



# BT Customer Identification and Verification Form Partnerships & Partners

## SECTION 1: PARTNERSHIP IDENTIFICATION PROCEDURE (MANDATORY)

### 1.1 GENERAL INFORMATION

Full name of partnership

Registered business name of partnership (if any)

Full business, trading or other name(s) under which the customer carries on their business (if any)

ABN (if any)

State/Territory, country (if not established in Australia) where partnership established

Date of establishment (DD/MM/YYYY)

Full address of the partnerships principal place of business (not a PO Box)

State

Postcode

Country, if not Australia

Industry

### 1.2 TYPE OF PARTNERSHIP (whether partnership is regulated by a professional association and if so, provide the information requested)

Is the partnership regulated by a professional association? *If Yes, provide details below.*

Yes

No

Provide name of association

Provide membership details e.g. member number

### 1.3 BENEFICIAL OWNERSHIP

Are there any individuals who ultimately own 25% or more of the partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights of the partnership, including power of veto?

Yes (complete 1.3.1)

No (complete 1.3.2)

#### 1.3.1 BENEFICIAL OWNERS

Provide the names of the individuals who ultimately own 25% or more of the partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights, including power of veto.

**Complete a separate individual customer ID form for each of these individuals.**

Full given name(s) Surname

| Full given name(s) | Surname |
|--------------------|---------|
| 1.                 |         |
| 2.                 |         |
| 3.                 |         |
| 4.                 |         |

*If there are more Beneficial Owners, provide details on a separate sheet and tick this box.*

*If Beneficial Owner name/s are provided above, proceed to section 1.4.*

#### 1.3.2 OTHER BENEFICIAL OWNERS

If there are no individuals who meet the requirement of 1.3.1, provide the names of the individuals who directly or indirectly control\* the partnership.

*\* Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices. If no such person can be identified then the most senior managing official/s of the partnership (such as the Managing Partner or Senior Managing Official).*

**Complete a separate individual customer ID form for each of these individuals.**

Full given name(s) Surname

|    |  |
|----|--|
| 1. |  |
|----|--|

Role (such as managing senior partner)

Full given name(s) Surname

|    |  |
|----|--|
| 2. |  |
|----|--|

Role (such as managing senior partner)

*If there are more Other Beneficial Owners, provide details on a separate sheet and tick this box.*



**1.4 PARTNERSHIP DETAILS – REGULATED PARTNERSHIPS**

Provide the name of one Partner and complete a separate ID form for them (unless they have already provided a customer ID form in section 1.3).

**Individual Partner**

Full given name(s) Surname

|  |  |
|--|--|
|  |  |
|--|--|

**Non-individual Partner**

Registered Business name

|  |
|--|
|  |
|--|

**1.5 PARTNERSHIP DETAILS – PARTNERSHIPS NOT REGULATED BY A PROFESSIONAL ASSOCIATION**

Provide the names of ALL Partners and complete a separate ID form for them (unless they have already provided a customer ID form in section 1.3).

**Individual Partner(s)**

Full given name(s) Surname

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**Non-individual Partner(s)**

Registered Business name

|  |
|--|
|  |
|  |
|  |
|  |

If there are more Partners, provide details on a separate sheet and tick this box.

**SECTION 2: TAX INFORMATION (MANDATORY)**

Are you a resident of a country other than Australia for tax purposes?

- Yes (complete section 2)
- No (proceed to section 3)

Provide country/ies outside of Australia in which the partnership is a resident for tax purposes and country's associated Tax Identification Number (TIN)\*

*\* A TIN is an identifying number or equivalent used for tax purposes. If a 'TIN' is not available, please specify the reason against the appropriate country.*

Note: If the partnership has more than 3 countries in which it is a tax resident, please provide the details on a separate paper.

Country 1

|  |
|--|
|  |
|--|

Foreign TIN 1

|  |
|--|
|  |
|--|

Reason (if TIN not applicable)

- Foreign TIN not issued by this country
- Foreign TIN pending issue by the country's tax authority

Country 2

|  |
|--|
|  |
|--|

Foreign TIN 2

|  |
|--|
|  |
|--|

Reason (if TIN not applicable)

- Foreign TIN not issued by this country
- Foreign TIN pending issue by the country's tax authority

Country 3

|  |
|--|
|  |
|--|

Foreign TIN 3

|  |
|--|
|  |
|--|

Reason (if TIN not applicable)

- Foreign TIN not issued by this country
- Foreign TIN pending issue by the country's tax authority



### SECTION 3: ADDITIONAL INFORMATION (MANDATORY)

#### 3.1 SOURCE OF FUNDS

This refers to where your funds came from in regard to deposits into the account. Please note you may have multiple sources of funds. Please indicate all sources of funds below.

- |  |   |
|--|---|
| <input type="checkbox"/> Commission                          | <input type="checkbox"/> Bonus                    |
| <input type="checkbox"/> Business income                     | <input type="checkbox"/> Business profits         |
| <input type="checkbox"/> Investment income                   | <input type="checkbox"/> Corporate investments    |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Loan                     |
| <input type="checkbox"/> Capital injection                   | <input type="checkbox"/> Insurance payment        |
| <input type="checkbox"/> Government grant                    | <input type="checkbox"/> Sale of assets           |
| <input type="checkbox"/> Liquidation of assets               | <input type="checkbox"/> Mergers and acquisitions |
| <input type="checkbox"/> Gift/Donation                       | <input type="checkbox"/> Controlled money account |
| <input type="checkbox"/> Tax refund                          | <input type="checkbox"/> Compensation payment     |
| <input type="checkbox"/> Additional sources (please specify) |   |

#### 3.2 SOURCE OF WEALTH

This refers to where or how you have built your net worth. Please note that you may have multiple sources of wealth. Please indicate all sources of wealth below.

- |  |   |
|--|---|
| <input type="checkbox"/> Business income                     | <input type="checkbox"/> Business profits         |
| <input type="checkbox"/> Investment income                   | <input type="checkbox"/> Corporate investments    |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Insurance payment        |
| <input type="checkbox"/> Owns property                       | <input type="checkbox"/> Compensation payment     |
| <input type="checkbox"/> Sale of assets                      | <input type="checkbox"/> Liquidation of assets    |
| <input type="checkbox"/> Gift/Donation                       | <input type="checkbox"/> Mergers and acquisitions |
| <input type="checkbox"/> None                                | <input type="checkbox"/> Controlled money account |
| <input type="checkbox"/> Additional sources (please specify) |   |

### SECTION 4: PARTNERSHIP VERIFICATION PROCEDURE (MANDATORY)

#### Partnership verification procedure

##### Information to be verified:

- Complete Part I (for all partnerships) and
- Complete Part II (if the partnership is regulated by a professional association).

#### PART I – ACCEPTABLE ID DOCUMENTS – to verify partnership name

| Tick                     | Verification options (select one of the following options used to verify the Partnership)   |
|--------------------------|---|
| <input type="checkbox"/> | An original, a certified copy or certified extract of the partnership agreement.*   |
| <input type="checkbox"/> | A certified copy or a certified extract of minutes of a partnership meeting.*   |
| <input type="checkbox"/> | An original current membership certificate (or equivalent) of a professional association.*  |
| <input type="checkbox"/> | Membership details independently sourced from the relevant professional association.*   |
| <input type="checkbox"/> | A search of the relevant ASIC, government or other regulator's database (such as ABN lookup).   |
| <input type="checkbox"/> | A notice issued by the Australian Taxation Office within the last 12 months e.g. Notice of Assessment.<br><i>Block out the TFN before scanning, copying or storing this document.</i> |
| <input type="checkbox"/> | An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.*  |

#### PART II – ACCEPTABLE ID DOCUMENTS – to verify membership of a professional association

| Tick                     | Verification options (select one of the following options used to verify the Partnership) |
|--------------------------|---|
| <input type="checkbox"/> | An original current membership certificate (or equivalent).*                              |
| <input type="checkbox"/> | Membership details independently sourced from the relevant association.*                  |

\* Documents that are written in a language that is not English must be accompanied by an English translation prepared by National Accreditation Authority for Translators and Interpreters (NAATI) translator.

#### IMPORTANT NOTE:

- Ensure that individual customer ID Forms have been provided for EACH of the Partnership's Beneficial Owners and Partners.
- Ensure that a customer ID Form has been provided for ONE of the Partners if the Partnership is regulated. If the Partnership is unregulated, ensure a customer ID form has been provided for all Partners.
- Attach a legible certified copy of the ID documentation used to verify the partnership and selected partner/s (and any required translation).



**SECTION 5: CUSTOMER DECLARATION (MANDATORY)**

I declare that to the best of my knowledge the information I have provided above is true and correct as at the date of this document. I understand that it is an offence to knowingly give false or misleading information or knowingly produce a false or misleading document under the *Anti-Money Laundering and Counter Terrorism Financing Act 2006*, and the *Tax Laws Amendment (Implementation of the Common Reporting Standards) Act 2016*.

Full name

Position held

Signature of authorised person

Date (DD/MM/YYYY)

**SECTION 6: RECORD OF VERIFICATION PROCEDURE (OFFICE USE ONLY)**

| ID Document details            | Document 1   |
|--------------------------------|--|
| Verified form                  | <input type="checkbox"/> Performed search <input type="checkbox"/> Original<br><input type="checkbox"/> Certified copy |
| Document issuer/website        |  |
| Issue date                     | / /  |
| Document number                |  |
| Accredited English translation | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted  |

| ID Document details            | Document 2 (if required)   |
|--------------------------------|--|
| Verified form                  | <input type="checkbox"/> Performed search <input type="checkbox"/> Original<br><input type="checkbox"/> Certified copy |
| Document issuer/website        |  |
| Issue date                     | / /  |
| Document number                |  |
| Accredited English translation | <input type="checkbox"/> N/A <input type="checkbox"/> Sighted  |

**By completing and signing this Record of Verification Procedure I declare that:**

An identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative:

- Individual Customer ID Forms have been provided for all of the Partnership's Beneficial Owners;
- Customer ID Forms have been provided for one of the Partners; and
- The foreign tax information provided is reasonable considering the documentation provided.

AFS Licensee name (if applicable)

AFSL number (if applicable)

Representative/Employee name and Staff ID

Phone number

Signature

Date (DD/MM/YYYY)



## APPENDIX A: PROOF OF IDENTIFICATION

### A. HOW TO CERTIFY YOUR IDENTITY DOCUMENTS

#### The documents applicable to you can be certified by either:

- Your financial adviser – where they have introduced you to BT, have an AFSL and 2 or more continuous years of service with one or more licensees. Your financial adviser must complete the appropriate Identification Form and attach it to your Application together with the original certified identification documents.
- Any other eligible certifier as listed in this Section. An original certified copy is a document that has been certified as a true copy of an original document.

#### To certify an identity document:

- Take the original identity document and a photocopy to one of the people listed below (eligible certifiers) and ask them to certify that the photocopy is a true and correct copy of the original document.
- That person will need to print their name, date and qualification/occupation which makes them an eligible certifier on the photocopy.
- The certifier must also include the following statement on the photocopy 'I certify that this is a true copy of the original document'.
- Photocopies of certified documents will not be accepted.
- The original signature of the certifier must be visible.

### LIST OF ELIGIBLE PERSONS WHO CAN CERTIFY YOUR IDENTITY DOCUMENTS

The following people can certify your identification documents, for a complete list of people who can certify your identification documents please refer to our website [www.bt.com.au/personal/help/how-to-certify-id.html](http://www.bt.com.au/personal/help/how-to-certify-id.html)

#### Note:

- Customers can use certifiers in categories 1 to 17 where the certifier is an officer who holds these positions within Australia; or
- Where the certifier does not meet the above criteria, ONLY certifiers in category 11, 12 or 13 may be used.
  1. 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).
  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 an office 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 (within the meaning of the *Consular Fees Act 1955*)
  12. A bank or building society officer with 2 or more years continuous years of service (includes acceptable international bank)
  13. A finance company officer with 2 or more continuous years of service (includes acceptable international bank)
  14. An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees

15. A member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants.
16. A Commissioner for Declarations
17. A Commissioner for Affidavits

