

# Collection and Verification of Know Your Customer Information for Individual Customers

## Section A – Personal details

## Bank use only

### Complete all fields

Title      Mr      Mrs      Miss      Ms      Other  
Surname      Given name(s)

Other names known by (if any)

Date of birth (DD/MM/YYYY)      Gender  
Male      Female

Full residential address (PO Box is not acceptable)

State	Postcode	Country

Postal address

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

Employer's name

Employment start date (DD/MM/YYYY)

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

Yes      Please provide account number

No

Permanent residency

Yes      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 and refer to 'annexure A' for all countries each option is applicable:
  - My country of tax residency does not issue TINs
  - I have not been issued with a TIN by my country of tax residency
  - My country of tax residency does not require disclosure of a TIN (use this if providing Australia)

*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*

Section A – Personal details (continued)		Bank use only
<b>Tax Residency Information (mandatory) continued</b> <i>Note: If you are a resident or citizen of the US, it is mandatory to include US as a country of tax residency</i> (Tick (✓) the box that is applicable) Australia Only Australia and/or Other Countries ▶ Please complete below		
<b>Country(ies) of Tax Residency</b> Please list country(ies) of tax residency	<b>Tax Identification Number (TIN) or Reason for no TIN</b> 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 above)	

Section B – Beneficial Owner		Bank use only						
<b>Complete this section if another individual controls the Individual noted in Section A (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).</b>		<i>The information against the checkbox indicates field must be verified against an acceptable identification document or data source.</i>  Verified  Verified  Verified  Verified* <i>* Verify either the Date of Birth or the Address</i>						
Title	Mr      Mrs      Miss      Ms      Other							
Surname	Given name(s)							
Other names known by (if any)								
Date of birth (DD/MM/YYYY)	Gender Male      Female							
Full residential address (PO Box is not acceptable)								
<table><tr><td colspan="3"></td></tr><tr><td>State</td><td>Postcode</td><td>Country</td></tr></table>						State	Postcode	Country
State	Postcode		Country					
Postal address								
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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								
Employer's name								
Employment start date (DD/MM/YYYY)								
Do you have an existing Commonwealth Bank account? (Tick (✓) the box that is applicable) Yes      Please provide account number  No								
Permanent residency Yes      No								
005-449 300425								

**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 and refer to 'annexure A' for all countries each option is applicable:
  - 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)

*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 above)

**Section B – Privacy**

We collect information from your identity documents (e.g. a driver's licence, passport or birth certificate) to verify your identity. This information is collected for the purposes of the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth). We will disclose this information to credit reporting bodies, Commonwealth and state government departments and other verification partners who match your information with the information held by the issuer or official record holder via third party systems. You can find out more information about the operation and management of these services at the IDMatch website [www.idmatch.gov.au](http://www.idmatch.gov.au).

Our Group Privacy Statement available at [commbank.com.au](http://commbank.com.au) contains details about:

- how you may exercise your rights to access and seek correction of your information; and
- how to make a complaint about the way we handle your identity information.

**Section C – 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 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 confirm I am authorised to provide the information in the identity document.

I consent to my information being checked with the document issuer or official record holder via third party systems.

If you are authorised to provide the identity documents on behalf of another person, you consent on that person's behalf.

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

**NB:** If you do not consent to the above, then we may not be able to verify your identity and provide you with our services.

Applicant

Signature

Date (DD/MM/YYYY)

X

Beneficial Owner (if applicable)

Signature

Date (DD/MM/YYYY)

X

**Section C – Declaration** (continued)

Additional Information (if applicable)

**Bank use only – Verification**

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

**Applicant**

Existing account number or Customer ID

Document type	Document number	Name on document	Place of issue	Issue date (DD/MM/YYYY)	Expiry date (MM/YYYY)

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

**Beneficial Owner (if applicable)**

Existing account number or Customer ID

Document type	Document number	Name on document	Place of issue	Issue date (DD/MM/YYYY)	Expiry date (MM/YYYY)

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

X

**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 (DD/MM/YYYY)

X

**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.