

ANTI - MONEY LAUNDERING OBLIGATIONS

Proprietary Company Supplementary AML Form

Full Name of Client: _____

Principal Place of Business: _____

Account Number: _____ Client ID Number: _____

Due to AML changes taking place as of 1st January 2016, we need to understand the nature and purpose of your relationship with PhillipCapital / Amscot. In order to do that, we need to ask you a few additional questions:

Please tell us the nature of the business? _____

Please tell us the purpose of the Account? (Please tick one or more):

Savings	Income	Growth	Business Accounts	Retirement	Normal course of Business	Other – Please Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please advise the source of the funds? (Please tick one or more):

Investment	Savings	Inheritance	Asset sale	Superannuation	Normal course of Business	Other – Please Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do any individuals ultimately own 25% or more of the company's issued share capital through direct or indirect shareholdings? If Yes; are the Directors the beneficiaries?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If No:

Beneficial Owner 1

Beneficial Owner 2

Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Role relating to the company:		Role relating to the company:	
Address Line 1:		Address Line 1:	
Address Line 2:		Address Line 2:	

Beneficial Owner 3

Full Name:	
Date of Birth:	
Role relating to the company:	
Address Line 1:	
Address Line 2:	

Beneficial Owner 4

Full Name:	
Date of Birth:	
Role relating to the company:	
Address Line 1:	
Address Line 2:	

Please note this information is collected, used and disclosed in accordance with our privacy policy, which includes details about how you may request to access and correct any information that we hold about you. This policy is publicly available at our website: www.amscot.com.au.

For Each Director and for Each Beneficial Owner that is not a Director, we will require an ID check and a PEPs check.

For Amscot Internal Use Only:

PEP –

Yes	No

ID Check –

Yes	No

Amscot Representative: _____ Recorded Line number: _____

Date: _____ Time: _____