



## Anti Money Laundering (AML) Identification Requirements Checklist

To ensure we meet identification requirements under AML/CTF rule 4.2.3 which require us to prove your **full name, date of birth and current residential address** (at minimum) we require you to provide the following ID:-

- a) One piece of Category A identification or :
- b) One piece of Category B ID as well as one item from Category C, which will confirm your residential address :

Category A – Primary ID with Photograph	Please tick ID provided
Certified Copy of Current Australian Drivers License	<input type="checkbox"/>
Certified Copy of National Identity card issued for the purpose of identification	<input type="checkbox"/>
Certified Copy of Australian Passport (Current or (<2 years expired) + 1 item from Category C	<input type="checkbox"/>
Certified Copy of Current Foreign Passport + 1 item from Category C	<input type="checkbox"/>
Certified Copy of Proof of Age Card issued under law of an Australian State or Territory + 1 item from Category C	<input type="checkbox"/>
Category B – Primary Non-Photographic ID	Please tick ID provided
Certified Copy of Birth Certificate (Australian or Foreign)	<input type="checkbox"/>
Certified Copy of Birth Extract (Australian Only)	<input type="checkbox"/>
Certified Copy of Australian Citizenship Certificate	<input type="checkbox"/>
Certified Copy of Current Australian Government Benefits card (E.g. Pension Card)	<input type="checkbox"/>
Category C – Secondary ID	Please tick ID provided
Certified Copy of Current International Drivers License	<input type="checkbox"/>
Certified Copy of Current Foreign Drivers License	<input type="checkbox"/>
Certified Copy of Interim Australian Drivers License	<input type="checkbox"/>
Certified Copy of Australian Taxation Office Notice (<12 months old)	<input type="checkbox"/>
Certified Copy of Rating Authority Bill (<12 months old e.g. Shire Bill)	<input type="checkbox"/>
Acceptable ID for a Minor (person under 18 years of age)	Please tick ID provided
Certified Copy of Birth Certificate (Australian or Foreign)	<input type="checkbox"/>
Certified Copy of Birth Extract (Australian Only)	<input type="checkbox"/>
Notice from school principal that contains the name and residential address of the person and records the length of time that the person attended at the school	<input type="checkbox"/>
Change of Name or Signing on behalf of another person	Please tick ID provided
Change of name <u>Original</u> Certified Copy of Marriage Certificate, Deed Poll or Change of Name Certificate from the Births, Deaths and Marriages Registration Office	<input type="checkbox"/>
Signed on behalf of the applicant <u>Original</u> Certified Copy of Guardianship Papers or Power of Attorney	<input type="checkbox"/>
<b>Office Use Only</b>	<b>AML MET ID REQUIREMENTS MET</b> <b>Y</b> <b>N</b> <b>NA INITIAL</b>



## Anti Money Laundering (AML) Certification Requirements List of Competent Witness

You must ensure that the person that is certifying your documents does the following

- Clearly writes on the photocopied document/s the following or like sentence '*I certify that this document is a true and correct copy of the original document*'. This MUST be on each piece of supporting documentation.
- They must either use their stamp or clearly write their name and their position to allow us to confirm that the documents have been certified by one of the above person/s (such as Justice of the Peace, Australia Post employee, etc).
- If the document is in another language that isn't English this must be translated by a prepared translator and certified prior to submission to our office

The person who certifies your documents must be independent of your application and from one of the following professions:

a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);

a judge of a court;

a magistrate;

a chief executive officer of a Commonwealth court;

a registrar or deputy registrar of a court;

a Justice of the Peace;

a notary public (for the purposes of the Statutory Declaration Regulations 1993);

a police officer;

an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;

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;

an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);

an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);

a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993);

an officer with, or authorised representative of, a holder of an Australian financial services license, having 2 or more continuous years of service with one or more licensees.

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.

Date \_\_\_\_\_ Adviser Code \_\_\_\_\_ Brokerage Rate \_\_\_\_\_ Account No. \_\_\_\_\_

Account Type	Account Sub Type			Account Features
<input type="checkbox"/> CLIENT (C) <input type="checkbox"/> STAFF (STF) <input type="checkbox"/> FAMILY (FAM) <input type="checkbox"/> DIRECTOR (DIR) <input type="checkbox"/> COMPANY (M/A)	<input type="checkbox"/> PRIVATE (P) <input type="checkbox"/> WHI (O) <input type="checkbox"/> ETO (E) <input type="checkbox"/> ONCE OFF (SELL ONLY) (W)	<input type="checkbox"/> SHORT SELL (S) <input type="checkbox"/> TOWER (PMS) (Y) <input type="checkbox"/> MACQUARIE (M) <input type="checkbox"/> SAM	<input type="checkbox"/> BANKWEST (C) <input type="checkbox"/> MARGIN LENDING (L) <input type="checkbox"/> TOWER (PSF) (Z)	<input type="checkbox"/> WARRANT TRADING (MNTDOC) <input type="checkbox"/> BUY & WRITE (L) <input type="checkbox"/> OVERSEAS RESIDENCY (MNTRES) <input type="checkbox"/> UPDATE KYC (MNTDOC) <input type="checkbox"/> AGENCY AGREEMENT (INV TYPE T)

FOR **ACCOUNT SUBTYPES** THAT ARE **BOLD** CLIENT MUST BE PROVIDED WITH SEPARATE STATEMENT OF ADVICE (PLEASE ATTACH A COPY)

Registration Details	Compulsory
Company Name _____	
** For company accounts please insert the Authorised person's name below **	
ACN/ABN _____	
Title _____ Surname _____ Given Names _____	
Title _____ Surname _____ Given names _____	
Title _____ Surname _____ Given names _____	
Designation < _____ >	

Residential Address	Compulsory
_____	
_____ State _____ Postcode _____	

Postal Address	Please tick if same as above <input type="checkbox"/>
_____	

Please Indicate Registration Address Preference: (Registration will default to residential if no preference provided) Residential  Postal

Contact Information	Compulsory
Home Phone _____ Work Phone _____	
Facsimile _____ Mobile _____	
Contact person if Client is a Company _____	

Guarantors - Please insert the Directors and/or Company Secretary Names below if account is a Company account.	Compulsory
_____	

## Personal Information

<b>Name 1</b> _____	<b>Name 2</b> _____	<b>Name 3</b> _____
<b>DOB</b> _____	<b>DOB</b> _____	<b>DOB</b> _____
Employer _____	Employer _____	Employer _____
<b>Occupation</b> _____	<b>Occupation</b> _____	<b>Occupation</b> _____
D/L No. _____	D/L No. _____	D/LNo. _____
Wage Income _____	Wage Income _____	Wage Income _____
Other Income _____	Other Income _____	Other Income _____

### Residency Status - Are you an Australian Resident/Citizen? Please tick below for each Account Holder.

Client/Director 1  Yes  No

If you answered 'No' please list Country of Residency below.

\_\_\_\_\_

Client/Director 2  Yes  No

If you answered 'No' please list Country of Residency below.

\_\_\_\_\_

Client/Director 3  Yes  No

If you answered 'No' please list Country of Residency below.

\_\_\_\_\_

**If 'NO' is ticked please complete an Overseas Resident Declaration Form and GST will not be charged.**

### Account Holder Information

	Cash	Securities	Home	Superannuation	Other
Assets	7. CAA _____	9. SEA _____	11. HOA _____	13. SUA _____	15. OTA _____
Liabilities	8. CAL _____	10. SEL _____	12. HOL _____	14. SUL _____	16. OTL _____

### Investment Experience

Please insert either 1, 2 or 3 in each box. Use the scale where 1 is no experience and 3 is highly experienced.

Equities

17.EQU

Derivatives

18.DER

Margin Lending

19.MAR

Fixed Interest

20.INT

Mgd Funds

21.MGD

Money Market

22.MON

### Investment Objectives

Please tick one or more of the following and use in conjunction with your Risk Profile and Investment Strategy

Income Yield  
(Low Risk)

24.INC

Long Term Growth  
(Medium Risk)

26.LTG

Short Term Growth  
(High Risk)

25.STG

Speculative  
(High Risk)

27.SPE

### Investment Strategy (Compulsory completion for a Superannuation Fund Account) (Notepad - Strategy)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OR

Client declined to provide personal and account holder information (Please tick to indicate)

28.CDP

<p><b>LOW</b> <small>29. LOW</small></p>	<input type="checkbox"/> <b>INVESTMENT OBJECTIVE INCOME YIELD</b> You are a very conservative investor seeking minimal capital risk with a preference towards income generating investments.
<p><b>MODERATE</b> <small>MOD</small></p>	<input type="checkbox"/> <b>INVESTMENT OBJECTIVE LONG TERM GROWTH</b> You require a diversified investment portfolio and seek protection against the effects of inflation. You are prepared to accept some capital risk to achieve greater returns.
<p><b>HIGH</b> <small>HIG</small></p>	<input type="checkbox"/> <b>INVESTMENT OBJECTIVE SHORT TERM GROWTH OR SPECULATIVE</b> You seek higher long term capital gains and are prepared to compromise portfolio balance to achieve this. Your portfolio may be aggressively traded and/or invested in assets of a more speculative nature to maximise investment performance. You understand a strategy of this nature carries an inherent risk of capital loss and high volatility.

**Account Options**

**Appointment of Authorised Signatory** 2 of 5

You may wish to appoint a third party to trade on this account on your behalf (eg. Spouse, Accountant and/or Financial Planner). To do so please insert the Authorised Signatories full names below and complete an 'Appointment of Authorised Signatory' form. Please ensure a clear copy of **certified identification** with a specimen signature is provided for the Authorised Signatory when lodging this form.

1 \_\_\_\_\_ 2 \_\_\_\_\_

**Existing Securities are Held (Please tick to indicate)**

<input type="checkbox"/> I/We are CHESS Sponsored with another Broker Please complete Change of Sponsoring Broker Form.	<input type="checkbox"/> I/We have existing Issuer Sponsored Holdings Please forward copies of Issuer Sponsored Statements for conversion to CHESS.
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**Payment Method**

Yes, I would like the **sale proceeds to be directly deposited into the below bank account.** (Note: Bank transfers can take up to 48 hours.)

Name Account is held in \_\_\_\_\_

Name of Bank and Branch \_\_\_\_\_

BSB \_\_\_\_\_ Account Number \_\_\_\_\_

**Research Publications** - Please tick below if you would like to receive the following publications.

Morning Review (V)  Weekly Research (w)  Monthly Research (M)  Calendar of Events (u)  Quarterly Report (s)  Quarterly Portfolio (P)

**Electronic Delivery**

**Yes,** I would like to receive Confirmation Notes, Client Transaction Statements, Portfolio Up-dates, Research and Sponsored Holding Summaries by way of email and I understand that I will not receive a copy of Confirmation Notes in the post. Please Note: If email address is not provided then all Confirmation Notes will be sent via the Post.

I acknowledge that the conditions set out below apply to electronic Contract notes.  
 (i) the Rules, customs and usages of the Australian Stock Exchange, (ii) if the sale or purchase is in relation to CHESS Approved Securities, the ASTC Settlement Rules; and (iii) the corrections of errors and omissions. (iv) the ASX reserves the right to cancel any trade for the purpose of maintaining a fair, orderly and transparent market without client consent.

**No,** Please continue to mail all correspondence and only update your system with the below email addresses for contact purposes.

**Primary Email Address**  
 The original Confirmation Note will be emailed to this address. \_\_\_\_\_ WK HME

**Email Address for copy 1** \_\_\_\_\_ HME2

**Email Address for copy 2** \_\_\_\_\_ HME3

**Email Address for copy 3** \_\_\_\_\_ HME4

## Execution by the Client

I / We hereby confirm that I / we have received, read and understood the Terms and Conditions.  
I / We also confirm that we have read and understood the Privacy Brochure.

The Terms and Conditions attached to this Application form part of and are incorporated into this Application and the Clients(s) agree to be bound by the Terms and Conditions.




### Warning Regarding Insufficient Information

If you do not provide the above financial and investment information to DJ Carmichael & Co, you agree your adviser has made reasonable inquiries to obtain this information and that, as a result of not providing this personal information, all personal securities recommendations are limited accordingly and may not be appropriate for your investment objectives, financial situation and particular needs.

Before signing please refer to our Terms & Conditions and Privacy Agreement. You may request a copy of either document or access both documents on our website via [www.djcarmichael.com.au](http://www.djcarmichael.com.au).

Note: Only legal entities are allowed to hold securities. Application Forms must be in the name(s) of a natural person(s), companies or other legal entities acceptable to the Company. At least one full given name and the surname is required for each natural person. Application Forms cannot be completed by persons under 18 years of age.

### Individual or Joint Account – Please sign below




	_____	_____	_____
	Signature of Investor 1	Date	Full Name of Investor 1 (Please print)
	_____	_____	_____
	Signature of Investor 2	Date	Full Name of Investor 2 (Please print)
	_____	_____	_____
	Signature of Investor 3	Date	Full Name of Investor 3 (Please print)

### Company Account – Please sign below

Executed by \_\_\_\_\_ Insert Company Name.

Executed In accordance with Section 127 of the Corporations Act 2001

Please indicate which type of Company. (Please tick)     Sole Director     Two or more Directors

	_____	_____	_____
	Signature of Director 1	Date	Full Name of Director 1 (Please print)
	_____	_____	_____
	Signature of Director 2 / Secretary **	Date	Full Name of Director 2 / Secretary ** (Please print) ** Please delete which ever is not applicable.
	_____	_____	_____
	Signature of Director 3	Date	Full Name of Director 3 (Please print)

Please attach a clear copy of **CERTIFIED IDENTIFICATION** with a specimen signature (Drivers Licence or Passport) for all applicants listed on this account, (including Directors if Account is in a Company name).

Note: Additional documentation may be required depending on the account that you are establishing please ensure you read the checklist for your account type thoroughly and attach all required documents so there is no delay in establishing your account

**DJC Office Use Only: Execution by DJ Carmichael Pty Limited**  
(A.B.N 26 003 058 857), Signed for DJ Carmichael Pty Limited by

Date    /    /



## Anti Money Laundering (AML) Checklist - Attaching Documents For Trading Accounts

This checklist has been provided to ensure you submit correct attaching documentation to confirm your trading account details in accordance with Anti Money Laundering (AML) requirements. Failure to provide the correct documentation may cause delays in processing of your Account Application.

### Individual/Joint Account

Refer to AML ID Requirement Checklist for details of Acceptable ID combinations for Account Holder/s

### Individual/Joint Account with a Trust or Superfund Designation

Refer to AML ID Requirement Checklist for details of Acceptable ID combinations for Account Holder/s

**In addition to ID you will need to provide the following to identify the Trust :**

Certified Copy of Front page/s of Trust or Superfund Deed that confirm the Trustees as well as the name of the Trust

Certified Copy of the Execution Page of the Trust Deed that reconfirms the Trustees etc

### Individual/Joint Account + Minor Designation (child under 18)

Refer to AML ID Requirement Checklist for details of Acceptable ID combinations for Account Holder/s

**In addition to ID for the Account Holder you will need to provide the following to identify the Minor :**

Certified Copy of Birth Certificate (Australian or Foreign) or Certified Copy of Birth Extract (Australian Only)

Or a Notice from school principal that contains the name and residential address of the person and records the length of time that the person attended at the school

### Company Account (Domestic registered with ASIC)

Refer to AML ID Requirement Checklist for details of Acceptable ID combinations for Director/s of the company

Certified Copy of Certificate of Incorporation

Copy of ASIC Annual Statement to allow us to confirm The Directors, Registered Address etc (this is available online via ASIC)

### Company Account + Trust or Superfund Designation (Domestic registered with ASIC)

Refer to AML ID Requirement Checklist for details of Acceptable ID combinations for Director/s of the company

Certified Copy of Certificate of Incorporation

Copy of ASIC Annual Statement to allow us to confirm The Directors, Registered Address etc (this is available online via ASIC)

**In addition to the above for the Company you will need to provide the following to identify the Trust :**

Certified Copy of Front page/s of Trust or Superfund Deed that confirm the Trustees as well as the name of the Trust

Certified Copy of the Execution Page of the Trust Deed that reconfirms the Trustees etc

#### Change of Name

Original Certified Copy of marriage certificate, Certified copy of deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office

#### Signing on Behalf of an Applicant

Original Certified Copy of Guardianship Papers or Power of Attorney (POA). NB – Please ensure that you execute all agreements as signing under POA.

#### Deceased Estate

Original Certified copy of Death Certificate, plus either Original Certified Copy of Will or Original Certified Copy of Probate or Letters of Administration. Other documents may be required in accordance with the Estate, please contact our office if you require assistance relating to an Estate you are administering.



**DJ CARMICHAEL PTY LIMITED**

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Note: All our forms, Privacy Agreement and Terms and Conditions  
can be downloaded from our website.

