



## IDENTIFICATION FORM - PARTNERSHIP

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)* requires the Commonwealth Bank of Australia to confirm your identity before you are eligible to lodge funds into the CommInvest Term Deposit. If the Commonwealth Bank of Australia is not able to confirm your identity, it may not be able to lodge your funds into the CommInvest Term Deposit.

This Identification Form will assist the Commonwealth Bank of Australia in verifying the existence of the Partnership. Please complete the Identification Form and return it together with any other documents, which it instructs you to provide, as soon as practicable. If you do not provide the required information, we may not be able to lodge your funds into the CommInvest Term Deposit.

You can lodge your completed Identification Form and documents, in addition to the Completed CommInvest Product Application Form by mail using the enclosed reply paid envelope to:

CommInvest Deposit Centre  
GPO Box 2867  
Melbourne, VIC 3001  
Australia

### What documentation do you need to provide?

*A document confirming:*

- *The full name of the partnership*

*The document can be one of the following:*

*An **original certified copy** or an **original certified extract** of the partnership agreement;*

**OR**

*An **original certified copy** or an **original certified extract** of minutes of a partnership meeting from the previous 12 months;*

**AND**

**In respect of the Partner set out in Section D of the Form, a document confirming their identity such as:**

*An **original certified copy** of the partner's drivers licence*

The drivers licence must be current and issued in Australia and contain a photograph. Please certify a copy of both the front and back of the drivers licence.

**OR**

*An **original certified copy** of the partner's passport*

Your passport must be current if it is issued by a foreign government. For an Australian passport it must be current or have expired within the preceding 2 years. The passport must contain a photograph of you.

**Any documentation provided that is written in a language other than English, must be accompanied by an English translation prepared by an accredited translator.**

If you are not sure how to complete this form or you are not able to provide any of the documents required please contact the CommInvest Deposit Information Line on: 1800 730 543 (from within Australia) or +61 3 9415 4207 (from outside of Australia).

## How to provide Certified Copies of Documents

Each document provided with this form must be certified by an “acceptable certifier”. We will not accept photocopies or faxes of a certification.

Please ask the certifier to include the following certification on each page of the document:

Details of certifier:

- their full name;
- by reference to the listing below, a statement as to which category of authorised certifier the person is;
- a statement either the same as or to the effect of:
  - “I certify this is a true and correct copy of the original document which I have sighted” (for use where there is only a single page); or
  - “I certify that this page is a true and correct copy of the original document which I have sighted”; and
- date of certification.

## Acceptable Certifiers

1. a legal practitioner enrolled in a Supreme Court of a State, or Territory or the High Court of Australia
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
8. a police officer
9. an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
10. a permanent employee of the Australian Postal Corporation who supplies postal services and who has been continuously employed for 2 or more years
11. an Australian consular officer or Australian diplomatic officer
12. an officer with 2 or more continuous years service with one or more financial institutions
13. a finance company officer with 2 or more continuous years service with one or more finance companies
14. an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years continuous 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 continuous membership



**Please return completed form to:**  
CommInvest Deposit Centre  
GPO Box 2867 Melbourne  
Victoria 3001 Australia  
Enquiries (within Australia) 1800 730 543  
(outside Australia) +61 3 9415 4207

## Partnership Form

This form is important, if you are unsure as to how to complete it, please contact your CommInvest Term Deposit Centre on 1800 730 543 (within Australia) or +61 3 9415 4207 (outside Australia) without delay.

**You must complete this form if you will be investing in a CommInvest Term Deposit as a Partnership. If you will be investing in another capacity, please call the CommInvest Term Deposit Centre (as above) for further information.**

**Please note: We will also need to verify the personal details provided in Section D about one of the Partners. Details of the documents required are explained in the cover page attached.**

Please provide the following information

**A** Full name of partnership

**B** Registered business name of partnership (if any)

**C** Country where partnership established

**D** Please provide the following information in respect of one of the partners  
Given Name(s) - it is important to state all given name(s) in full

Surname  Date of Birth (DD/MM/YYYY)

Street Number  Street Name

Suburb  State  Postcode

Country

REGISTRY USE ONLY

**E** Is the partnership regulated by a professional association ?

Yes Provide name of association

Provide membership details

No Provide name & residential address of each partner in the partnership other than the partner set out in section D

Given Name(s) of Partner 1 (in full)  Surname of Partner

Street Number  Street Name

Suburb  State  Postcode

Country

Given Name(s) of Partner 2 (in full)  Surname of Partner

Street Number  Street Name

Suburb  State  Postcode

Country

Given Name(s) of Partner 3 (in full)  Surname of Partner

Street Number  Street Name

Suburb  State  Postcode

Country

*If more partners, provide on a separate sheet that is marked with the name of the partnership and attach it to this Identification Form.*

Tick here if you have attached details of additional partners

**F** Enter your contact details

Contact Name  Telephone Number - Business Hours/After Hours