

## Customer verification form – Domestic Proprietary Company.

All fields are mandatory, unless specified otherwise.

### 1. Domestic Proprietary Company information.

BankSA Customer Access Number (if known)

Full name of the company as registered with ASIC

Other name(s) under which the company carries on their business (if any)

ACN

ABN (if any)

Is the company majority owned by an Australian publicly listed company?

Yes  Provide name of the domestic stock exchange on which the majority owner is listed.

No  Go to next question

Is the company majority owned by a foreign listed company?

Yes  Provide name and jurisdiction of the foreign stock exchange on which the majority owner is listed.

No  Go to next question

#### Nature of business activities – Australia and New Zealand Standard Industry Code (ANZSIC)

Please provide us with details of the industry in which your business operates – for example, real estate, dairy manufacturer.

Date of registration

## 1. Domestic Proprietary Company Information (continued).

State/Territory of registration

Full address of the company's registered office (not a PO Box)

|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Full address of the company's principal place of business (not a PO Box) (if any)

As above

|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Company's contact email address

Full name(s) (including middle name(s) where applicable) of ALL company directors. (If there is not enough space, provide details on a separate sheet)

**Is the company a tax resident of any country outside of Australia?**

Yes  Country(ies) outside of Australia in which the company is a resident for tax purposes and country's associated Tax Identification Number (TIN)\*

**Note:** If the company has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

No  Go to next question

\* A Foreign TIN is an identifying number or equivalent issued by the company's country of tax residency that is used for tax purposes. If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

**Purpose of business relationship (please select one or more options)**

This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate **all** your reasons.

Transactional

Wealth

Correspondent banking

Savings

Short-term borrowing

Financial markets

Protection

Long-term borrowing

## 1. Domestic Proprietary Company Information (continued).

### Source of funds (please select one or more options)

This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate **all** your sources of funds.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Commission                          | <input type="checkbox"/> Tax refund                     | <input type="checkbox"/> External investment/capital injection |
| <input type="checkbox"/> Bonus                               | <input type="checkbox"/> Gift/donation                  | <input type="checkbox"/> Mergers and acquisitions              |
| <input type="checkbox"/> Business profits                    | <input type="checkbox"/> Government grant               | <input type="checkbox"/> Controlled money account              |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Business income/earnings       | <input type="checkbox"/> Liquidation of assets                 |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Investment income/earnings     | <input type="checkbox"/> Insurance payment                     |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Corporate investments earnings | <input type="checkbox"/> Compensation payment                  |
| <input type="checkbox"/> Additional sources (please specify) |   |  |

### Source of wealth (please select one or more options)

This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate **all** your sources of wealth.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Business profits                    | <input type="checkbox"/> Gift/donation                  | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> None                           | <input type="checkbox"/> Mergers and acquisitions  |
| <input type="checkbox"/> Insurance payment                   | <input type="checkbox"/> Business income/earnings       | <input type="checkbox"/> Controlled money account  |
| <input type="checkbox"/> Liquidation of assets               | <input type="checkbox"/> Investment income/earnings     | <input type="checkbox"/> Compensation payment      |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Corporate investments earnings |  |
| <input type="checkbox"/> Additional sources (please specify) |   |  |

## 2. Regulated companies only.

Is the company licensed and subject to regulatory oversight by a statutory Commonwealth, State or Territory regulator (e.g. ASIC, APRA, ATO)?

**Note:** A company is licensed by ASIC if it deals or advises in investments, superannuation, insurance, deposit-taking and credit products.

Yes **➤ Name of the regulator**

- Australian Securities & Investments Commission (ASIC)  
 Australian Prudential Regulation Authority (APRA)  
 Australian Taxation Office (ATO)

Licence number

**➤ Go to section 6 Declaration once the above is complete**

No **➤ Go to next question**

### 3. Beneficial Owners.

Full Name(s) (including middle name(s) where applicable), full address (no PO Box), date of birth and type of relationship of each INDIVIDUAL who is a Beneficial Owner.

A Beneficial Owner is:

1. Any Individual who owns (either directly or indirectly) 25% or more of the company, such as a shareholder; OR
2. If no one owns 25% or more, each Individual that controls (either directly or indirectly) the company.

Where you are not able to identify any such Individual using the previous measures, the following Individual(s) can be treated as if they were a Beneficial Owner.

1. An Individual entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto; OR
2. If no one is entitled to exercise 25% or more of the voting rights, an Individual who holds the position of senior Managing Official (or equivalent), such as the Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), or Chairman of the Board, or foreign equivalent positions.

Please attach certified copies of identification documentation (go to section 7 to find out more about acceptable documentation).

If there is not enough space, provide details on a separate sheet and attach to this form, labelling the section that the attachment relates to.

#### Beneficial Owner 1

Type of relationship:

Owner  Controller  Other Individual

Title Full name (as per identification document)

|  |  |
|--|--|
|  |  |
|--|--|

Other name(s) (If any)

Date of birth

|  |     |
|--|-----|
|  | / / |
|--|-----|

Are you a BankSA customer? If yes, then please provide your customer number

|  |
|--|
|  |
|--|

Employment type (e.g. Full-time, Part-time, Casual)

|  |
|--|
|  |
|--|

Occupation

|  |
|--|
|  |
|--|

Full address (not a PO Box)

|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Mobile number

Email address

|  |  |
|--|--|
|  |  |
|--|--|

Is Beneficial Owner 1 a tax resident of any country outside of Australia?

Yes  Please indicate below the country(ies) in which Beneficial Owner 1 is a resident for tax purposes and each country's associated TIN\*

**Note:** If the individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

|  |  |
|--|--|
|  |  |
|--|--|

No  Go to next question

\* A Foreign TIN is an identifying number or equivalent issued by the individual's country of tax residency that is used for tax purposes. If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

### 3. Beneficial Owners (continued).

**Non-Beneficially held shareholdings, if applicable:**

- Please advise how non-beneficial shares in the entity are held and, on whose behalf, they are held (for example, whether it is on behalf of an individual/trust/company)

Individual shareholder's name

Entity name

Held on behalf of

**Purpose of business relationship (please select one or more options)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Transactional | <input type="checkbox"/> Wealth               | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Savings       | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Financial markets     |
| <input type="checkbox"/> Protection    | <input type="checkbox"/> Long-term borrowing  |  |

**Source of funds (please select one or more options)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salary/wages                        | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Commission                          | <input type="checkbox"/> Redundancy                 | <input type="checkbox"/> Gift/donation        |
| <input type="checkbox"/> Bonus                               | <input type="checkbox"/> Liquidation of assets      | <input type="checkbox"/> Windfall             |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Government benefits        | <input type="checkbox"/> Tax refund           |
| <input type="checkbox"/> Business profits                    | <input type="checkbox"/> Superannuation/pension     | <input type="checkbox"/> Insurance payment    |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Investment income/earnings |   |
| <input type="checkbox"/> Rental Income                       | <input type="checkbox"/> Business income/earnings   |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

**Source of wealth (please select one or more options)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Government benefits                 | <input type="checkbox"/> Windfall                   | <input type="checkbox"/> Business income/earnings  |
| <input type="checkbox"/> Business profits                    | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation payment      |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Liquidation of assets      | <input type="checkbox"/> Gift/donation             |
| <input type="checkbox"/> Redundancy                          | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Insurance payment                   | <input type="checkbox"/> Superannuation/pension     | <input type="checkbox"/> None                      |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Investment income/earnings |  |
| <input type="checkbox"/> Additional sources (please specify) |   |  |

### 3. Beneficial Owners (continued).

#### Beneficial Owner 2

Type of relationship:

Owner       Controller       Other Individual

Title

Full name (as per identification document)

Other name(s) (If any)

Date of birth

Are you a BankSA customer? If yes, then please provide your customer number

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

Full address (not a PO Box)

|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Mobile number

Email address

Is Beneficial Owner 2 a tax resident of any country outside of Australia?

Yes  Please indicate below the country(ies) in which Beneficial Owner 2 is a resident for tax purposes and each country's associated TIN\*

**Note:** If the individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

No  Go to next question

#### Non-Beneficially held shareholdings, if applicable:

• Please advise how non-beneficial shares in the entity are held and, on whose behalf, they are held (for example, whether it is on behalf of an individual/trust/company)

Individual shareholder's name

Entity name

Held on behalf of

\* A Foreign TIN is an identifying number or equivalent issued by the company's country of tax residency that is used for tax purposes. If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

### 3. Beneficial Owners (continued).

**Purpose of business relationship (please select one or more options)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Transactional | <input type="checkbox"/> Wealth               | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Savings       | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Financial markets     |
| <input type="checkbox"/> Protection    | <input type="checkbox"/> Long-term borrowing  |  |

**Source of funds (please select one or more options)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salary/wages                        | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Commission                          | <input type="checkbox"/> Redundancy                 | <input type="checkbox"/> Gift/donation        |
| <input type="checkbox"/> Bonus                               | <input type="checkbox"/> Liquidation of assets      | <input type="checkbox"/> Windfall             |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Government benefits        | <input type="checkbox"/> Tax refund           |
| <input type="checkbox"/> Business profits                    | <input type="checkbox"/> Superannuation/pension     | <input type="checkbox"/> Insurance payment    |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Investment income/earnings |   |
| <input type="checkbox"/> Rental Income                       | <input type="checkbox"/> Business income/earnings   |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

**Source of wealth (please select one or more options)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Government benefits                 | <input type="checkbox"/> Windfall                   | <input type="checkbox"/> Business income/earnings  |
| <input type="checkbox"/> Business profits                    | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation payment      |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Liquidation of assets      | <input type="checkbox"/> Gift/donation             |
| <input type="checkbox"/> Redundancy                          | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Insurance payment                   | <input type="checkbox"/> Superannuation/pension     | <input type="checkbox"/> None                      |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Investment income/earnings |  |
| <input type="checkbox"/> Additional sources (please specify) |   |  |

### 3. Beneficial Owners (continued).

#### Beneficial Owner 3

Type of relationship:

Owner  Controller  Other Individual

Title

Full name (as per identification document)

Other name(s) (If any)

Date of birth

Are you a BankSA customer? If yes, then please provide your customer number

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

Full address (not a PO Box)

|        |       |          |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

Mobile number

Email address

Is Beneficial Owner 3 a tax resident of any country outside of Australia?

Yes  Please indicate below the country(ies) in which Beneficial Owner 3 is a resident for tax purposes and each country's associated TIN\*

No  Go to next question

**Note:** If the individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

#### Non-Beneficially held shareholdings, if applicable:

• Please advise how non-beneficial shares in the entity are held and, on whose behalf, they are held (for example, whether it is on behalf of an individual/trust/company)

Individual shareholder's name

Entity name

Held on behalf of

\* A Foreign TIN is an identifying number or equivalent issued by the company's country of tax residency that is used for tax purposes. If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.



### 3. Beneficial Owners (continued).

**Purpose of business relationship (please select one or more options)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Transactional | <input type="checkbox"/> Wealth               | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Savings       | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Financial markets     |
| <input type="checkbox"/> Protection    | <input type="checkbox"/> Long-term borrowing  |  |

**Source of funds (please select one or more options)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salary/wages                        | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Commission                          | <input type="checkbox"/> Redundancy                 | <input type="checkbox"/> Gift/donation        |
| <input type="checkbox"/> Bonus                               | <input type="checkbox"/> Liquidation of assets      | <input type="checkbox"/> Windfall             |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Government benefits        | <input type="checkbox"/> Tax refund           |
| <input type="checkbox"/> Business profits                    | <input type="checkbox"/> Superannuation/pension     | <input type="checkbox"/> Insurance payment    |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Investment income/earnings |   |
| <input type="checkbox"/> Rental Income                       | <input type="checkbox"/> Business income/earnings   |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

**Source of wealth (please select one or more options)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Government benefits                 | <input type="checkbox"/> Windfall                   | <input type="checkbox"/> Business income/earnings  |
| <input type="checkbox"/> Business profits                    | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation payment      |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Liquidation of assets      | <input type="checkbox"/> Gift/donation             |
| <input type="checkbox"/> Redundancy                          | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Insurance payment                   | <input type="checkbox"/> Superannuation/pension     | <input type="checkbox"/> None                      |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Investment income/earnings |  |
| <input type="checkbox"/> Additional sources (please specify) |   |  |

#### 4. Foreign tax residency.

We are required to identify tax residents of a country(ies) other than Australia in order to meet account information reporting requirements under local and international laws.

If at any time after account opening, information in our possession suggests that you, the company and/or any individual who holds ownership and/or control in the company of 25% or more (Beneficial Owner/Controlling Person) may be a tax resident of a country(ies) other than Australia, you may be contacted to provide further information on your foreign tax status and/or the foreign tax status of the entity and/or any Beneficial Owners/Controlling Persons. Failure to respond may lead to certain reporting requirements applying to the account.

You certify that if at any time there is a change to the foreign tax status details for you, the company and/or any controlling persons, you will inform the bank. You also certify that if at any time there is a change of a controlling person/s in your company, you will inform the bank.

A Beneficial Owner/Controlling Person refers to the individual(s) that directly or indirectly owns a legal interest in the entity of 25% or more and/or exercises actual effective control over the entity, whether from an economic or other perspective such as through voting rights. In addition, in the case of a trust, a Beneficial Owner/Controlling Person includes the settlor(s), trustee(s), appointer(s), protector(s), beneficiary(ies) or classes of beneficiaries and in the case of an entity other than a trust, the term includes persons in equivalent or similar positions.

#### 5. Privacy statement and consent request.

##### Privacy statement.

All personal information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at [banksa.com.au/privacy/privacy-statement/](https://banksa.com.au/privacy/privacy-statement/) or by calling us on **13 13 76**. Our Privacy Statement also provides information about how you can access and correct your personal information and make a complaint. You do not have to provide us with any personal information, but if you don't, we may not be able to continue to provide products or services to the customer for which you are a trustee, partner, representative, beneficial owner, or controlling person.

##### Consent request.

You consent to BankSA collecting and holding any sensitive information (such as health information or information about your racial or ethnic origin) which appears on certified copies of your identity documents. You will not be able to withdraw your consent to BankSA holding this information after it has been provided because BankSA is required to retain copies of identification documents under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

If you do not consent to BankSA's collection of any such sensitive information, you may verify your identity in person at any BankSA branch.

## 6. Declaration.

### Customer declaration.

I declare that to the best of my knowledge the information I have provided above is true and correct as at the date of this document. I understand that it is an offence to knowingly give false or misleading information or knowingly produce a false or misleading document under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Where I am providing personal information about another individual, I have made them aware:

- that I will be doing this; and
- that BankSA will collect, use and share their personal information in accordance with its Privacy Statement available at [banksa.com.au/privacy/privacy-statement](https://banksa.com.au/privacy/privacy-statement)

**Where I am providing BankSA with another person's sensitive information, I have obtained their consent** to sharing it with BankSA and their consent to BankSA collecting, using and disclosing their sensitive information in accordance with BankSA's Privacy Statement.

Signature of authorised person

Position held (Director or Company Secretary)

Date of signature

Full name (given name/s and family name)

Customer number (if applicable)

**Are you also a Beneficial Owner and have provided your details in section 3?**

Yes  **Go to section 7**

No  **Please continue completing Signatory details questions below**

**Signatory details** if you are not a Beneficial Owner

Other names (if any)

Date of birth

Employment Type (e.g. Full Time, Part Time, Casual)

Occupation

Full residential address (Not a PO Box)

Email address

Mobile number

Are you a tax resident of any country outside of Australia?

Yes  Please indicate below the country(ies) in which you are a resident for tax purposes and each country's associated TIN\*

**Note:** If the company has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

No  Go to next question

\* A Foreign TIN is an identifying number or equivalent issued by the individual's country of tax residency that is used for tax purposes. If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

**6. Declaration (continued).**

**Purpose of business relationship (please select one or more options)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Transactional | <input type="checkbox"/> Wealth               | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Savings       | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Financial markets     |
| <input type="checkbox"/> Protection    | <input type="checkbox"/> Long-term borrowing  |  |

**Source of funds (please select one or more options)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salary/wages                        | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Commission                          | <input type="checkbox"/> Redundancy                 | <input type="checkbox"/> Gift/donation        |
| <input type="checkbox"/> Bonus                               | <input type="checkbox"/> Liquidation of assets      | <input type="checkbox"/> Windfall             |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Government benefits        | <input type="checkbox"/> Tax refund           |
| <input type="checkbox"/> Business profits                    | <input type="checkbox"/> Superannuation/pension     | <input type="checkbox"/> Insurance payment    |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Investment income/earnings |   |
| <input type="checkbox"/> Rental Income                       | <input type="checkbox"/> Business income/earnings   |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

**Source of wealth (please select one or more options)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Government benefits                 | <input type="checkbox"/> Windfall                   | <input type="checkbox"/> Business income/earnings  |
| <input type="checkbox"/> Business profits                    | <input type="checkbox"/> Inheritance                | <input type="checkbox"/> Compensation payment      |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Liquidation of assets      | <input type="checkbox"/> Gift/donation             |
| <input type="checkbox"/> Redundancy                          | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Insurance payment                   | <input type="checkbox"/> Superannuation/pension     | <input type="checkbox"/> None                      |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Investment income/earnings |  |
| <input type="checkbox"/> Additional sources (please specify) |   |  |

## 7. Next steps.

- Step 1:** Ensure all relevant sections of the form are completed and the customer declaration is signed.
- Step 2:** Attach all certified copies of supporting documents. Refer below for Certified documents required and process.
- Step 3:** Return the documentation (completed form and certified copies of supporting documents) by post to:

**Business Identification Team**  
Reply Paid 91348  
SYDNEY NSW 2001

If you are located outside of Australia please pay for postage and send to:

**Business Identification Team**  
GPO Box 1806  
Sydney NSW 2001  
Australia

### Certified documents.

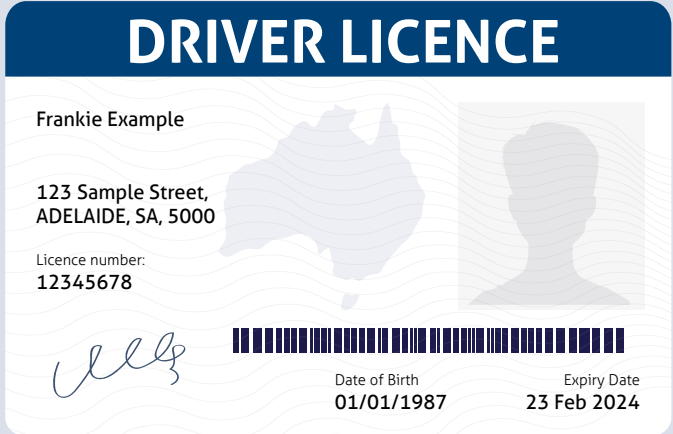
Customers are required to provide us with certified copies (not original documents) of acceptable identification documents that verify the individual to be identified (each Beneficial Owner identified in sections 3 and 6 (if applicable)). Please provide either:

- ONE Primary Photographic Identification Document; OR
- ONE Primary Non-Photographic Identification Document AND ONE Secondary Identification Document

For a detailed list of certified documents and certifiers, go to [banksa.com.au](https://banksa.com.au), search **BizSecure**, and then go to **FAQ section – How do I certify my identity?**

### Example.

ONE Primary Photographic Identification Document  
(all information on documents must be clear and legible), for example:



**DRIVER LICENCE**

Frankie Example

123 Sample Street,  
ADELAIDE, SA, 5000

Licence number:  
12345678

Date of Birth  
01/01/1987

Expiry Date  
23 Feb 2024

Driver Licence certified and signed by Medical Practitioner.

I, *Sam Sample*, as a *Medical Practitioner*, certify that this *Driver Licence*, is a true copy of the original.

*Sam*

**1 February 2023**

**7. Next steps (continued).**

**Example.**

ONE Primary Non-Photographic Identification Document and ONE Secondary Identification Document (all information on documents must be clear and legible), for example:

| BIRTH CERTIFICATE                   |  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
|-------------------------------------|--|------------------|-----------------------|--------------------|------------------------------------|---------------|----------------|----------------|---------------------------|----------------|--------------|----------------|--------------|
| 1 CHILD                             | <table border="1"> <tr> <td>Family name</td> <td>EXAMPLE</td> </tr> <tr> <td>Given name(s)</td> <td>Charlie</td> </tr> <tr> <td>Date of birth</td> <td>1 January 1987</td> </tr> <tr> <td>Place of birth</td> <td>Sample Hospital, Adelaide</td> </tr> </table>  | Family name      | EXAMPLE               | Given name(s)      | Charlie                            | Date of birth | 1 January 1987 | Place of birth | Sample Hospital, Adelaide |                |              |                |              |
| Family name                         | EXAMPLE  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Given name(s)                       | Charlie  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Date of birth                       | 1 January 1987   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Place of birth                      | Sample Hospital, Adelaide  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| 2 MOTHER                            | <table border="1"> <tr> <td>Family name</td> <td>EXAMPLE</td> </tr> <tr> <td>Maiden family name</td> <td>BROWN</td> </tr> <tr> <td>Given name(s)</td> <td>Leisha</td> </tr> <tr> <td>Occupation</td> <td>Doctor</td> </tr> <tr> <td>Age</td> <td>35 years</td> </tr> <tr> <td>Place of birth</td> <td>Adelaide, SA</td> </tr> </table> | Family name      | EXAMPLE               | Maiden family name | BROWN                              | Given name(s) | Leisha         | Occupation     | Doctor                    | Age            | 35 years     | Place of birth | Adelaide, SA |
| Family name                         | EXAMPLE  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Maiden family name                  | BROWN  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Given name(s)                       | Leisha   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Occupation                          | Doctor   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Age                                 | 35 years   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Place of birth                      | Adelaide, SA   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| 3 FATHER                            | <table border="1"> <tr> <td>Family name</td> <td>EXAMPLE</td> </tr> <tr> <td>Given name(s)</td> <td>Steve</td> </tr> <tr> <td>Occupation</td> <td>Electrician</td> </tr> <tr> <td>Age</td> <td>37 years</td> </tr> <tr> <td>Place of birth</td> <td>Adelaide, SA</td> </tr> </table>   | Family name      | EXAMPLE               | Given name(s)      | Steve                              | Occupation    | Electrician    | Age            | 37 years                  | Place of birth | Adelaide, SA |                |              |
| Family name                         | EXAMPLE  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Given name(s)                       | Steve  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Occupation                          | Electrician  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Age                                 | 37 years   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Place of birth                      | Adelaide, SA   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| 4 MARRIAGE OF PARENTS               | <table border="1"> <tr> <td>Date of marriage</td> <td>23 August 1985</td> </tr> <tr> <td>Place of marriage</td> <td>Adelaide, SA</td> </tr> </table>   | Date of marriage | 23 August 1985        | Place of marriage  | Adelaide, SA                       |               |                |                |                           |                |              |                |              |
| Date of marriage                    | 23 August 1985   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Place of marriage                   | Adelaide, SA   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| 5 PREVIOUS CHILDREN OF RELATIONSHIP | Not any  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| 6 INFORMANTS                        | <table border="1"> <tr> <td>Name</td> <td>S. EXAMPLE</td> </tr> <tr> <td>Address</td> <td>1 Smith Street, Adelaide, SA, 5000</td> </tr> <tr> <td></td> <td>Father</td> </tr> </table>  | Name             | S. EXAMPLE            | Address            | 1 Smith Street, Adelaide, SA, 5000 |               | Father         |                |                           |                |              |                |              |
| Name                                | S. EXAMPLE   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Address                             | 1 Smith Street, Adelaide, SA, 5000   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
|                                     | Father   |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| 7 REGISTERING AUTHORITY             | <table border="1"> <tr> <td>Name</td> <td>Peter Owen, Registrar</td> </tr> <tr> <td>Date</td> <td>1 January, 1987</td> </tr> </table>  | Name             | Peter Owen, Registrar | Date               | 1 January, 1987                    |               |                |                |                           |                |              |                |              |
| Name                                | Peter Owen, Registrar  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| Date                                | 1 January, 1987  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |
| 8 ENDORSEMENT(S)                    | Not any  |                  |                       |                    |                                    |               |                |                |                           |                |              |                |              |


  

Before accepting copies, sight unaltered original. The original has a coloured background.

REGISTRY OF BIRTHS, DEATHS AND MARRIAGES

I hereby certify that this is a true copy of particulars recorded in the Commonwealth of Australia

*[Signature]* Registrar

I, *Sam Sample*, as a *Medical Practitioner*, certify that this *Australian Birth Certificate* and *Medicare card*, is a true copy of the original.

*[Signature]*

**1 February 2023**

Birth Certificate and Medicare card certified and signed by Medical Practitioner.

**Bank use only.**

Please contact the Business Identification Team on 1800 100 238 between 9am – 5pm AEST Mon – Fri. The team will be able to assist customers with completing the form.

Kindly check all sections of the form are completed and signed. Please check all required documents are certified correctly.

**Send completed form and certified identification to [businessIDBSA@banksa.com.au](mailto:businessIDBSA@banksa.com.au)** after completing the Employee Declaration.

**Employee Declaration.**

I have followed the process for identification and verification as required by policy and procedure and have verified the required information provided by the customer using approved verification source(s). Where the verification source has been provided by the customer the document is to the best of my knowledge a certified copy.

Employee name (print)

Employee salary number

Employee signature

Date