

Due Diligence Form

Other Non-Individual Customers

Please complete neatly in BLOCK LETTERS

OFFICE USE ONLY

NEW CHANGE OF DETAILS

ACCOUNT NUMBER:

CHECKED BY:

SECTION ONE – CUSTOMER DETAILS

ENTITY NAME

TRADING NAME OR OTHER NAMES KNOWN BY (IF ANY)

COUNTRY OF FORMATION

INDUSTRY (main product or service provided by the entity)

IS THE ENTITY REGISTERED WITH ASIC OR AN EQUIVALENT FOREIGN REGISTRATION BODY?

YES

NO

If 'yes', name of registration body

REGISTRATION NUMBER

REGISTERED BUSINESS ADDRESS

STREET

CITY / TOWN

STATE

POSTCODE

COUNTRY

POSTAL ADDRESS

PRINCIPAL PLACE OF BUSINESS

STREET

CITY / TOWN

STATE

POSTCODE

COUNTRY

TELEPHONE NUMBER

MOBILE PHONE NUMBER

WEBSITE

POLITICALLY EXPOSED PERSONS

TO THE BEST OF THE CUSTOMER'S KNOWLEDGE, IS THE ENTITY OR ANY OF ITS RELATED PERSONS A POLITICALLY EXPOSED PERSON?

YES

NO

If 'yes', provide details

CUSTOMER TYPE

PARTNERSHIP

Proceed to SECTION TWO - PARTNERSHIPS

GOVERNMENT BODY

Proceed to SECTION THREE - GOVERNMENT BODIES

ASSOCIATION OR REGISTERED CO-OPERATIVE

Proceed to SECTION FOUR - ASSOCIATIONS & CO-OPERATIVES



THE PERTH MINT
AUSTRALIA

SECTION TWO – PARTNERSHIPS

TYPE OF PARTNERSHIP

IS THE PARTNERSHIP REGULATED?

YES

NO

If 'yes', name of regulator

MEMBERSHIP NUMBER

NATURE OF BUSINESS ACTIVITIES

PARTNERS - COMPANY PARTNERS

PARTNER 1

FULL NAME

REGISTERED OFFICE ADDRESS

CITY / TOWN

STATE

POSTCODE

COUNTRY

PARTNER 2

FULL NAME

REGISTERED OFFICE ADDRESS

CITY / TOWN

STATE

POSTCODE

COUNTRY

PARTNER 3

FULL NAME

REGISTERED OFFICE ADDRESS

CITY / TOWN

STATE

POSTCODE

COUNTRY

PARTNER 4

FULL NAME

RESIDENTIAL ADDRESS

CITY / TOWN

STATE

POSTCODE

COUNTRY

Please complete a company due diligence form for each partner company



THE PERTH MINT
AUSTRALIA

PARTNERS - INDIVIDUAL PARTNERS

PARTNER 1

TICK IF PARTNER 1 IS A MANAGING PARTNER

FULL NAME

DATE OF BIRTH

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CURRENT RESIDENTIAL ADDRESS

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CITY / TOWN

STATE

POSTCODE

COUNTRY

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PARTNER 2

TICK IF PARTNER 2 IS A MANAGING PARTNER

FULL NAME

DATE OF BIRTH

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CURRENT RESIDENTIAL ADDRESS

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CITY / TOWN

STATE

POSTCODE

COUNTRY

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PARTNER 3

TICK IF PARTNER 3 IS A MANAGING PARTNER

FULL NAME

DATE OF BIRTH

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CURRENT RESIDENTIAL ADDRESS

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CITY / TOWN

STATE

POSTCODE

COUNTRY

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PARTNER 4

TICK IF PARTNER 4 IS A MANAGING PARTNER

FULL NAME

DATE OF BIRTH

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CURRENT RESIDENTIAL ADDRESS

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CITY / TOWN

STATE

POSTCODE

COUNTRY

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Proceed to Section 5 - Declaration



SECTION THREE – GOVERNMENT BODIES

TYPE OF GOVERNMENT BODY

ENTITY EMANATION ESTABLISHED UNDER LEGISLATION

FULL NAME OF LEGISLATION

Proceed to Section 5 - Declaration

SECTION FOUR – ASSOCIATIONS AND CO-OPERATIVES

TYPE OF ENTITY

INCORPORATED ASSOCIATION UNINCORPORATED ASSOCIATION REGISTERED CO-OPERATIVE

OFFICEHOLDERS

PRESIDENT (OR EQUIVALENT)

FULL NAME

DATE OF BIRTH

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| <input type="text"/> | <input type="text"/> |
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CURRENT RESIDENTIAL ADDRESS

CITY / TOWN

STATE

POSTCODE

COUNTRY

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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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SECRETARY (OR EQUIVALENT)

FULL NAME

DATE OF BIRTH

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| <input type="text"/> | <input type="text"/> |
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CURRENT RESIDENTIAL ADDRESS

CITY / TOWN

STATE

POSTCODE

COUNTRY

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TREASURER (OR EQUIVALENT)

FULL NAME

DATE OF BIRTH

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| <input type="text"/> | <input type="text"/> |
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CURRENT RESIDENTIAL ADDRESS

CITY / TOWN

STATE

POSTCODE

COUNTRY

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Proceed to Section 5 - Declaration

SECTION FIVE – DECLARATION

AS AUTHORISED REPRESENTATIVE OF THE ABOVE NAMED ENTITY, YOU

- confirm and warrant that all the information, including the identification material, provided in this form is true, valid and correct;
- warrant that you have the authority to consent to the disclosure of the personal information of any third party individual as required and provided in accordance with this form;
- agree that the information you provide to us will be maintained in accordance with The Perth Mint's Privacy Policy (available at www.perthmint.com/privacy-policy); and
- confirm that you have reviewed and accept The Perth Mint's Terms and Conditions (available at <https://www.perthmint.com/terms-and-conditions/>).

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|--|--------------------------------------|------------------------------|----------------------|
| FULL NAME | | DATE OF BIRTH | |
| <input type="text"/> | | <input type="text"/> | |
| POSITION | PHONE (including area code) | PRIMARY EMAIL ADDRESS | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| CURRENT RESIDENTIAL ADDRESS (NO POSTAL ADDRESSES OR PO BOXES) | | | |
| <input type="text"/> | | | |
| CITY / TOWN | STATE | POSTCODE | COUNTRY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| SIGNATURE | COMPANY STAMP (IF APPLICABLE) | | |
| <input type="text"/> | <input type="text"/> | | |
| DATE | <input type="text"/> | | |

SECTION SIX – IDENTIFICATION

Only after we are satisfied that proof of your identity has been established and the validation procedure has been completed will we be able to validate your account for bullion transactions.

When lodging this form, please provide the following documents:

- For a partnership - the partnership agreement;
- For an association/co-operative - the constitution/rules of the association, and meeting minutes evidencing the current Chairperson, Secretary, Treasurer, or their equivalent officers.
- For the authorised representative and partner or officeholder:
 - a certified copy of a driver's licence, passport or national ID card showing the person's signature and photograph; and
 - if the photographic identification doesn't show their current residential address, a utility bill or government notice showing their current residential address.

All documentation provided must be current, except for a passport which may be expired (but not cancelled) by no more than two years. If any documentation is in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

A certified copy means a document that has been certified as a true copy of the original document by an individual who is authorised to do so.

For Australian customers, certification/notarisation is acceptable by the following:

- Legal Practitioner (including lawyers, judges, magistrates, registrar of a court)
- Medical Practitioner
- Pharmacist
- Justice of the Peace
- Notary Public
- Commissioner of Declarations
- Commissioner of Affidavits
- Police Officer
- Member of a professional accounting body
- Australian Consular Official
- An authorised representative of a financial institution

For overseas customers, certification/notarisation is acceptable by the following:

- Commissioner for Oaths
- Justice of the Peace
- Notary Public