



# Collection and Verification of Know Your Customer Information for Individual Customers and Sole Traders/ Joint Traders

## Sole Trader

A Sole Trader is one individual (natural person) trading in their own name or a registered business name.

## Joint Traders

A Joint Traders business structure is where two or more individuals (natural person) are trading under their own names.

Note: For Sole Traders and Joint Traders, please complete Section C in addition to Sections A,B,D & E.

### Section A: Personal details

### Bank Use Only

#### Individual 1

#### Complete all fields

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given name(s)

Other names known by (if any)

Date of birth

Gender

☐ Male ☐ Female

Full residential address (PO Box not acceptable)

State

Postcode

Country

Daytime phone

Evening phone

Fax number

Mobile number

Email

Occupation

Income range

Employment category

☐ Employed Public Servant ☐ Employed Public Authority ☐ Employed All Other

☐ Employer or Self-Employed ☐ Not Employed ☐ Non-Resident Customer

Employment frequency

☐ Full Time ☐ Part Time ☐ Temporary ☐ Contract ☐ Seasonal ☐ Commission

Employment start date

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

☐ Yes Please provide account number

☐ No

#### Tax Residency Information (mandatory)

• Please provide all countries where you are a resident for tax purposes; and Tax Identification Number (TIN) for each country of tax residency; or

• Select one of the below reasons;

a. My country of tax residency does not issue TINs

b. I have not been issued with a TIN by my country of tax residency

c. My country of tax residency does not require disclosure of a TIN (use this if providing Australia)

d. TIN information will be provided later (If this reason is selected, account operations might be impacted until TIN is provided)

The information against the checkbox indicates field must be verified against an acceptable identification document or data source.

☐ Verified

☐ Verified\*

\*Verify either the Date of Birth or the Address

**Tax Residency Information (mandatory) continued**

Note: If you are a resident or citizen of the US, it is **mandatory** to include US as a country of tax residency

(Tick (✓) the box that is applicable)

☐ Australia Only

☐ Australia and/or Other Countries ▶ Please complete below

Country(ies) of Tax Residency Please list country(ies) of tax residency.	Tax Identification Number (TIN) or Reason for no TIN Please provide a TIN for each country of tax residency or select one of the reasons for no TIN (Refer to options a, b, c, d above)

**Individual 2****Complete all fields**

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given name(s)



Other names known by (if any)

Date of birth

Gender

☐ Male ☐ Female

Full residential address (PO Box not acceptable)

State

Postcode

Country

Daytime phone

Evening phone

Fax number

Mobile number





Email

Occupation

Income range



Employment category

☐ Employed Public Servant ☐ Employed Public Authority ☐ Employed All Other

☐ Employer or Self-Employed ☐ Not Employed ☐ Non-Resident Customer

Employment frequency

☐ Full Time ☐ Part Time ☐ Temporary ☐ Contract ☐ Seasonal ☐ Commission

Employment start date

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

☐ Yes Please provide account number

☐ No

**Tax Residency Information (mandatory)**

• Please provide all countries where you are a resident for tax purposes; and Tax Identification Number (TIN) for each country of tax residency; or

• Select one of the below reasons;

a. My country of tax residency does not issue TINs

b. I have not been issued with a TIN by my country of tax residency

c. My country of tax residency does not require disclosure of a TIN (use this if providing Australia)

d. TIN information will be provided later (If this reason is selected, account operations might be impacted until TIN is provided)

Note: If you are a resident or citizen of the US, it is **mandatory** to include US as a country of tax residency

☐ Verified

☐ Verified\*

\*Verify either the Date of Birth or the Address

**Section A: Personal details (continued)****Bank Use Only****Tax Residency Information (mandatory) continued**

(Tick (✓) the box that is applicable)

☐ Australia Only☐ Australia and/or Other Countries ▶ Please complete below

Country(ies) of Tax Residency Please list country(ies) of tax residency.	Tax Identification Number (TIN) or Reason for no TIN Please provide a TIN for each country of tax residency or select one of the reasons for no TIN (Refer to options a, b, c, d above)

**Section B - Beneficial Owners****Bank Use Only**

**Complete this section when another individual controls either Individual 1 or Individual 2 (for example a parent/guardian of a customer that is a minor or a person appointed under an enduring power of attorney/guardian for an incapacitated individual).**

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other Surname Given name(s) Other names known by (if any) Date of birth 

Gender

☐ Male ☐ FemaleFull residential address (PO Box not acceptable) 

State	Postcode	Country	

Daytime phone Evening phone Fax number Mobile number Email Occupation Income range 

Employment category

☐ Employed Public Servant ☐ Employed Public Authority ☐ Employed All Other☐ Employer or Self-Employed ☐ Not Employed ☐ Non-Resident Customer

Employment frequency

☐ Full Time ☐ Part Time ☐ Temporary ☐ Contract ☐ Seasonal ☐ CommissionEmployment start date 

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

☐ Yes Please provide account number ☐ No

The information against the checkbox indicates field must be verified against an acceptable identification document or data source.

☐ Verified☐ Verified☐ Verified☐ Verified\*

\*Verify either the Date of Birth or the Address

**Section C: Sole Traders/Joint Traders****Bank Use Only****Section 1****Complete all fields per organisation type**Full Business name (if any) – Sole Trader Full name of the individual sole trader ABN (if any)

Registered address (PO Box is not accepted)

State	Postcode	Country

Industry information

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**Section 2**

Partnership name (Joint Traders only)

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ABN (if any)

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Full name of individual 1

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Full name of individual 2

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Registered address (PO Box is not accepted)

State	Postcode	Country

Industry information

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**Primary Business Activity**

Is the organisation's primary business activity investing?

Tick (✓) 'Yes' if the organisation's earns more than 50% of its total income from investment activities (e.g. rent, interest or dividends) or more than 50% of the assets produce or are held for producing investment income.

☐ No ☐ Yes
**Tax Residency Information (mandatory)**

- Please provide the country(ies) where the organisation is resident for tax purposes (the organisation must be a tax resident of at least one country); and Tax Identification Number (TIN) of the organisation for each country of tax residency; or
- Select one of the below reasons;
  - a. The organisation's country of tax residency does not issue TINs
  - b. The organisation has not been issued with a TIN by its country of tax residency
  - c. The organisation's country of tax residency does not require disclosure of a TIN (use this if providing Australia)
  - d. TIN information will be provided later (*If this reason is selected, account operations might be impacted until TIN is provided*)

Tick the box that is applicable (✓)

**NOTE:** For Joint Traders please enter all countries of tax residence and TIN or Reason for no TIN per whatever has been captured for each Individual e.g. Individual A has advised Australia only as has Individual B therefore the Countries of tax residency are Australia only for the Joint Trader

☐ Australia Only

☐ Australia and/or Other Countries ▶ Please complete the below

Country(ies) of Tax Residency Please list country(ies) of tax residency.	Tax Identification Number (TIN) or Reason for no TIN Please provide a TIN for each country of tax residency or select one of the reasons for no TIN (Refer to options a, b, c, d above)

**Section 3**

Is the organisation Not For Profit? (Tick (✓) the box that is applicable)

☐ No ☐ Yes ▶ Please provide industry/sector

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

☐ No ☐ Yes ▶ If 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.)*

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## Section D: Privacy

The Commonwealth Bank of Australia (the Bank) is collecting your personal information to identify you in accordance with the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

To identify you, the Bank, and its service providers, will collect and verify details from your identification documents with the Australian Government's Document Verification Service to assess whether they match information held by the issuers or official record holders of those documents.

For more information about how the Bank handles personal information, including how you can access, or seek correction of, your information or contact us with any feedback, please see the Bank's Privacy Policy available on [www.commbank.com.au](http://www.commbank.com.au).

## Section E: Declaration

### Customer Declaration

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

I have obtained the consent of any individual(s) whose personal information is provided in this application. I confirm that I have authority to act on the person's behalf and my authority to act on behalf of the person has not been revoked, forfeited, or varied by Court Order or any other means. They have authorised the collection, use or exchange of their information in accordance with our Privacy Policy. They have also consented to their ID being verified with the document issuer or record holder via a third party provider to confirm their identity.

I confirm I have made them aware that this information and information relating to the account may be provided to the tax authorities.

I declare that the details as shown on this form are complete and correct and that I will advise the Commonwealth Bank of Australia if these details change.

I consent to the Bank verifying the identification information with the document issuer or record holder via a third party provider.

I understand that this consent will be valid for a period of 12 business days, or otherwise for the duration of time needed to complete the identity verification.

Applicant 1

Signature

Date

Applicant 2

Signature

Date

Additional Information (if applicable)

### Bank Use Only: Verification

Identification details (eg. passport, driver's licence) **must be completed in all cases where customer identification is obtained.**

#### Applicant 1

Existing account number or Customer ID

Document type	Document number	Name on document	Place of issue	Issue date	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Verification has been performed for the customer: ☐ Full name, and ☐ Date of birth, or ☐ Residential address

#### Applicant 2

Existing account number or Customer ID

Document type	Document number	Name on document	Place of issue	Issue date	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Verification has been performed for the customer: ☐ Full name, and ☐ Date of birth, or ☐ Residential address

#### Completed by:

##### Bank Staff or Broker

☐ I confirm that the information checked in the verification documents correctly reflects the information supplied by the customer and matches the information in this completed form.

Bank Staff/Broker

Bank Staff/Broker number

Signature

##### Bank Staff/Operations Support

☐ I confirm that the information checked in the verification documents as set out above correctly reflects the information supplied by the customer in the form.

Support/Operations

Staff number

Signature

Date

### Bank Use Only: Discrepancy

Please complete this section if any discrepancy has been identified in KYC information and the way in which it has been resolved.

☐ In the instance where changes or additions were made by me on this form, all such information was collected by me directly from the customer and all the changes or additions to this form have been initialled by me