

Verification of Identity - Company



COMPANY DETAILS

Full name as registered with ASIC:

ACN: Current Industry (primary business activity):

Full address of registered office (PO Box is not acceptable):

Postcode:

Full address of principal place of business in Australia (PO Box is not acceptable):

Postcode:

Mailing address:

Postcode:

Is the Company regulated (A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'regulated' means subject to supervision beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL holders) Australian Credit Licensees (ACL holders); and registrable Superannuation Entity (RSE) Licensees):

No Yes* - Please specify

Regulator name: Licence details:

Company type: Proprietary/Private Public* (domestic listed company) Public unlisted company
 Majority owned subsidiary of a domestic listed company* Other, please specify

POWER OF ATTORNEY

Will the loan contract be executed under Power of Attorney? Yes No

If yes, please provide the following details:

Full Name DOB:

Residential Address

BENEFICIAL OWNER OR CONTROL

Not required for company types marked with a star (*) or if they are acting as a guarantor.

The beneficial owner can be identified using the following rules:

Ownership

Shareholders holding 25% or more of the issued **capital** (Direct or Indirect) – the 'Shareholder' is any person that owns shares of a company's stock.

Control – Only required if Ownership does not apply

Individuals who control 25% or more of the voting rights, including power of veto. – 'Voting rights' involves decisions on issuing securities, initiating corporate actions and making substantial changes in the corporation's operations.

Management – Only required if Ownership or Control does not apply

Senior Managing Official(s) – the 'Senior Managing Official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller)

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Beneficial Owner 1

Full legal name (given name, middle name(s), family name(s)):

Date of Birth

Residential address (PO Box is not acceptable):

State Postcode

Country

Type Ownership Control Management

Beneficial Owner 3

Full legal name (given name, middle name(s), family name(s)):

Date of Birth

Residential address (PO Box is not acceptable):

State Postcode

Country

Type Ownership Control Management

Beneficial Owner 2

Full legal name (given name, middle name(s), family name(s)):

Date of Birth

Residential address (PO Box is not acceptable):

State Postcode

Country

Type Ownership Control Management

Beneficial Owner 4

Full legal name (given name, middle name(s), family name(s)):

Date of Birth

Residential address (PO Box is not acceptable):

State Postcode

Country

Type Ownership Control Management

If there are more than four beneficial owners please attach additional page(s).

Each beneficial owner must provide individual identification documents.

DIRECTORS OF COMPANY (FOR PROPRIETARY OR PRIVATE ONLY)

Director 1

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable)

Signature

Date:

Director 3

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable)

Signature

Date:

Director 2

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable)

Signature

Date:

Director 4

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable)

Signature

Date:

If there are more than four directors please attach additional page(s).

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Shareholder 1

Date:

Shareholder 2

Date:

Shareholder 3

Date:

Shareholder 4

Date:

PARTNER USE ONLY

Partner Name:

Company:

Date:

CHECKLIST

Tick those that have been sighted and attach copies to this form.

- An ASIC Search An original or certified copy of the company's certificate of registration

DOCUMENT DETAILS

To be completed for all States:

Document Name:

Date of Issue:

State/Country of issue:

Document Number:

Document Expiry Date:

Date Documents Verified:

Location Documents Verified: