



LAIKI BANK

LAIKI BANK (AUSTRALIA) LIMITED ABN 44 093 488 629 AFSL 243 444
PH: 1300 888 700

Primary Officer

Other

Business Term Deposit Application

Checklist of Documents Required to Support Application

All Applicants:

- Personal identification documents for all account signatories (refer to Appendix A)

Sole Proprietor / Firm Applicants

- Certificate of Registration of Business Name

Partnership Applicants

- (If neither partner is listed as a signatory) Personal identification documents of at least one of the partners.
- Certificate of Registration of Business Name
- Partnership Agreement (If it exists)

Company Applicants

- Private Companies - Names & addresses of all company directors and shareholders (who own more than 25% of the company) and their shareholding
- Public Companies- A public document issued by your company
- Certificate of Incorporation of the Company & Certificate of Business Registration (where applicable)
- (Where none of the Directors will be a signatory) Personal identification details of at least one of the Directors.

Trust Applicants

- Copy of Trust Deed/Instrument
- Information regarding the names of beneficiaries and the types of trust (i.e Unit or Discretionary)

Applicants who are Associations

- Certificate of Incorporation (If applicable)
- Rules of the Association (If any)*
(If association does not have any rules, then you need to provide a reliable and independent document (e.g letter from a recognised authority)

Applicants who are Government Bodies

- Certificate of Registration or Incorporation (If applicable)
- Official document issued by the Government Body for disclosing the required information relating to the Governemnt Body
- Other documents requested by the bank (as advised)

Type Of Business Entity

(Please tick)

1. Sole Proprietor/Firm
2. Partnership/Joint Business Account
3. Company
4. Government Body
5. Association
6. Trust

Privacy of Personal Information

The Personal Information requested on this document is required by Laiki in the course of banking services provided to you. You may, on request, access the information we have collected from you. Should you decline to provide us with the information requested in this document we would not be in a position to assist you with our banking services. Laiki reserves the right to refuse to provide you with banking services if you have not provided the required information. Further information on Laiki's privacy practices is available in the Laiki Bank PDS, available at any branch on request.

Note: It is an offence under the AML/CTF Act 2006 (Cth) to give false and misleading information.

1 Business Applicant Details

Business Account Name (& Trading Name where applicable)			
ACN <small>(or other identification number - please specify)</small>	ABN	ARBN	
Date Business (or Trust) Established:	/ /	Date Business (or Trust) Registered:	/ /
Country and State Business (or Trust) Established in:	Country	State/Territory	
Registered Business Address <small>(or the residential address of the Associations, Public Officer/President/Secretary of Treasurer)</small>	Postcode		
Full address of Principle place of Business: <small>(if different from above)</small>	Postcode		
Telephone	Fax:		
Email Address			
Mailing Address <small>(if different from above)</small>			
Brief description of Nature of Business or objects of Association or brief description of any business activities for the trust.			SIC Code:
Name of Main Contact Person:	Telephone Number of contact person:		

2 Persons Authorised to Operate on Account/s

Note: The law requires signatories to state all the names by which they are commonly known by and prohibits the use of false names. It is an offence under the AML/CTF Act 2006 (Cth) to give false and misleading information.

Signatory 1

Signatory 2

Official Position in business (if applicable)		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other _____	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other _____
Surname		
Given Names (First and Middle Names)		
Other Names (Otherwise known as)		
Date of Birth	/ / Sex: <input type="checkbox"/> M <input type="checkbox"/> F	/ / Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address (Overseas address for non-resident)	Postcode:	Postcode:
Postal Address (if different to home address)	Postcode:	Postcode:
Contact Details	H:	H:
	M:	M:
	W:	W:
	Email:	Email:
Country of Birth:		
Residency Status (Please circle)	Australian Citizen: Y / N Norfolk Island Resident: Y / N Non Resident: Specify Country: _____ Passport No: _____	Australian Citizen: Y / N Norfolk Island Resident: Y / N Non Resident: Specify Country: _____ Passport No: _____
Residential Status (Please circle)	Owned: Y / N Mortgaged: Y / N Rented: Y / N Boarding: Y / N Living with Parents: Y / N	Owned: Y / N Mortgaged: Y / N Rented: Y / N Boarding: Y / N Living with Parents: Y / N
Employment Status (Please Circle)	Full Time Part Time Casual Self Employed Other:	Full Time Part Time Casual Self Employed Other:
Occupation		
Employers Trading Name		
Employers Address	Postcode:	Postcode:
Phone Number	()	()
Date Commenced Employment	/ /	/ /
Salary Range (Gross Income)	<input type="checkbox"/> \$25 K or less <input type="checkbox"/> \$26 K - \$50 K <input type="checkbox"/> \$51 K - \$75 K <input type="checkbox"/> \$76 K or over	<input type="checkbox"/> \$25 K or less <input type="checkbox"/> \$26 K - \$50 K <input type="checkbox"/> \$51 K - \$75 K <input type="checkbox"/> \$76 K or over
Do you believe that you would be defined as a Politically Exposed Person (or Are you directly related to a Politically Exposed Person)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Politically Exposed Persons - Are Individuals who are or have been entrusted with prominent public functions in a foreign country. e.g Senior Politicians, Senior Government, Heads of State, Senior Politicians, Judicial or Military Officials, Senior Executives of State Owned Corporations, important Political Party officials.

2 Persons Authorised to Operate on Account/s - (con't)

Note: The law requires signatories to state all the names by which they are commonly known by and prohibits the use of false names. It is an offence under the AML/CTF Act 2006 (Cth) to give false and misleading information.

Signatory 3

Signatory 4

Official Position in business (if applicable)		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other _____	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other _____
Surname		
Given Names (First and Middle Names)		
Other Names (Otherwise known as)		
Date of Birth	/ / Sex: <input type="checkbox"/> M <input type="checkbox"/> F	/ / Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address (Overseas address for non-resident)	Postcode:	Postcode:
Postal Address (if different to home address)	Postcode:	Postcode:
Contact Details	H:	H:
	M:	M:
	W:	W:
	Email:	Email:
Country of Birth:		
Residency Status (Please circle)	Australian Citizen: Y / N Norfolk Island Resident: Y / N Non Resident: Specify Country: _____ Passport No: _____	Australian Citizen: Y / N Norfolk Island Resident: Y / N Non Resident: Specify Country: _____ Passport No: _____
Residential Status (Please circle)	Owned: Y / N Mortgaged: Y / N Rented: Y / N Boarding: Y / N Living with Parents: Y / N	Owned: Y / N Mortgaged: Y / N Rented: Y / N Boarding: Y / N Living with Parents: Y / N
Employment Status (Please Circle)	Full Time Part Time Casual Self Employed Other:	Full Time Part Time Casual Self Employed Other:
Occupation		
Employers Trading Name		
Employers Address	Postcode:	Postcode:
Phone Number	()	()
Date Commenced Employment	/ /	/ /
Salary Range (Gross Income)	<input type="checkbox"/> \$25 K or less <input type="checkbox"/> \$26 K - \$50 K <input type="checkbox"/> \$51 K - \$75 K <input type="checkbox"/> \$76 K or over	<input type="checkbox"/> \$25 K or less <input type="checkbox"/> \$26 K - \$50 K <input type="checkbox"/> \$51 K - \$75 K <input type="checkbox"/> \$76 K or over
Do you believe that you would be defined as a Politically Exposed Person (or Are you directly related to a Politically Exposed Person)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Politically Exposed Persons - Are Individuals who are or have been entrusted with prominent public functions in a foreign country. e.g Senior Politicians, Senior Government, Heads of State, Senior Politicians, Judicial or Military Officials, Senior Executives of State Owned Corporations, important Political Party officials.

3 Authority to Operate and Deal with the Bank as per Mode of Operation set out in this application.

- (a) I/We authorise and direct Laiki now and at all times in the future:
- to establish in my/our name or in such style as I/we may authorise any banking account which Laiki is prepared to establish including any account which I/we may wish to conduct as a trustee for any other person(s);
 - to accept for the credit of the account/s any cheque, or other instrument payable to any one or more of us;
 - to debit each account from time to time with government and bank charges;
 - to act upon this authority or other written authorities until Laiki receives written notice from me/us that it may no longer do so;
 - to exercise the banker's right to combine accounts;
 - to permit the signatory/ies who is/are authorised by me/us to operate an account/s, and to be able to:
 - Withdraw moneys in any manner permitted by the bank from the account/s;
 - obtain cheque books for the account/s and draw cheques upon the account/s;
 - to endorse instruments that may be paid to the credit of that account;
 - draw, make, accept or discount bills of exchange, promissory notes and other negotiable instruments;
 - have access to and receive and give valid receipts for any monies drawn from that account, securities, packets, deeds, debentures or other documents or property held by the bank in my/our name;
 - to obtain statements of the account/s and any information required concerning the account/s generally;
 - to make arrangements with the bank to permit other authorised persons to obtain statements and other general information on my/our account/s and to endorse cheques;
 - without prejudice to Laiki's rights at law and in equity, if there is more than one Accountholder and one of them dies, to pay any credit balance in an account to the surviving Accountholder;
 - to allow additional signatories (if any) to operate accounts in accordance with the Mode of Operation specified in this Authority.
- (b) I/We agree that:
- I/We will pay government and bank charges in respect of each account;
 - if there is a dispute regarding an account(s) Laiki may, in its absolute discretion, close or suspend the account(s) until, in Laiki's opinion, the dispute has been resolved;
- if I/we suffer any loss or damage as a result of the bank acting in good faith when supplying a service to me/us, the bank's liability for any loss or damage is limited to the cost of supplying the service again;
 - this Authority supersedes any previous Authority I/we have given Laiki with respect to the same subject matter, except in regards to cheques and other instruments dated prior to the date hereoff and presented for payment on or after such date;
 - if an account is overdrawn, to any extent whether permitted by the bank or not, the debit balance will be due and payable to Laiki immediately, without Laiki having to make demand, and interest will accrue on any such debit balance at the highest rate charged by Laiki in respect of similar overdrawings at that time;
 - accounts must be conducted in accordance with Laiki's conditions of use issued from time to time in respect of such accounts, including any present or future terms and conditions for electronic banking;
 - the bank is not obliged to enquire into the circumstances of any instructions given to it in accordance with this authority. The bank is released from all liability for any loss or damage suffered by me/us as a result of the bank acting on this authority in good faith;
- (c) I/We acknowledge that:
- (i) I/We have received a copy of the terms and conditions for the account and acknowledge that acceptance of these terms and conditions will be indicated by my/our continued operation on the relevant account in accordance with this authority;
 - (ii) if I/we am/are a firm, company, or incorporated association and this Application is signed by my/our officer(s) then such person(s):
 - (A) warrants that he/she has been authorised by me/us to sign this Application on my/our behalf: and
 - (B) is a signatory authorised by me/us to operate an account;
 - (iii) where there is more than one Accountholder, my/our liability to Laiki is joint and several with the other Accountholder(s);
 - (iv) in this Application the Applicant may be referred to as "I" "me" and "my" and these pronouns will be taken to mean, respectively, "we", "us" and "our" where there is more than one Applicant.
 - (v) Account/s must be conducted in accordance with Laiki's conditions of use issued from time to time in respect of such accounts.

4 Notification of Australian Tax File Number or Exemption

WRITE YOUR TAX FILE NUMBER / EXEMPTION DETAILS - (Branch Staff - Detach and destroy this section only after input)

Notification of Australian Tax File Number or Exemption (Optional)

Collection of Tax File Numbers is authorised by law. The bank discloses your Tax File Number to the Tax Office. You do not have to quote your Tax File Number. Tax may be taken out of your interest if you don't quote your Tax File Number or an exemption.

Business or Trust Names:

1.	<input type="text"/>
2.	<input type="text"/>

Exemption Reason:

1.	<input type="text"/>
2.	<input type="text"/>

Tax File Number

:	:	-	:	:	-	:	:
:	:	-	:	:	-	:	:

5 Opening Deposit Details

Opening Deposit Amount
excluding Term Deposit

\$

Currency of account
(if not AUD)

Type of Account

6 Term Deposit Details

Term: (Please select the term of your Term Deposit by marking the box with an X:)

1 month 3 months 6 months 1 year (other)

Opening Deposit: (The Laiki Term Deposit requires a minimum opening balance of \$25,000 AUD.)

\$

Currency of account
(if not AUD)

On Maturity: Please specify what you would like to do with the funds in your Term Deposit at maturity. **Any new Term Deposit will be subject to the relevant LBA interest rate and terms and conditions at the time of opening.**
(Please select one option only, by marking the box with an X:)

- Renew Term Deposit for the same term (until further notified)
- Close my Term Deposit and have the funds paid to the linked bank account in Section 8

7 Mode of Operation

The banking facilities pursuant to this authority are to be operated by:

- Any one of the Signatories on their own Other (Please specify exact instructions)

NOTE:

1. It is advisable to obtain professional advice before signing this authority.
2. Before signing this authority, please ensure that all alterations have been initialled and blank spaces ruled through.

DECLARATION

I/we acknowledge that Laiki Bank will collect personal information from me/us and may take steps to verify this information as required by the Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) Act 2006 (Cth). By signing this application, I/We consent to the collection, use, handling, disclosure and verification of my/our personal information. I/We understand that if I/we provide the Laiki Bank with incomplete or inaccurate information, the Bank may not be able to provide me/us with the products or services that I/we have requested.

I/We declare that my/our particulars as shown on this application form are complete and correct.

I/We have read and understood all Terms and Conditions stated in the Laiki Bank Australia PDS. I agree to be bound by these Terms & Conditions and any other Terms and Conditions including the conditions listed on this form for the duration of my relationship with Laiki Bank Australia or until I/we give notice to cancel any such instructions.

Signature Signatory 1 (please keep signature within box)

Print name:

Date: : | : | : : :

Signature Signatory 2 (please keep signature within box)

Print name:

Date: : | : | : : :

Signature Signatory 3 (please keep signature within box)

Print name:

Date: : | : | : : :

Signature Signatory 4 (please keep signature within box)

Print name:

Date: : | : | : : :

7 LAIKI eBANK (Optional)

All customers automatically have inquiry access to eBanking.

Do you require full access: No Yes (If Yes, please complete eBank Application - Business LB0356)

8 LINKED BANK ACCOUNT (Mandatory)

You must link an external Australian bank account (**must be in the same name(s) as the applicant(s) in Section 1**), to your new LBA Account.

External Bank Account

Name of Bank

BSB Number (*Mandatory*)

Account Number (*Mandatory*)

Account Holder's name on external bank account (*Mandatory- must be same as the applicant in Section 1*)

***Withdrawals can only be credited to the above nominated bank account**

***Withdrawal/Renewal instructions can be sent through eBanking, mail (GPO Box 4288, Sydney NSW 2001) OR fax (1300888710)**

Full name of Business

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Authority is given by the signature of the Proprietor below and/or where the Proprietor is a company, by resolution passed at a legally constituted meeting of the Director/s of the Proprietor Company for opening and operation of the account/s in the name and on the terms and conditions and in the manner set out in this authority.

I agree to provide the bank with a current Certificate of Registration of Business name.

DECLARATION

I/we acknowledge that Laiki Bank will collect personal information from me/us and may take steps to verify this information as required by the Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) Act 2006 (Cth). By signing this application, I/We consent to the collection, use, handling, disclosure and verification of my/our personal information. I/We understand that if I/we provide the Laiki Bank with incomplete or inaccurate information, the Bank may not be able to provide me/us with the products or services that I/we have requested.

I/We declare that my/our particulars as shown on this application form are complete and correct.

I/We have read and understood all Terms and Conditions stated in the Laiki Bank Australia PDS. I agree to be bound by these Terms & Conditions and any other Terms and Conditions including the conditions listed on this form for the duration of my relationship with Laiki Bank Australia or until I/we give notice to cancel any such instructions.

Signature of Individual Proprietor (Please keep signature within box)

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Print Name of Proprietor:

Date : | : | : : :

Where Proprietor is a Company - also complete section for company on page 10.

Full name of Partnership

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Authority is given by the signature of the Proprietor below and/or where the Proprietor is a company, by resolution passed at a legally constituted meeting of the Director/s of the Proprietor Company for opening and operation of the account/s in the name and on the terms and conditions and in the manner set out in this authority.

I agree to provide the bank with a current Certificate of Registration of Business name.

I agree to provide the bank with the Partnership agreement (if any).

Australian State/Territory established:

Date Partnership was established:	:		:		:	:	:
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Name, address and shareholding percentage of each partner

Partner #	Name	Address	Identification (if signatory) <small>(if no partners are signatories, ID must be provided for at least one partner)</small>	Share (%)
Partner 1			ID form attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Partner 2			ID form attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Partner 3			ID form attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Partner 4			ID form attached <input type="checkbox"/> Yes <input type="checkbox"/> No	

DECLARATION

I/we acknowledge that Laiki Bank will collect personal information from me/us and may take steps to verify this information as required by the Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) Act 2006 (Cth). By signing this application, I/We consent to the collection, use, handling, disclosure and verification of my/our personal information. I/We understand that if I/we provide the Laiki Bank with incomplete or inaccurate information, the Bank may not be able to provide me/us with the products or services that I/we have requested.

I/We declare that my/our particulars as shown on this application form are complete and correct.

I/We have read and understood all Terms and Conditions stated in the Laiki Bank Australia PDS. I agree to be bound by these Terms & Conditions and any other Terms and Conditions including the conditions listed on this form for the duration of my relationship with Laiki Bank Australia or until I/we give notice to cancel any such instructions.

Signature of Partner (please keep signature within box)

Signature of Partner (please keep signature within box)

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Print Name of Individual partner

Print Name of Individual partner

Date	:		:		:	:	:
------	---	--	---	--	---	---	---

Date	:		:		:	:	:
------	---	--	---	--	---	---	---

Where the Partnership is a Company - also complete section for company on page 10.

Name of Trust:		
Name of Trustee(s):		
Type of Trust:		
Date established:	Country established:	State/Territory established:

I agree to provide the bank with a current trust deed/instrument.

Full name of each beneficiary of the trust OR details of a class (if the terms of the trust identify the beneficiaries by reference to membership of a class)

1.
2.
3.
4.

Authority is given by signature of the Trustee/s below, or where the Trustee is a company, by resolution passed at a legally constituted meeting of the Director/s of the Company for the opening and operation of the account/s in the name and on the terms and conditions and in the manner set out in this authority.

DECLARATION

I/we acknowledge that Laiki Bank will collect personal information from me/us and may take steps to verify this information as required by the Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) Act 2006 (Cth). By signing this application, I/We consent to the collection, use, handling, disclosure and verification of my/our personal information. I/We understand that if I/we provide the Laiki Bank with incomplete or inaccurate information, the Bank may not be able to provide me/us with the products or services that I/we have requested.

I/We declare that my/our particulars as shown on this application form are complete and correct.

I/We have read and understood all Terms and Conditions stated in the Laiki Bank Australia PDS. I agree to be bound by these Terms & Conditions and any other Terms and Conditions including the conditions listed on this form for the duration of my relationship with Laiki Bank Australia or until I/we give notice to cancel any such instructions.

Signature of Trustee

(ID must be provided)

(please keep signature within box)

Print Name of Trustee

Date : : : : :

Signature of Trustee

(ID must be provided)

(please keep signature within box)

Print Name of Trustee

Date : : : : :

Where the Trustee is a Company - also complete section for Company on page 10
 (a business search/s will be conducted and a search fee applied until ownership is identified at an individuals level)

I agree to provide the bank : Current Certificate of Incorporation/Registration
 Rules of the Association (if you don't have any rules, a reliable & independant document)

Association Name:

Name and Address of each Committee Member (members of the Governing Committee)

Name	Position	Residential Address

(Please attach additional sheet if required)

No alterations have been made in the said rules (except such (if any) as are printed and are handed to you) and no regulation or regulations have been made by the Association in a General meeting purporting to restrict or having the effect of restricting the rights or powers of the Association as regards to the signing of cheques drawn on joint banking accounts, operations on banking accounts (including joint banking accounts) and generally dealing with the property of the Association.

Authority has been duly given by resolution passed at a legally constituted meeting of the Committee Members of the Association in accordance with the said Rules for opening and operation of the account/s in the name and on the terms and conditions and in the manner set out in this authority.

DECLARATION

I/we acknowledge that Laiki Bank will collect personal information from me/us and may take steps to verify this information as required by the Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) Act 2006 (Cth). By signing this application, I/We consent to the collection, use, handling, disclosure and verification of my/our personal information. I/We understand that if I/we provide the Laiki Bank with incomplete or inaccurate information, the Bank may not be able to provide me/us with the products or services that I/we have requested.

I/We declare that my/our particulars as shown on this application form are complete and correct.

I/We have read and understood all Terms and Conditions stated in the Laiki Bank Australia PDS. I agree to be bound by these Terms & Conditions and any other Terms and Conditions including the conditions listed on this form for the duration of my relationship with Laiki Bank Australia or until I/we give notice to cancel any such instructions.

New Signature of Chairperson/Secretary/Treasurer or equivalent Officer of Association

(please keep signature within box)

**Where the Officers are changing:
Signature of Chairperson or equivalent Public Officer of Association who signed previous authority (if applicable)**

(please keep signature within box)

Print Name: <input style="width: 95%; height: 25px;" type="text"/>
Home Address: (P.O Box not accepted) <input style="width: 95%; height: 25px;" type="text"/>
Postcode: <input style="width: 100%; height: 25px;" type="text"/>

Print Name: <input style="width: 95%; height: 25px;" type="text"/>
Home Address: (P.O Box not accepted) <input style="width: 95%; height: 25px;" type="text"/>
Postcode: <input style="width: 100%; height: 25px;" type="text"/>

Date : | : | : : :

Date : | : | : : :

Where the customer is acting in the capacity of a member of the unincorporated association, the customer should be identified.

I agree to provide the bank : Current Australian Certificate of Incorporation/Registration; (if incorporated/registered)
 Documentation confirming details below (where applicable)

Date of Registration/Incorporation : : / : / : : :	Place of Registration/Incorporation:
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Full name of Government Body:

ABN (if applicable):

Is the Government Body any of the following: (Please Tick)

- An entity or emanation
- Established under legislation of the Commonwealth
- Established under legislation of a State/Territory
- Established under legislation of a foreign country

Name of State/Territory:

Name of Foreign Country:

DECLARATION

I/we acknowledge that Laiki Bank will collect personal information from me/us and may take steps to verify this information as required by the Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) Act 2006 (Cth). By signing this application, I/We consent to the collection, use, handling, disclosure and verification of my/our personal information. I/We understand that if I/we provide the Laiki Bank with incomplete or inaccurate information, the Bank may not be able to provide me/us with the products or services that I/we have requested.

I/We declare that my/our particulars as shown on this application form are complete and correct.

I/We have read and understood all Terms and Conditions stated in the Laiki Bank Australia PDS. I agree to be bound by these Terms & Conditions and any other Terms and Conditions including the conditions listed on this form for the duration of my relationship with Laiki Bank Australia or until I/we give notice to cancel any such instructions.

**Authorised Representative 1
of the Government Body**

(please keep signature within box)

Print Name:
Home Address: (P.O Box not accepted)
Postcode:

Date : : : : :

**Authorised Representative 2 (if applicable)
of the Government Body**

(please keep signature within box)

Print Name:
Home Address: (P.O Box not accepted)
Postcode:

Date : : : : :

Appendix A: Identification Form (for non-LBA customers)

1

Type of identification documents required to be collected

- | | |
|---------------------------------------|---------------|
| 1 PRIMARY PHOTOGRAPHIC | + 1 SECONDARY |
| OR | |
| 1 PRIMARY NON-PHOTOGRAPHIC | + 2 SECONDARY |
| OR | |
| 2 PRIMARY DOCUMENTS (ANY COMBINATION) | |

Please Note: Verification of the documents collected needs to be performed by the bank before the customer will be considered as verified and able to proceed with obtaining banking products and services

70 PRIMARY PHOTOGRAPHIC IDENTIFICATION DOCUMENT (AN ORIGINAL OR CERTIFIED COPY)

- a licence or permit issued under a law of a State or Territory or equivalent authority of a foreign country for the purpose of driving a vehicle that contains a photograph of the person in whose name the document is issued. e.g. Drivers Licence.
- a passport issued by the Commonwealth (current or one that has expired within last 2 years)
- a passport or a similar document issued for the purpose of international travel, that:
 - (a) contains a photograph and the signature of the person in whose name the document is issued;
 - (b) is issued by a foreign government, the United Nations or an agency of the United Nations; and
 - (c) if it is written in a language that is not understood by the person carrying out the verification - is accompanied by an English translation prepared by an accredited translator.
- a card issued under a law of a State or Territory for the purpose of proving the person's age which contains a photograph of the person in whose name the document is issued. e.g. Proof of age card, Keypass.
- a national identity card issued for the purpose of identification, that:
 - (a) contains a photograph and the signature of the person in whose name the document is issued;
 - (b) is issued by a foreign government, the United Nations or an agency of the United Nations
 - (c) if it is written in a language that is not understood by the person carrying out the verification – is accompanied by an English translation prepared by an accredited translator.
- an identification card for a public employee e.g. Defence Force, Police Force
- a student identification card issued by a tertiary institution

50 PRIMARY NON-PHOTOGRAPHIC IDENTIFICATION DOCUMENT (AN ORIGINAL OR CERTIFIED COPY)

- a birth certificate or birth extract issued by a State or Territory;
- a citizenship certificate issued by the Commonwealth;
- a citizenship certificate issued by a foreign government that, if it is written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator;
- a birth certificate issued by a foreign government, the United Nations or an agency of the United Nations that, if it is written in a language that is not understood by the person carrying out the verification, is accompanied by an English translation prepared by an accredited translator;
- a pension card issued by Centrelink that entitles the person in whose name the card is issued, to financial benefits.

30 SECONDARY IDENTIFICATION DOCUMENT (AN ORIGINAL OR CERTIFIED COPY)

- a notice that:
 - (a) was issued to an individual by the Commonwealth, a State or Territory within the preceding twelve months;
 - (b) contains the name of the individual and his or her residential address; and
 - (c) records the provision of financial benefits to the individual under a law of the Commonwealth, State or Territory (as the case may be);e.g. Department of Veterans Affairs card, Medicare card
- a notice that:
 - (a) was issued to an individual by the Australian Taxation Office within the preceding 12 months;
 - (b) contains the name of the individual and his or her residential address; and
 - (c) records a debt payable to or by the individual by or to (respectively) the Commonwealth under Commonwealth law relating to taxation;
- a notice that:
 - (a) was issued to an individual by a local government body or utilities provider within the preceding three months;
 - (b) contains the name of the individual and his or her residential address; and
 - (c) records the provision of services by that local government body or utilities provider to that address or to that person.e.g. Rates, Electricity, Water, Phone, Jury Duty Notice, Electoral Enrolment Card, Land Title Office records, Rental or Lease Agreement.
- in relation to a person under the age of 18, a notice that:
 - (a) was issued to a person by a school principal within the preceding three months;
 - (b) contains the name of the person and his or her residential address; and
 - (c) records the period of time that the person attended at the school.

2 Certifier required (if providing copies of documents to bank)

- If you are providing a copy of your acceptable identification documents, you need to have the document/s certified by a person on the certifier categories list. The certifier will need to complete this section.
- The certifier cannot be related to you.
- **If you are presenting an original document directly to a Laiki Bank Australia staff member, then the document does not need to be certified.**
- An alterations should be crossed out and initialled. Do use of correction fluid on this form.

Certifier categories

1. A person who is enrolled on the roll of the Supreme Court of a State or Territory, or a High Court of Australia as a legal practitioner.
2. A judge of a court.
3. A magistrate.
4. A chief executive officer of a Commonwealth court.
5. A registrar or deputy registrar of a court.
6. A Justice of the Peace.
7. A notary public.
8. A police officer.
9. An agent of the Australian Postal Corporation who is in charge of supplying postal services to the public.
10. A permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public.
11. An Australian consular officer or an Australian diplomatic officer.
12. An officer with 2 or more continuous years service with one or more financial institutions.
13. A finance company officer with 2 or more continuous years of service with one or more financial institutions.
14. An officer with, or authorised representative of, a holder of an Australian Financial Services licensees.
15. A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership.

Certifier's Details & Statement

Title: Mr Mrs Miss Ms Other _____

Surname: _____

Given names: _____

Residential or Business _____

Address (NOT PO Box) _____ Postcode: _____

Daytime telephone number: (_____) _____

Occupation: _____ Certifier category: _____

I have examined the original identification documents and I have endorsed each copy accordingly.

Certifier Signature: _____ **Date:** _____

(It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) to give false and misleading information).

**The certifier must have cited the original documents and must have certified each copy of the original. Certified documents must be attached to this form and forwarded to Laiki Bank Australia.
WE DO NOT ACCEPT COPIES OF CERTIFIED DOCUMENTS.**

Each page must be certified as follows:

*This is to certify that this is a true copy of the original which I have sighted.
Date
Name
Signed
Certifier Type (from list above)
Registration number (if applicable)*