

SECTION 1: ASSOCIATION IDENTIFICATION PROCEDURE (MANDATORY)

1.1 GENERAL INFORMATION

Investor number (if known)

Full Name of Association

Full Business, trading or other name(s), other than the association name (if any) (if you have more than one, please attach a separate list)

State/Territory and country of establishment/incorporation

Date of establishment/incorporation (DD/MM/YYYY)

 / /

Industry type/classification

	Full given name(s)	Surname
Chairperson		
Secretary		
Treasurer		

Please complete separate individual customer ID Forms for each of these individuals

1.2 ASSOCIATION TYPE

Incorporated Association (complete section 1.3)

Unincorporated Association (complete section 1.4)

1.3 INCORPORATED ASSOCIATION DETAILS

ID number issued upon incorporation (e.g. registration/incorporation number)

Select one of the following and provide details in the address boxes below (not a PO Box)

- Principal place of administration
- Registered office
- Residential address of secretary
- Residential address of chairman/president
- Residential address of treasurer

 State Postcode

 Country, if not Australia

1.4 UNINCORPORATED ASSOCIATION DETAILS

Full name of the association member requesting the product/service

Full address of the association's principal place of administration (not a PO Box)

 State Postcode

 Country, if not Australia

ABN

SECTION 2: TAX RESIDENCY (MANDATORY)

Is the Association a resident of a country other than Australia for tax purposes?

Yes. Date the association became a non-resident for tax purposes (complete section 2)

 / /

No (proceed to section 3)

Provide the country/countries outside of Australia in which the association is a resident for tax purposes and country's associated Tax Identification Number (TIN)*

* A TIN is an identifying number or equivalent used for tax purposes. 'TIN not issued' is only applicable to specific countries.

For more details go to <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

Note: If the association has more than 3 countries in which they are a tax resident, please provide the details on a separate form.

Country 1 (Primary country of residence for tax purposes)

Foreign TIN 1

Reason (if TIN not applicable)

TIN not issued

Country 2

Foreign TIN 2

Reason (if TIN not applicable)

TIN not issued



Country 3

Foreign TIN 3

Reason (if TIN not applicable)

TIN not issued

SECTION 3: BENEFICIAL OWNERSHIP (MANDATORY)

Provide the names of ALL individual members who own directly or indirectly control 25% or more of the Association, such as the Chairperson*, President, Treasurer or Secretary of the association.

Complete separate individual customer ID Forms for each of these individuals.

Note: If you are a Beneficial Owner and you hold an additional role please specify what this role is.

Role	Full given name(s)	Surname

Tick here if there are more than 4 Beneficial Owners and provide details on a separate sheet

**If you are establishing a new Association, at least 1 Chairperson must be listed as a Beneficial Owner.*

SECTION 4: ADDITIONAL INFORMATION (MANDATORY)

4.1 SOURCE OF FUNDS

This refers to where the associations funds came from in regard to deposits into the account. Please note the association may have multiple sources of funds. Please indicate all sources of funds below.

- | | |
|--|---|
| <input type="checkbox"/> Commission | <input type="checkbox"/> Bonus |
| <input type="checkbox"/> Business income | <input type="checkbox"/> Business profit |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Corporate investments |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Loan |
| <input type="checkbox"/> Capital injection | <input type="checkbox"/> Insurance payment |
| <input type="checkbox"/> Government grant | <input type="checkbox"/> Sale of assets |
| <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Mergers and acquisitions |
| <input type="checkbox"/> Gift/donation | <input type="checkbox"/> Controlled money account |
| <input type="checkbox"/> Tax refund | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Additional Sources (Please specify) | |

4.2 SOURCE OF WEALTH

This refers to where or how the association has built its net worth. Please note that the association may have multiple sources of wealth. Please indicate all sources of wealth below.

- | | |
|--|---|
| <input type="checkbox"/> Business income | <input type="checkbox"/> Business profit |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Corporate investments |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Insurance payment |
| <input type="checkbox"/> Owns property | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Liquidation of assets |
| <input type="checkbox"/> Gift/Donation | <input type="checkbox"/> Mergers and acquisitions |
| <input type="checkbox"/> None | <input type="checkbox"/> Controlled money account |
| <input type="checkbox"/> Additional Sources (Please specify) | |

4.3 PRIVACY STATEMENT

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at www.bt.com.au/privacy/privacy-statement or by calling us. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your request.

SECTION 5: ASSOCIATION VERIFICATION PROCEDURE (MANDATORY)

5.1 INCORPORATED ASSOCIATION VERIFICATION PROCEDURE

Information to be verified:

- Full name of the Association
- ID number issued on Incorporation (if any).

Important

- Ensure that individual customer ID Forms have been provided for ALL the Association's Beneficial Owners as per section 3; or
- Alternatively, if these individuals are existing customers, they may complete ID verification through the BT Panorama website or mobile app.
- Attach a legible certified copy of the ID documentation used to verify the association and selected member (where applicable), including any required translations.
- Documents that are written in a language that is not English must be accompanied by an English translation prepared by National Accreditation Authority for Translators and Interpreters (NAATI) translator.

Tick	Verification options (at least one of the following options used to verify the Incorporated Association)
<input type="checkbox"/>	A search of ASIC or the government body responsible for the incorporation of the association
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the association
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the association



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5.2 UNINCORPORATED ASSOCIATION VERIFICATION PROCEDURE

Information to be verified:

- Full name of the Association

Tick	Verification options (at least one of the following to verify the Unincorporated Association)
<input type="checkbox"/>	A search of a relevant government or regulator database (such as ABN lookup)
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the association
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the association

SECTION 6: AUTHORISED PERSON DECLARATION (MANDATORY)

I declare that to the best of my knowledge the information I have provided above is true and correct as at the date of this document. I understand that it is an offence to knowingly give false or misleading information or knowingly produce a false or misleading document under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act 2006)*, and the *Tax Laws Amendment (Implementation of the Common Reporting Standard) Act 2016*.

Full Name

Position Held (must include beneficial owner role)

Signature of Authorised Person 1 ([Wet \(pen\) signature](#) required)

Date (DD/MM/YYYY)

Full Name

Position Held (must include beneficial owner role)

Signature of Authorised Person 2 ([Wet \(pen\) signature](#) required)

Date (DD/MM/YYYY)

Full Name

Position Held (must include beneficial owner role)

Signature of Authorised Person 3 ([Wet \(pen\) signature](#) required)

Date (DD/MM/YYYY)

Full Name

Position Held (must include beneficial owner role)

Signature of Authorised Person 4 ([Wet \(pen\) signature](#) required)

Date (DD/MM/YYYY)

SECTION 7: VERIFICATION OF ID AND DECLARATION (ADVISERS ONLY)

This section is mandatory and must be completed by the Client's financial adviser or an authorised representative for the relevant AFSL holder.

Tick the applicable option:

- I have attached a legible original certified copy of the ID that I used to verify the association (and any required translation).
- I have sighted and retained copies of the necessary original or certified copy of ID as recorded in the 'ID Documents Details' table(s) below.

ID Document details Document 1

Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original
Document Issuer/ website		
Public Document Type		
Issue date/ Search date	/ /	
Accredited English translation	<input type="checkbox"/> N/A	<input type="checkbox"/> Sighted

ID Document details Document 2 (if required)

Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original
Document Issuer/ website		
Public Document Type		
Issue date/ Search date	/ /	
Accredited English translation	<input type="checkbox"/> N/A	<input type="checkbox"/> Sighted

By completing and signing this section I declare that:

- An identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- Individual customer ID Forms have been provided for ALL of the Association's Beneficial Owner(s).
- To the best of my knowledge the information I have provided above is true and correct as at the date of this document.
- I understand that it is an offence to knowingly give false or misleading information or knowingly produce a false or misleading document under the *AML/CTF Act 2006*, and the *Tax Laws Amendment (Implementation of the Common Reporting Standard) Act 2016*.
- I confirm that I am the appointed financial adviser, or an authorised representative for the relevant AFSL holder, and that I am duly authorised to act on the Client's behalf in the completion of this form.



AFSL Name (if applicable)

AFSL Number (if applicable)

Representative/Employee Name and Staff ID

Phone number

Signature ([Digital \(written\) signature](#) required)

Date Verification
Completed
(DD/MM/YYYY)

APPENDIX A:

A. WHAT IS A CERTIFIED COPY OF A DOCUMENT?

A certified copy is a document that has been certified by an authorised person as a true copy of an original document.

To have your document certified, take the original document and a photocopy of it to one of the persons listed in the categories below.

The certifier will then write or stamp the copy with the words: "I, [full name of authorised certifier], as [select appropriate person from authorised list below], certify that this [name of document] is a true copy of the original [signature and date]".

That person will need to print their name, date and qualification/occupation which makes them an eligible certifier on the photocopy.

If there are multiple pages to the copy, the certifier will need to fully certify each page.

Note: Only original certified ID documents must be supplied. Photocopies of certified documents will not be accepted.

B. LIST OF ELIGIBLE PERSONS WHO CAN CERTIFY YOUR IDENTITY DOCUMENTS

A document can be certified by the following authorised persons:

Legal

- A solicitor or barrister (that is, 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 court¹
- A magistrate
- A chief executive officer of a Commonwealth court¹
- A registrar or deputy registrar of a court¹

Foreign jurisdiction

- A person who is authorised by law in the relevant jurisdiction to administer oaths or affirmations or to authenticate documents¹

Healthcare

- A Dentist
- A Medical practitioner
- A Nurse
- A Pharmacist

JP

- A Justice of the Peace¹

Law enforcement office

- A police officer
- A Sheriff
- A Sheriff's officer

Post office

- An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public

Accountant

- who is a fellow of the National Tax Accountants' Association; or
- who is a member of any of the following:
 - Chartered Accountants Australia and New Zealand;
 - the Association of Taxation and Management Accountants;
 - CPA Australia;
 - the Institute of Public Accountants

Diplomatic service

- Employee of the Australian Trade and Investment Commission who is:
 - in a country or place outside of Australia; and
 - authorised under paragraph 3(d) of the Consular Fees Act 1955; and - exercising his or her function at that place

Financial institutions (eg bank, building society, credit union)

- An officer with two or more continuous years of service in Australia
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
- An officer of an Australian bank, building society or finance company branch or office located in a foreign jurisdiction with 2 or more years of continuous service (includes or an employee of Westpac New Zealand Limited with 2 or more years of continuous service)

A complete list of people who can certify your identification documents please refer to our website [https://www.bt.com.au/content/dam/public/panorama/pdf/BT_Panorama - How to certify documents_flyer.PDF](https://www.bt.com.au/content/dam/public/panorama/pdf/BT_Panorama_-_How_to_certify_documents_flyer.PDF)

¹Authorised to certify a copy of your document when overseas.

The completed form can be sent to us via one of the following methods:

Your Financial Adviser: they may require a copy of this form for record keeping purposes or for processing on your behalf.

Post: BT Panorama, GPO Box 2861, Adelaide SA 5001

Questions? Call us on 1300 881 716 or email support@panorama.com.au



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