



Trust 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 – Trust information (applicable to all trusts)

Section 2 – Trustee details (applicable to all trusts)

One trustee of the trust must be identified:

Sub-section 1 – If selected trustee is an individual, **or** Sub-section 2 – If selected trustee is a company

Section 3 – Trustees and Beneficiaries (applicable only where “other trust type” is selected in Section 1 Part B)

Section 4 – Declaration (applicable to all trusts)

Section 1 – Trust information (all trusts)

Part A: General information

Full name of trust

Industry

Is there a Trust Deed? (Tick the box that is applicable)

No Yes We will need to sight the page of the Trust Deed where the name of the trust appears

Is the trust 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 trust been established in Australia? (Tick the box that is applicable)

Yes No **Please complete the following 3 questions**

Country where trust was established

Objective of the trust

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

Part B: Trust type

What type of trust is it? (Tick the box that is applicable)

Managed investment scheme registered by ASIC

▶ Please provide ARSN

Managed investment scheme that is not registered by ASIC that only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies

Registered Trust subject to the regulatory oversight of a Commonwealth statutory regulator (e.g. APRA) in relation to its activities as a Trust

▶ Please provide name of regulator

▶ Please provide a registration number given by the regulator

Government Superannuation Fund established by legislation

▶ Please provide name of legislation

Please complete sections 2 and 4 of this Form if you have ticked one of the boxes above.

Other trust type (e.g. family trust, deceased estate, property trust)

▶ Trust description

Please complete Sections 2, 3 and 4 of this Form if you ticked the “Other trust type” box.

Section 2 – Trustee details (all trusts)

Please select only 1 trustee and provide details below by completing either Sub-section 1 or 2 for the selected trustee. In addition, if “Other trust type” was selected in Section 1 Part B, please provide details of all other trustees in Section 3.

Sub-section 1 – Individual trustee details. Complete only if selected trustee is an individual.

Full given name(s)

Surname

Other names known by (if any)

Date of birth

Full residential address of individual trustee (PO Box is **not** acceptable)

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

No

Yes Please provide account number

OR

Sub-section 2 – Company trustee details. Complete only if selected trustee is a company.

Part A: General information

Full name of company

Full business name (if any)

Select the type of company (Tick the box that is applicable)

- Australian
 Foreign Company Not Registered with ASIC
 Foreign Company Registered with ASIC

Select the type of company structure (Tick the box that is applicable)

- Proprietary/Private
 Public

Please provide ACN if it is an Australian company or ARBN if it is a foreign company registered with ASIC

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

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

Suburb	State	Postcode	Country
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Postal address Same as registered office address Same as principal place of business

Suburb	State	Postcode	Country
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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)

Part B: Company ownership (only needs to be completed for **proprietary or private** companies)

Provide details of **all** individuals who are beneficial owners through one or more (direct or indirect) shareholdings of **more than 25%** of the company's issued capital.

Shareholder 1

Full given name(s)

Surname

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

Suburb	State	Postcode	Country
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Shareholder 2

Full given name(s)

Surname

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

Suburb

State

Postcode

Country

Shareholder 3

Full given name(s)

Surname

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

Suburb

State

Postcode

Country

Part C: Director details (only needs to be completed for **proprietary or private** companies)

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

Full given name(s)

Surname

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

Part D: Additional information for a foreign company (Only needs to be completed for non-Australian companies)

If company is an Australian company, please go straight to Section 3 if "Other trust type" was selected in Section 1 Part B. Otherwise go to Section 4.

Name of country where company was established, incorporated or registered

Name of foreign registration authority

Foreign registration number

Nature of business activity

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

Please complete the following section only for foreign companies registered in Australia:

Local agent

Full name of individual or company name

Residential address if individual local agent **or** company registered office address (PO Box is **not** acceptable)

Suburb

State

Postcode

Country

Section 3 – Trustees and Beneficiaries (Complete if "Other trust type" was selected in Section 1 Part B)

Part A: Trustee information

How many trustees are there? Please provide full name & address of each trustee (other than the one identified in Section 2)

Trustee 1

Full name of individual or company name

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

Suburb

State

Postcode

Country

Trustee 2

Full name of individual or company name

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

Suburb	State	Postcode	Country
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Trustee 3

Full name of individual or company name

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

Suburb	State	Postcode	Country
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If there are more trustees, please provide details on a separate sheet.

Part B: Beneficiary information

Complete the full name of each beneficiary **or** the type of membership class.

Full name of Beneficiary 1

Full name of Beneficiary 2

Full name of Beneficiary 3

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

OR

Details of membership class/es (e.g. unit holders, family members of named person, charitable purpose etc)

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

Section 4 – Declaration (all trusts)

This declaration is to be signed by a trustee (or a person authorised by the trustee) of the trust.

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 or documents in connection with the provision of financial services and the making, possession or use of a false document in connection with an identification procedure.

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

Name

Position

Signature

Date