as selected in Section 3.2)

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

Full given name(s)

Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Shareholder 2

Full given name(s)

Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Shareholder 3

Full given name(s)

Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

If the trust type selected in Section 1.2 above, is:

- A registered managed investment scheme, regulated trust (eg SMSF) or government superannuation fund, the form is now COMPLETE.
- "Other Trust Type", complete Section 3B and 3C below.

SECTION 3B: VERIFICATION PROCEDURE

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 – STANDARD VERIFICATION PROCEDURE**

Tick ✓ Select one of the following options

- If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC.
- Perform a search of the relevant ASIC database.

OR

PART II – ALTERNATIVE VERIFICATION PROCEDURE

Tick ✓ Select one or more of the following options

- Perform a search of the relevant market/exchange.
- Perform a search of the relevant ASIC database.
- Perform 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.

SECTION 3C: RECORD OF VERIFICATION PROCEDURE – Office Use Only**IMPORTANT:** Verify the Company's full name as registered by ASIC, whether it is proprietary or public and the ACN issued to company (standard verification).

Verify that the Company is Australian listed, that is a majority owned subsidiary and that is a regulated company (if applicable, (alternative verification)).

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 the selected trustee is an Australian company, the form is now COMPLETE.