

# IDENTIFICATION FORM – COMPANIES

Please ensure all applicable fields are completed in full

Section 1: Australian Company Identification

## General Information

Full name as registered by ASIC	ACN	Date of Incorporation
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Registered office address (PO BOX is NOT acceptable)

Street			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Principal place of business (if any) (PO BOX is NOT acceptable)

Street			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Company Type (select only ONE of the following categories)

- ☐ Investment Company
- ☐ Operating Business
- ☐ Corporate Trustee Superfund
- ☐ Trustee
- ☐ Other (Please provide details)

## Directors

How many directors are there?

Full given names(s)

Provide full name of each director below

- 1
- 2
- 3
- 4

## Ownership

Provide details of **ALL individuals** who are beneficial owners through shareholding of 10% or more and/or effective control of the customer entity.

Full given name(s)	Surname	Role/Relationship with the customer	% Holding/Control (if applicable)
1			
2			
3			
4			