

Collection and verification of Know Your Customer information

Domestic company proprietary limited (Pty Ltd) and domestic company limited (Ltd)

In this document, “the Bank”, “we”, “us” and “our” means Teachers Mutual Bank Limited (TMBL) and “you” means the person applying for or with one or more of our products and services.

What is this form for?

Teachers Mutual Bank Limited is collecting your organisation’s and its related parties’ information to comply with regulatory obligations, including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

The form will assist Teachers Mutual Bank Limited to collect and verify your organisation’s details. The form is not for the application of any of the Bank’s products or services.

How to complete this form

This form applies to only companies that are proprietary limited (Pty Ltd) and Limited (Ltd), including those that are listed on either the ASX or NSX. It is not to be used for any other organisation types.

Note: TMBL only accepts Australian companies, company must be incorporated in Australia.

All fields marked with (*) are mandatory.

Who can complete this form?

Any individual who currently holds one of the following roles in the organisation:

- ▶ Director
- ▶ Secretary
- ▶ Shareholder

Note: If there has been any changes to officeholders or shareholders, ensure ASIC has been updated prior to submission as verification maybe impacted if information is not reflected correctly.

Part 1: Company onformation

Full name company *

Business/trading name (if applicable)

Australian Business Number (ABN) or Australian Company Number (ACN) (if applicable)

Registered office address* (PO Box is not accepted)

Street no. & name		
Suburb	State	Postcode

Place of business* (PO Box is not accepted)

☐ Same as registered office address

Street no. & name		
Suburb	State	Postcode

Primary place of operations*

Located in Australia? ☐ Yes ☐ No Please specify which country

Is the organisation private / proprietary or public company?*

- ☐ Private / proprietary
☐ Public

Is the organisation a not-for-profit?*

- ☐ Yes, please provide industry/sector
☐ No

Is the organisation operating as a charity?*

- ☐ Yes, please provide objective/purpose of charity
- ☐ No

Is the organisation's primary business activity investments?*

- ☐ Yes, if organisation generates 50% or more of total income from investments (e.g. rent, interest or dividends), or 50% or more of the trust's assets produce, or held for producing investment income.
- ☐ No

Source of wealth* - what is the business's main source of savings or investments?

- | | | |
|--|---|--|
| ☐ Business profits | ☐ Dividends and returns | ☐ Donations |
| ☐ Employment income | ☐ Funds from council | ☐ Funds from government |
| ☐ Funds from state | ☐ Gifts | ☐ Inheritance |
| ☐ Investment income | ☐ Lottery or gambling winnings | ☐ Pension |
| ☐ Pension or retirement funds | ☐ Property sales | ☐ Trust funds |

Source of funds* - where does the majority of money entering the business's account(s) come from?

- | | | |
|---|--|--|
| ☐ Business profits | ☐ Dividends and returns | ☐ Employment income |
| ☐ Gifts | ☐ Inheritance | ☐ Investment income |
| ☐ Loans | ☐ Rental income | ☐ Sales of assets |
| ☐ Savings | | |

Type of business relationship with TMBL* – what is the business's main reason for banking with us?

- ☐ Transactional ☐ Savings ☐ Short-term borrowing ☐ Long-term borrowing ☐ Investment

Industry of company's main business***How many directors are there?*****Provide full names of all directors***

Full given name(s)*	Surname *
Full given name(s)*	Surname *
Full given name(s)*	Surname *
Full given name(s)*	Surname *

Note: If there are more directors, please provide their details in the **Part 7: Additional information** at the end of the form.

Part 2: Company tax information

Collecting the tax status of the organisation as required by United States Foreign Account Tax Compliance Act (FATCA) and, Common Reporting Standard (CRS).

Is the Company considered a tax resident of a country apart from Australia?*

For more information, please visit the ATO's website (ato.gov.au/businesses-and-organisations/international-tax-for-business/working-out-your-residency)

- ☐ Yes
- ☐ No

If Yes, please provide details below*

Country	Tax Identification Number (TIN)
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If there is no TIN, please tick the reason why no TIN is provided

- ☐ Country of tax residency does not issue TINs to tax residents
- ☐ Trust has not been issued with a TIN
- ☐ Country of tax residency does not require the TIN to be disclosed

If more than one country, please add the additional countries in **Part 7: Additional information** at the end of the form.

Part 3: Shareholder / beneficial owner information

Are there any individuals who own 25% or more of the shares directly/indirectly in the company?

- ☐ Yes, provide details of all individuals below.
- ☐ No, go to next question.

If there are no individuals who own 25% or more of the shares directly/indirectly in the company, are there any individuals who control at least 25% or more directly/indirectly of the shares in the company? For example through voting.

- ☐ Yes, provide details of all individuals below.
- ☐ No, please provide the details of any individuals who control the company through their capacity to determine financial/policy decisions. For example could be CEO, CFO, CRO, Managing Director, etc.

Note: Beneficial owners notes below will be required to undergo full individual on-boarding and identification.

If there are more than four beneficial owners, please provide their details in **Part 7: Additional information**.

Beneficial owner 1*

Full given name(s)	Also known as (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	Role (if applicable)

Beneficial owner 2*

Full given name(s)	Also known as (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	Role (if applicable)

Beneficial owner 3*

Full given name(s)	Also known as (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	Role (if applicable)

Beneficial owner 4*

Full given name(s)	Also known as (if applicable)
Surname	Date of birth (DD/MM/YYYY)
Customer number	Role (if applicable)

Part 4: Additional documentation

Please note that you will be asked to provide an original or certified copy of the following applicable documents listed below to your local TMBL branch:

Documents for the company:

- ▶ Certificate of the Registration of a Company
- ▶ ASIC share structure document showing details of all directors, trustees, shareholders, owners and/or signatories
- ▶ ACN documentation
- ▶ Letter from the company authorising the bank to open an account signed by the signatories
- ▶ Share certificate(s) for any individual(s) with non-beneficially held shares
- ▶ Trust deed(s) if the shares are held for a trust

Documents for the beneficial owner(s) and signatory(s):

- ▶ Identification documents are required for the following:
 - ▶ All beneficial owner
 - ▶ Any individual you would like to operate the account (signatories).

Personal identification documents:

For personal identification documents, please refer to 'Certify Identity – Adult' – Acceptable Identification Documents for the list of documents (tmbank.com.au/-/media/global/pdfs/certify-identity-adult.ashx).

Part 5: Privacy

Please visit our privacy policy at tmbank.com.au/privacy for the latest privacy policy or request for a copy at any of our branches.

Privacy policy tells you:

- ▶ other methods and reasons we may collect, utilise or disclose your information.
- ▶ how to access your information and correct it if its incorrect.
- ▶ how to make a privacy related complaint (including our compliance with the Australian Privacy Principles, credit reporting rules and codes) and how we will deal with the complaint.

How to contact us

If you have any queries regarding privacy, use any of the methods set out below:

Teachers Mutual Bank Limited

- ▶ Phone: 1800 862 265
- ▶ Email: privacy@tmbl.com.au
- ▶ Post: GPO Box 5313, Sydney, NSW, 2001

Part 6: Declaration

Customer's declaration

This declaration must be signed by an individual who is properly authorised to act for, and make declarations on behalf of, the entity named in this application.

I acknowledge that Australian law requires all applicants to provide information that is accurate, complete and truthful. This includes disclosing every name by which an individual or entity is ordinarily known. I understand that the law strictly prohibits the use of false, fabricated or misleading names, and forbids the creation, use, supply or presentation of false or misleading statements or documents in connection with financial services or any process used to verify identity.

Where this application includes personal information about any individual other than myself, I confirm that I have obtained that individual's permission to provide their details. I also confirm that those individuals have been notified of, and have agreed to, the collection, use and sharing of their personal information in accordance with the Privacy Policy of TMBL.

Where relevant, I certify that I am authorised by the individual(s) and by the entity to submit all information contained in this form. Those individuals have confirmed to me that the information relating to them is accurate and complete. I further confirm that I have informed them that their information, and information relating to the account, may be disclosed to taxation authorities when required under applicable law.

I declare that all information supplied in this form is complete, correct and current. I agree to notify TMBL immediately if any details change after submission.

- ☐ I acknowledge that Teachers Mutual Bank Limited may request additional documents or further clarification, including items listed in **Part 4: Additional Documentation**, if further verification or information is required.

Name*	Position*
Signature*	Date (DD/MM/YYYY)*

Part 7: Additional information

Part 8: Office use only

Company client ID

Company verification documents

Document type	Document number	Document date

Authorised bank officer

I certify that the procedure to collect/verify the information for the company have been complied with.

Bank officer's name

Bank officer's signature

Staff number

Date

Branch stamp / BSB

Returning this form

@

kycrefresh@tmbl.com.au



Teachers Mutual Bank Limited,
Reply Paid 92325, Sydney NSW 2001