

# AML / CTF Customer Identification Checklist

Part 2 of the *Anti-Money Laundering & Counter Terrorism Financing Act 2006* requires the information in this form to be collected and verified for **EACH** customer application. Please ensure that you follow the relevant lender's procedures and that all photocopies of customer documents provided to your lender are clear and legible.

**CUSTOMER NAME** \_\_\_\_\_

**SELECT ONE**      Borrower  **or**      Guarantor

Customer Type

Customer Type	Sections that need to be completed	
Individual	Section A & Section B	<input type="checkbox"/>
Sole trader	Section A, Section B & Section C	<input type="checkbox"/>
Company (Pty Ltd)	Section D, Section A (for at least ONE director) & Section B	<input type="checkbox"/>
Company (Public)	Section B	<input type="checkbox"/>
Trust	Section E, Section A ( where trustee is an individual) & Section B <b>or</b> Section E, Section D ( where trustee is a company) & Section B	<input type="checkbox"/>
Partnership	Section F, Section A (for at least ONE partner) & Section B	<input type="checkbox"/>

Introducer Declaration (Please Tick Relevant boxes and sign at the base of the page)	
<b>I declare:</b>	
The documentation provided is current or within acceptable time frames	<input type="checkbox"/>
All photographic identification is a "reasonable likeness" to the individual	<input type="checkbox"/>
Nothing in my dealings with the customer have raised any suspicions concerning the proposed transaction	<input type="checkbox"/>
Face to face verification of the customer was carried out by me	<input type="checkbox"/>
Face to face verification was <b>not</b> possible because (state reason) _____ _____ _____	<input type="checkbox"/>
(If Option 2 is used) verification against primary photographic documentation was <b>not</b> possible because (state reason) _____ _____ _____	<input type="checkbox"/>

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 Signed \_\_\_\_\_ Name \_\_\_\_\_  
 Date \_\_\_\_\_ Introducer Name \_\_\_\_\_

<b>Section A Customer - Individual</b>				
<b>A1 Personal Information</b>				
	Full name (including middle names):			
	Date of birth:			
	Residential address:			
	Any other names known by:			
<b>A2 Documentation to verify information – Satisfy either Option 1 or Option 2</b>				
<b>Option 1 Primary Photographic Documentation – ONE of the following: Tick</b>				
	Driver's license (photographic):	State:	Number:	Expiry: <input type="checkbox"/>
	Passport (not expired by more than two years):	Country:	Number:	Expiry: <input type="checkbox"/>
	State or Territory officially issued identification card <input type="checkbox"/>			
	Type of card:	Issued by:		
	Number:	Expiry:		
	National identity card (photographic):	State:	Number:	Expiry: <input type="checkbox"/>
	Other (insert details)			
<b>Option 2 Primary Non-Photographic Documentation plus Secondary Non-Photographic Documentation: Tick</b>				
<b>(A) ONE of the following:</b>				
	• Birth Certificate <input type="checkbox"/>			
	• Citizenship Certificate <input type="checkbox"/>			
	• Pension Card or Health Care Card issued by Centrelink <input type="checkbox"/>			
<b>(B) AND at least ONE of the following</b>				
	• Financial Benefits Statement issued by the Commonwealth, a State or a Territory within the last 12 months <input type="checkbox"/>			
	• Income Tax Assessment Notice issued by the Australian Taxation Office within the last 12 months <input type="checkbox"/>			
	• Rates or utility notice issued by a local government body or utilities provider within the last three months <input type="checkbox"/>			
	• Individual under 18 years of age ONLY: a notice issued by a school principal within the last three months which states the individual's name, residential address and how long the individual has attended the school <input type="checkbox"/>			

<b>Section B Transaction Information</b>	
	Location of asset being purchased with the loan (if any):
	Address of security property (if any):
	Source of funds for repayment or investment (provide details of account):

<b>Section C Customer - Sole Trader</b>	
	• Collect information and verify the identity of the individual as per Part A1 and A2 above <input type="checkbox"/>
	• Collect the Transaction Information as per Part B above <input type="checkbox"/>
	• <b>AND</b> collect the following (no need to verify) <input type="checkbox"/>
	Full name of business:
	Principal place of business:
	ABN issued to the business:

Section D Customer – Company (Pty and Ltd, but not listed companies)		
	<ul style="list-style-type: none"> <li>Collect the name of ALL directors</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Collect information <i>and</i> verify the identity of at least ONE director as per Part A1 and A2 above</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Collect the Transaction Information as per Part B above</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Collect the personal information in A1 for ALL shareholders owning more than 25% of the company (no need to verify under A2)</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li><b>AND</b> collect the following (no need to verify)</li> </ul>	<input type="checkbox"/>
	Full name of company as registered by ASIC:	
	ACN issued to the company:	
	Full address of the company's registered office:	
	Full address of the company's principal place of business:	

Section E Customer – Trust		
	<ul style="list-style-type: none"> <li>If the trustee(s) is an individual, collect information and verify the identity as per Part A1 and A2 above for EACH individual trustee</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>If the trustee(s) is a company, collect and verify information as per Part D</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>In respect of each entity having the power to change the trustee, collect the information in Part 1A or Part D as appropriate (no need to verify)</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Collect the Transaction Information as per Part B above</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li><b>AND</b> collect the following (no need to verify)</li> </ul>	<input type="checkbox"/>
	Full name of the trust:	
	Type of trust (eg unit, discretionary, hybrid):	
	Unless the trust is widely held (10 or more unit holders), the full name of each beneficiary or a description of the class of beneficiaries of the trust:	

Section F Customer – Partnership		
	<ul style="list-style-type: none"> <li>Collect information as per Part A1 for all partners</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Verify the identity as per Part A1 and A2 for at least one partner</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Collect the Transaction Information as per Part B above</li> </ul>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li><b>AND</b> collect the following (no need to verify)</li> </ul>	<input type="checkbox"/>
	Full name of partnership:	
	Full address of the partnership's principal place of business (if any):	
	Full name and address for ALL partners in the partnership	