



Other Entities (Partnership, Association, Registered Co-operative and Government Body) Information and Identification - Trade Finance

The Bank is required to collect the following information to comply with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

Guide to completing this form

Complete the following in **block letters**:

Section 1 - General information (applicable to all entities)

Complete one of the following 3 sections

Section 2 - Partnership

Section 3 - Association (Incorporated and Unincorporated) and Registered Co-operative

Section 4 - Government Body

Section 5 - Declaration (applicable to all entities)

Section 1 - General Information (All entities)

Full name of entity

Full business name (if any)

ABN (if any)

Industry

Registered office address (PO Box is **not** acceptable) (This must be completed for incorporated associations and registered co-operative)

<input type="text"/>			
Suburb	State	Postcode	Country

Principal place of business (if any) (PO Box is **not** acceptable) Same as registered office address

<input type="text"/>			
Suburb	State	Postcode	Country

Postal address Same as registered office address Same as principal place of business

<input type="text"/>			
Suburb	State	Postcode	Country

Is the company operating as a charity? (Tick the box that is applicable)

No

Yes **Please complete the following question**

What is the objective/purpose of the charity? (e.g. vocational training for disabled persons, assistance for tsunami victims, building fund for a particular school or institution etc.)

Has the entity been established in Australia? (Tick the box that is applicable)

Yes

No **Please complete the following 3 questions**

Country where entity was established

Nature of business activity

Purpose of seeking an account/facility with the Commonwealth Bank of Australia or related company

Please complete one of the following sections as relevant then go to Section 5

Section 2 - Partnership

Section 3 - Association (Incorporated and Unincorporated) and Registered Co-operative

Section 4 - Government Body

Section 2 - Partnership

Please complete partnership details and individual partner details below

Partnership details

How many partners are there?

Are there more than 4 partners **and** is the partnership regulated by a professional association? (Tick the box that is applicable)

Yes Provide name of professional association

Please provide proof of current membership.

No Provide details of partners below

Partner 1 (This is to be completed by the partner who is signing on behalf of the partnership)

Full given name(s) Surname

Other names known by (if any) Date of birth

Full residential address (PO Box is **not** acceptable)

Suburb State Postcode Country

Do you have an existing Commonwealth Bank account? (Tick the box that is applicable)

No
Yes Please provide account number

Partner 2

Full given name(s) Surname

Full residential address (PO Box is **not** acceptable)

Suburb State Postcode Country

Partner 3

Full given name(s) Surname

Full residential address (PO Box is **not** acceptable)

Suburb State Postcode Country

Partner 4

Full given name(s) Surname

Full residential address (PO Box is **not** acceptable)

Suburb State Postcode Country

If there are more partners, please provide names of remaining partners on a separate sheet.

Section 3 - Association (Incorporated and Unincorporated) and Registered Co-operative

	Full given name(s) of officer	Surname
Chairman	<input type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>
Treasurer	<input type="text"/>	<input type="text"/>

If registered by a State, Territory or Foreign Body, please complete the following 2 questions

Provide name of registration body

Provide identification number issued by relevant registration body (if any)

Additional information for unincorporated associations ONLY

Please provide details of only one member who is signing on behalf of the association

Full given name(s)	Surname
<input type="text"/>	<input type="text"/>

Other names known by (if any)

Date of birth

Full residential address (PO Box is **not** acceptable)

Suburb	State	Postcode	Country
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Do you have an existing Commonwealth Bank account? (Tick the box that is applicable)

No

Yes Please provide account number

Section 4 - Government Body

Please tick one of the following

Commonwealth of Australia Government Body

Australian State or Territory Government Body

▶ Please provide state or territory

Local Government Body

▶ Please provide state or territory or area

Foreign Country Government Body

▶ Please provide country

Section 5 - Declaration (All entities)

This declaration is to be signed by a nominated representative (e.g. partner for a partnership, office holder for an association/co-operative, or delegate holding appropriate delegation on behalf of the government) of the entity.

I understand and acknowledge that the law requires applicants to provide true and correct information and state all the names by which they are commonly known. I also understand that the law prohibits the use of false names, as well as the giving, use or production of false or misleading information of documents in connection with an identification procedure.

I declare that the details as shown on this form are complete and correct.

Name	Position
<input type="text"/>	<input type="text"/>

Signature

Date