

ANTI - MONEY LAUNDERING OBLIGATIONS Individual Supplementary AML Form

Please complete one form for each Individual

Full Name of Client: _____

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 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"/>

Are you a US Citizen or a resident of the US for tax purposes?

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

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 Amscot Internal Use Only:

PEP –

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

ID Check –

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

Amscot Representative: _____ Recorded Line number: _____

Date: _____ Time: _____