

AGFOOD OPPORTUNITIES FUND – APPLICATION FORM

This Application Form is to be completed by Investors who wish to apply for Units in the AgFood Opportunities Fund. You should read the Information Memorandum in full before completing this Application Form. It contains important information about the Offer and the Units.

APPLICATION AMOUNT

I/We apply for \$ of Units at latest month's price (ref: www.agfood.com.au)

APPLICATION TYPE

Please X appropriate box

Individual Joint Sole Trader Company Trust SuperFund Partnership Other

SECTION 1: NEW INVESTOR DETAILS

Please complete this section in conjunction with the AML/CTF Checklist on page 16 of this document. If the AML/CTF information requirements are not satisfied, then your application will not be accepted.

A. INDIVIDUAL / INDIVIDUAL TRUSTEE

APPLICANT 1

Title	First name	Middle name	Last name
<hr/>			
Date of birth			
<hr/>			
Residential address (Not PO Box) Street			
<hr/>			
Suburb, City or Town		State	Postcode
<hr/>			
Country (if not Australia)			
<hr/>			
Tax file number or reason for exemption			
<hr/>			
Country of residence for tax purposes (if not Australia)			
<hr/>			
Business name (for sole trader)			
<hr/>			
Phone (Work)		Phone (Home)	
<hr/>			
Mobile			
<hr/>			

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APPLICANT 2

Title	First name	Middle name	Last name
Date of birth			
Residential address (Not PO Box) Street			
Suburb, City or Town		State	Postcode
Country (if not Australia)			
Tax file number or reason for exemption			
Country of residence for tax purposes (if not Australia)			
Business name (for sole trader)			
Phone (Work)		Phone (Home)	
Mobile			

B. COMPANY / CORPORATE TRUSTEE

Full name of company or corporate trustee		
Tax file number or reason for exemption		ACN or ABN
Business name (if applicable)		
Registered office address (not PO Box) Street		
Suburb, City or Town		Postcode
Country (if not Australia)		
Principal Place of Business (not PO Box) Street		
Suburb, City or Town		Postcode
Country (if not Australia)		

Is this a public company or proprietary company.

If this entity is a proprietary company, you must also provide details of the directors and beneficial owners below.

DIRECTORS

Total number of Directors

Director 1	Given Name	Surname
Director 2	Given Name	Surname
Director 3	Given Name	Surname

If there are more than three directors, please provide details on a separate sheet.

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BENEFICIAL OWNERS

Please provide details of all individuals who are beneficial owners through one or more shareholdings of more than 25% of the issued capital of the company.

Beneficial owner 1	Given Name	Surname	Date of birth
Residential address (not PO Box) Street			
Suburb	State	Postcode	Country
Beneficial owner 2	Given Name	Surname	Date of birth
Residential address (not PO Box) Street			
Suburb	State	Postcode	Country
Beneficial owner 3	Given Name	Surname	Date of birth
Residential address (not PO Box) Street			
Suburb	State	Postcode	Country

If there are more than three beneficial owners please provide details on a separate sheet.

C. PARTNERSHIPS

Full Name of Partnership			
Business Name (if applicable)			
Tax file number or reason for exemption			
Country of Establishment			
Registered Office Address (not PO Box)		Street	
Suburb, City or Town	State	Postcode	
PARTNER 1	Title	First name	Middle name
			Last name
Date of birth			
Residential address (Not PO Box) Street			
Suburb, City or Town	State	Postcode	
Country (if not Australia)			
Tax file number or reason for exemption			
Country of residence for tax purposes (if not Australia)			
Phone (Work)		Phone (Home)	
Mobile			

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REGULATION INFORMATION

Is the Partnership regulated by a Professional Body?

Yes. Provide the following details:

Association name

Association website

Partner's membership number / reference

No. You must provide details of each partner:

PARTNER 2

Title First name

Middle name

Last name

Date of birth

Residential address (Not PO Box) Street

Suburb, City or Town

State

Postcode

Country (if not Australia)

Tax file number or reason for exemption

Country of residence for tax purposes (if not Australia)

Phone (Work)

Phone (Home)

Mobile

D. TRUST / SUPERANNUATION FUNDS

Full name of Trust / Superannuation fund

Tax file number or reason for exemption

Country where trust was established

Full business name (if any) of trustee

REGULATED TRUST

If the Investment is via a Regulated Trust or SMSF, select and complete one of the following 3 options and then go to section E - Politically Exposed Persons.

Self-Managed Superannuation Fund

ABN

Registered Managed Investment Scheme

ARSN

Other Regulated Trust Name of regulator

Registration/licensing details

UNREGULATED TRUST

If the Investment is via an Unregulated Trust, select the Type of Unregulated Trust and provide Beneficiary details, Settlor details and Beneficial Owner details.

Type of Unregulated Trust

Unit Trust

Discretionary Trust

Charitable Trust

Testamentary Trust

Other

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BENEFICIARY DETAILS

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

Yes. Provide details of membership classes (unitholders, family members of named person, charitable organisations).

No. Please complete the following:

Total number of beneficiaries

Beneficiary 1	Given Name	Surname
Beneficiary 2	Given Name	Surname
Beneficiary 3	Given Name	Surname

If there are more than three beneficiaries, please provide details on a separate sheet.

SETTLOR DETAILS FOR UNREGULATED TRUST

This is only required if the amount used to establish the trust was greater than \$10,000. The full name of the Settlor

BENEFICIAL OWNER(S) / CONTROLLER OF THE TRUST

Please provide details of each individual who (directly or indirectly):

- Owns more than 25% of the trust; or
- Controls the trust.

If neither of these apply, then any individual who holds the power to appoint or remove the trustee of the trust ('Appointer').

Beneficial owner 1	Given Name	Surname	Date of Birth
Residential address (not PO Box) Street			
Suburb	State	Postcode	Country
Beneficial owner 2	Given Name	Surname	Date of Birth
Residential address (not PO Box) Street			
Suburb	State	Postcode	Country
Beneficial owner 3	Given Name	Surname	Date of Birth
Residential address (not PO Box) Street			
Suburb	State	Postcode	Country

If there are more than three beneficial owners please provide details on a separate sheet.

E. POLITICALLY EXPOSED PERSON ('PEP')

Is the Applicant a Politically Exposed Person? No

Yes. Provide a description of the PEP's Position:

SECTION 2: APPLICANT’S TAX RESIDENCY AND CLASSIFICATION - FATCA AND CRS

Please complete Part A if you are applying as an Individual/Sole Trader. Please complete Part B for any other types of entities.

If you are unable to complete Section 2, please seek appropriate advice relating to the tax information required. For further details relating to the implementation of FATCA and CRS, please refer to the Australian Taxation Office’s guidance material link: <https://www.ato.gov.au/general/international-tax-agreements/in-detail/international-arrangements/automatic-exchange-of-information---guidance-material/>.

A. TAX RESIDENCE - INDIVIDUAL/SOLE TRADER

APPLICANT 1

Please provide details for all jurisdictions in which the Applicant is resident for tax purposes.

Country of Tax Residence 1	Taxpayer Identification Number (TIN) 1*	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	Taxpayer Identification Number (TIN) 2* (if applicable)	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	Taxpayer Identification Number (TIN) 3* (if applicable)	TIN Unavailable: <input type="checkbox"/>

TIN Unavailable Explanation(s) – If any ‘TIN Unavailable’ box is checked, please provide an explanation.

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.
If Applicant has more than three countries of tax residence please attach a statement to this form containing Applicant, the Country and TIN for each such additional country.

Is the Applicant a US person?

A US person includes a US citizen or resident alien of the US even if residing outside the US

- Yes. If ‘Yes’, the Applicant’s US country of residence and US Tax Identification Number must be provided above.
- No. *Go to Section 3.*

APPLICANT 2

Please provide details for all jurisdictions in which the Applicant is resident for tax purposes.

Country of Tax Residence 1	Taxpayer Identification Number (TIN) 1*	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 2 (if applicable)	Taxpayer Identification Number (TIN) 2* (if applicable)	TIN Unavailable: <input type="checkbox"/>
Country of Tax Residence 3 (if applicable)	Taxpayer Identification Number (TIN) 3* (if applicable)	TIN Unavailable: <input type="checkbox"/>

TIN Unavailable Explanation(s) – If any ‘TIN Unavailable’ box is checked, please provide an explanation.

I certify the tax residence countries provided represent all countries in which I am considered a tax resident.
If Applicant has more than three countries of tax residence please attach a statement to this form containing the Applicant, Country and TIN for each such additional country.

Is the Applicant a US person?

A US person includes a US citizen or resident alien of the US even if residing outside the US

- Yes. If ‘Yes’, the Applicant’s US country of residence and US Tax Identification Number must be provided above.
- No. *Go to Section 3.*

* TIN is the number assigned by each country, for the purpose of administering tax laws (equivalent of a Tax File Number in Australia).

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B. COMPANIES, TRUSTS AND OTHER ENTITIES

I. TAX RESIDENCE - COMPANIES, TRUSTS AND OTHER ENTITIES

Please provide details for all jurisdictions in which the Applicant is resident for tax purposes.

Country of Tax Residence 1 Taxpayer Identification Number (TIN) 1* TIN Unavailable:

Country of Tax Residence 2 (if applicable) Taxpayer Identification Number (TIN) 2* (if applicable) TIN Unavailable:

Country of Tax Residence 3 (if applicable) Taxpayer Identification Number (TIN) 3* (if applicable) TIN Unavailable:

TIN Unavailable Explanation(s) – If any 'TIN Unavailable' box is checked, please provide an explanation.

I/We certify the tax residence countries provided represent all countries in which the Applicant is considered a tax resident. If Applicant has more than three countries of tax residence please attach a statement to this form containing the Applicant, Country and TIN for each such additional country.

II. FATCA STATUS - COMPANIES, TRUSTS AND OTHER ENTITIES

US Person Certification

Is the Applicant a specified US person?

Yes, *Provide a US TIN below.*

No *If No, complete section below - Non-US Person Certification.*

US Taxpayer Identification Number ('TIN'):

Non-US Person Certification

Select a classification that matches your FATCA status:
Select only a single category.

Exempt Beneficial Owner (includes self-managed superannuation fund)

Direct Reporting NFFE (*Provide GIIIN on the next page*)

Sponsored Direct Reporting NFFE (*Provide GIIIN and Sponsor's name on the next page*)

Active NFFE

Passive NFFE (*Complete section on the next page – Controlling Persons*)

Other – describe the FATCA status

Nonparticipating FFI

continued next page

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Participating FFI (Provide GIIN below)

Local/Partner Jurisdiction FFI (Provide GIIN below)

Deemed-Compliant FFI

Select deemed-compliant category:

Trustee-Documented Trust (Provide GIIN below)

Sponsored Investment Vehicle (Provide GIIN and Sponsor's name below)

Registered-Deemed Compliant FFI (Provide GIIN below)

Other Deemed-Compliant Category

APPLICANT'S GLOBAL INTERMEDIARY IDENTIFICATION NUMBER ('GIIN') (IF ANY) – COMPANIES, TRUSTS AND OTHER ENTITIES

Applicant's GIIN (if any)

III. CRS STATUS - COMPANIES, TRUSTS AND OTHER ENTITIES

IS THE APPLICANT A FINANCIAL INSTITUTION?

Financial Institution

Is the Applicant an Investment Entity located in a non-CRS Participating Jurisdiction managed by another Financial Institution?

Yes, if yes, complete section on next page – Controlling Persons.

No If no, complete Non-Financial Entity ('NFE') Section below.

Non-Financial Entity ('NFE')

If the Applicant is a NFE, select a classification that matches your CRS status:

Government Entity, International Organisation and Central Bank

A corporation the stock of which is regularly traded on an established securities market (or entity related to such a corporation):

Name of Securities Market:

Name of Related Entity:

Non-Reporting Financial Institution (includes Broad Participation Retirement Fund, Narrow Participation Retirement Fund, Exempt Collective Investment Vehicle, Trustee Documented Trust and Self-managed Superannuation Fund)

Other Active NFFE

Passive NFE (Complete section on next page – Controlling Persons)

Other – describe the CRS Status

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CONTROLLING PERSONS

This section is considered an integral part of the self-certification to which it is associated. If there is a change in Controlling Persons / Beneficial Ownership, please submit an updated form within 30 days.

Controlling Person 1 / Beneficial Owner 1

Applicant Name

Country of Tax Residence 1 Taxpayer Identification Number (TIN) 1* TIN Unavailable:

Country of Tax Residence 2 (if applicable) Taxpayer Identification Number (TIN) 2* (if applicable) TIN Unavailable:

Country of Tax Residence 3 (if applicable) Taxpayer Identification Number (TIN) 3* (if applicable) TIN Unavailable:

Taxpayer Identification Number ('TIN') Unavailable Explanation(s) – If any 'TIN Unavailable' box is checked, please provide an explanation.

Controlling Person 2 / Beneficial Owner 2

Applicant Name

Country of Tax Residence 1 Taxpayer Identification Number (TIN) 1* TIN Unavailable:

Country of Tax Residence 2 (if applicable) Taxpayer Identification Number (TIN) 2* (if applicable) TIN Unavailable:

Country of Tax Residence 3 (if applicable) Taxpayer Identification Number (TIN) 3* (if applicable) TIN Unavailable:

Taxpayer Identification Number ('TIN') Unavailable Explanation(s) – If any 'TIN Unavailable' box is checked, please provide an explanation.

If there are more than 2 Controlling Persons or Beneficial Owners or Countries of Tax Residence, please provide the details on a separate page and attach to this Application Form.

* TIN is the number assigned by each country, for the purpose of administering tax laws (equivalent of a Tax File Number in Australia)

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SECTION 3: DISTRIBUTION PAYMENT DETAILS

Please elect how you would like to receive your distribution:

- I would like to receive my distribution as a cash deposit, *please provide bank account details below.*
- I would like to reinvest my distribution in further units in the AgFood Opportunities Fund.

Please note: if you do not make a choice your distributions will be automatically reinvested in the Fund.

Please make distribution deposits to the following account:

Account Name

BSB Number

Account Number

As an added security measure, we require a Bank document/statement that confirms the Account Name, BSB and Account Number to be submitted with this application.

SECTION 4: PAYMENT FOR UNITS

AMOUNT

\$

DIRECT DEPOSIT DETAILS:

Bank:	Westpac
Account name:	Melbourne Securities Corporation Ltd ATF the AgFood Opportunities Fund
BSB:	033 058
Account number:	537 194

When depositing funds please include a reference to: '**YOUR NAME OR INVESTING ENTITY**' to enable us to identify the funds.

Please ensure the amount you pay is net of any taxes or bank fees which may be levied by your bank in connection with your application.

SECTION 5: REPORTING

Please indicate your preferred email address to receive communications about your investment:

Primary Contact Name:

Primary Contact Email:

Primary Contact Phone Number:

Secondary Contact Name:

Secondary Contact Email:

Secondary Contact Phone Number:

Third Contact Name:

Third Contact Email:

Third Contact Phone Number:

Accountant/Financial Contact Name:

Accountant/Financial Contact Email:

If you would like copies of the correspondence emailed to your Financial Adviser, and if you authorise your Financial Adviser to access your investment information, please have your Financial Adviser complete the section below.

SECTION 6: ADVISER DETAILS (To be completed by Adviser)

By providing your adviser details, you certify that you are appropriately authorised to provide financial services in relation to this product.

ADVISER'S CONTACT DETAILS

Dealer Group	Dealer Group AFSL
Adviser Firm	Adviser Firm AFSL
Adviser Name	Authorised Representative Number
Adviser email address	Adviser contact phone number

Please nominate below whether your client's identification documentation is attached to the Application Form.

Attached

CERTIFIED COPIES of the identification documentation specified in the AML section under the relevant investor type are provided with this Application Form.

Adviser Stamp or Signature

DECLARATION AND SIGNING

By completing, signing and lodging this Application Form, you acknowledge and agree that:

- You have read in full and understood the IM to which this Application Form relates.
 - The details you have inserted into the Application Form are complete and accurate.
 - You will be bound by the Trust Deed and the terms on which the Units are being issued (as explained in the IM).
 - If you are sole signatory signing on behalf of a company, you confirm that you are signing as sole director and sole secretary of the company or as duly authorised representative or agent of the company.
 - If you are investing as a trustee, on behalf of a superannuation fund or a trust, you confirm that you are acting in accordance with your designated powers and authority under the trust deed. In the case of a superannuation fund, you also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act.
 - If you sign this Application Form under a power of attorney, then a certified copy of the power of attorney is submitted with this Application Form, which as at the date of this application, has not been revoked.
 - Other than as disclosed in the Application Form, no person or entity controlling, owning or otherwise holding an interest in the Fund is a United States citizen or resident of the United States for taxation purposes.
 - You will promptly notify the Trustee of any change to the information you have previously provided to the Trustee, including any changes which result in a person or entity controlling, owning or otherwise holding an interest in the Fund.
 - You consent to the Trustee disclosing any information it has in compliance with its obligations under the US Foreign Account Tax Compliance Act ('FATCA') and the OECD Common Reporting Standards for Automatic Exchange of Financial Account Information ('CRS') and any related Australian law and guidance implementing the same. This may include disclosing information to the Australian Taxation Office, who may in turn report that information to the relevant tax authorities as required.
 - You acknowledge that the collection of your personal information may be required by the Financial Transaction Reports Act 1988, the Corporations Act 2001, the Income Tax Assessment Act 1936, the Income Tax Assessment Act 1997, the Taxation Administration Act 1953, the FATCA and CRS (includes any related Australian law and guidance) and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
- Otherwise, the collection of information is not required by law, but you acknowledge that if you do not provide personal information, the Trustee may not allow you to invest in the Fund.
- You are not aware and have no reason to suspect that the monies used to fund your investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other activities illegal under applicable laws or regulations or otherwise prohibited under any international convention or agreement (AML/CTF Law).
 - You will provide the Trustee with all additional information and assistance that the Trustee may request in order for the Issuer to comply with the AML/CTF Law, FATCA and CRS.
 - You are over the age of 18.
 - You have made an offer for Units in the Fund and that offer cannot be revoked.
 - We may accept or reject this application in whole or in part.
 - You may not be allocated any Units, and the Trustee has absolute discretion to allocate Units as it sees fit.
 - You have had the opportunity to seek independent professional advice regarding the legal, taxation and financial implications of investing in the Units and in the Fund generally.
 - You have not relied on any statements or representations made by anybody (including the AFS Licensee, the Trustee or their officers, employees or agents) prior to applying, other than those representations made in this IM.
 - Monies invested in the Fund do not represent an investment in or a deposit of or other liability of the AFS Licensee or the Trustee and an investment is subject to investment risk, including possible delays in the repayment and loss of income and capital investment.
 - You have provided all documentation requested for AML/CTF investor identification purposes (see page 16)
 - If your investment is via a trust that is not a registered managed investment scheme, or a government superannuation fund and you have not provided details of the name of each beneficiary or class of beneficiary, you certify that the trust is an unregistered managed investment scheme that only has wholesale clients as beneficiaries and does not make small scale offerings under section 1012E of the Corporations Act.
 - If an adviser's details are provided on this form, the Trustee is authorised to provide information directly to that adviser.

PLEASE NOTE

This Application Form must not be handed out or used unless accompanied by the IM. If received through electronic means, you declare you received the Application Form accompanied by or attached to a print out or paper copy of this IM. Units will only be issued on receipt of an Application Form issued together with the IM.

Dated _____ day of _____

Name of Applicant #1 _____

Signature Applicant #1 _____

Position of applicant (if applicable)

- Sole Director
- Director
- Trustee

Name of Applicant #2 _____

Signature Applicant #2
(if joint applicants, then both applicants must sign)

Position of applicant (if applicable)

- Company Secretary (for company investments only)
- Director
- Trustee

OPTION A: ACCOUNTANT'S CERTIFICATE

SECTION 761G (7) OF THE CORPORATIONS ACT 2001

I, _____

(Name of accountant)

of _____

(Address)

being a qualified accountant* certify that

(Name of investor)

of _____

(Address)

- has net assets[^] in excess of \$2.5 million, or
- had a gross income[^] in excess of \$250,000 per annum for each of the last two financial years.

I also confirm the following:

I belong to _____

(Name of professional body e.g., CPA Australia, ICAA, NIA)

My membership designation from this professional body is _____

(Insert details e.g. CPA, CA or PNA)

I am subject to and comply with this body's continuing professional education requirements.

Signed _____

Date Eligibility Certificate Issued

Please note that the Accountant's Certificate will need to be reconfirmed every two years. If an Accountant's Certificate (in the name of the investor) has previously been provided to the Trustee, it is valid for two years from the date it is signed. If you wish to make an investment within six months of the Accountant's Certificate expiring you will be required to provide a new one.

[^] The net assets or gross income of the investor include:

- the assets or income of controlled trusts or companies; and/or
- the assets or income of a person who controls the investor (where the proposed investor is a company or trust).

When determining the net assets or gross income of a person who controls a corporate or trust investor, the net assets or gross income of any other company or trust controlled by that person may be included.

For the purposes of this Accountant's Certificate, the term 'control' is defined in section 50AA of the Corporations Act.

* Qualified accountant means any member of:

- Australian Certified Practising Accountants (CPA) who is entitled to use the post nominals 'CPA' or 'FCPA';

- Institute of Chartered Accountants in Australia (ICAA) who is entitled to use the post-nominals 'CA', 'ACA' or 'FCA';
- National Institute of Accountants (NIA) who is entitled to use the post-nominals 'PNA', 'FPNA', 'MNIA' or 'FNIA'; or
- Accountants belonging to any of the following foreign bodies who have at least three years' experience in accounting or auditing and is providing this certificate to a person who is a resident in the same country:
 - American Institute of Certified Public Accountants.
 - Association of Certified Chartered Accountants (United Kingdom).
 - Canadian Institute of Chartered Accountants.
 - Institute of Chartered Accountants of New Zealand.
 - The Institute of Chartered Accountants in England and Wales.
 - The Institute of Chartered Accountants in Ireland.
 - The Institute of Chartered Accountants of Scotland.

OPTION B: OFFER BY FINANCIAL SERVICES LICENSEE CATEGORY

Applicant to sign this declaration

I/We, the Applicant acknowledge that the financial services licensee named below has not given me/us a disclosure document as referred to in Part 7.9 Corporations Act in relation to the Offer.

Signature of applicant

Name of applicant

Date

Financial services licensee to complete this section

I am the financial services licensee no. _____ or an authorised representative (no. _____) of financial services licensee no. _____ and certify that the following is true and correct:

- (a) the offer of Units to the Applicant is made through me. I am satisfied on reasonable grounds that the Applicant has previous experience in investing in financial products that allows them to assess:
 - (i) the merits of subscribing for Units;
 - (ii) the value of Units;
 - (iii) the risks involved in accepting the Offer;
 - (iv) the information needs of the Applicant;
 - (v) the adequacy of the information provided to the investor
- (b) I have given the Applicant a written statement of my reasons for being satisfied on these matters, as required by section 761GA(e) Corporations Act.

Signature of financial services licensee/authorised representative

Name

Date

Contact Details.

If you have any questions regarding this application form, please contact us.

Email: maxandrews@agfood.com.au or pjensz@agfood.com.au

All completed application forms and enquiries should be sent to this email address.

Email: maxandrews@agfood.com.au

Or

Level 29, 360 Collins Street, Melbourne, 3000.

AGFOOD OPPORTUNITIES FUND – AML/CTF CHECKLIST

AML/CTF Checklist.

Please provide the appropriate identification documents below, in conjunction with your application form.

TYPE OF PROSPECTIVE INVESTOR	IDENTIFICATION REQUIRED
INDIVIDUALS / JOINT APPLICANTS / SOLE TRADER	<p>At least one of the following ID documents in relation to each applicant:</p> <p>Current passport issued by the Australian Commonwealth (or current within the preceding two years provided not cancelled);</p> <ul style="list-style-type: none"> ▪ Current passport or similar document issued for the purpose of international travel that contains a photograph and signature of the person and is issued by a foreign government, UN or UN Agency (accompanied where relevant by English language translation by an accredited translator); ▪ Driver's Licence (Australian State or Territory), or foreign country equivalent containing a photograph and signature of the holder (accompanied, where relevant, by English language translation by an accredited translator).
COMPANY	<p>Australian Company</p> <p>A current full company search of ASIC databases showing:</p> <ul style="list-style-type: none"> ▪ the full name of the company; ▪ the ABN/ACN; ▪ the registered office address of the company; ▪ the principal place of business of the company. <p>Foreign Company</p> <ul style="list-style-type: none"> ▪ Company's Certificate of Registration / Incorporation (issued by ASIC or by a Regulatory or Government Authority stating the company type (public or private) and Registration Number; or ▪ Articles of Association stating the Company's name and type (public or private).
PARTNERSHIP	<ul style="list-style-type: none"> ▪ Copy or relevant extracts of the partnership agreement, full name of partnership and any business name(s) used by the partnership; and ▪ ID in relation to one of the partners in accordance with the identification requirements above.
TRUSTS / SUPERANNUATION FUND	<p>Unregulated Trusts and Self-Managed Superannuation Funds</p> <p>Copy of the trust deed (including any variations to the trust deed) confirming:</p> <ul style="list-style-type: none"> ▪ the full name of the trust; ▪ the type of trust; ▪ the country where the trust was established; and ▪ the name of each beneficiary or class of beneficiary. <p>Trustees – all Trusts and Superannuation Funds</p> <p>For any Trustee(s) who are natural persons, ID in accordance with the individual verification requirements above. If any of the Trustee(s) is a company, ID in accordance with the company verification requirements above.</p> <p>If the Trustees comprise of individuals and companies, then ID in accordance with the individual and company verification requirements above.</p> <p>Settlor – Unregulated Trusts</p> <p>ID will be in accordance with the individual verification requirements above. This will only be required if the amount used to establish the Trust (settlement amount) was greater than \$10,000.</p>
BENEFICIAL OWNER(S) OF A TRUST / COMPANY / PARTNERSHIPS	<p>Company and Unregulated Trust</p> <p>You must provide details of each individual who (directly or indirectly):</p> <ul style="list-style-type: none"> ▪ owns more than 25% of the Trust / issued capital of a company or partnership; or ▪ Controls the Trust / Company / partnership. <p>If none of these apply, we must collect details of the individual who holds the power to appoint or remove the Trustee of the Trust ('Appointer').</p> <p>ID will be in accordance with the individual verification requirements above.</p>
POWER OF ATTORNEY	<p>Applications submitted under a power of attorney must be accompanied by an original certified copy of the power of attorney document and a specimen signature of the relevant attorney(s).</p>

Certified copies of these documents will suffice. A 'certified copy' or 'certified extract' means a document that has been certified as a true copy of an original of that document. Where unable to provide at least one of these documents please contact us to discuss alternative verification procedures permitted by law.