

Due Diligence Form

Foreign Company

Please complete neatly in BLOCK LETTERS

OFFICE USE ONLY

NEW CHANGE OF DETAILS

ACCOUNT NUMBER:

CHECKED BY:

SECTION ONE – COMPANY DETAILS

FULL NAME OF COMPANY

BUSINESS / TRADING NAME (IF ANY)

INDUSTRY (main product or service provided by the company)

COUNTRY OF INCORPORATION / REGISTRATION

PHONE (including country code)

EMAIL

WEBSITE

TO YOUR KNOWLEDGE, IS ANY PERSON ASSOCIATED WITH THE COMPANY A POLITICALLY EXPOSED PERSON?

YES

NO

If 'yes', provide details

PRINCIPAL PLACE OF BUSINESS OR AGENT'S ADDRESS IN AUSTRALIA

If the company is registered with ASIC, provide the address registered with ASIC. If not, provide the company's primary principal place of business in the country of incorporation / registration

STREET

CITY / TOWN

STATE

POSTCODE

COUNTRY

REGISTERED OFFICE ADDRESS

If the company is registered with ASIC, provide the address registered with ASIC. If not, provide the company's registered overseas office address (if applicable)

STREET

CITY / TOWN

STATE

POSTCODE

COUNTRY

SECTION TWO – REGISTRATION DETAILS

IS THE COMPANY REGISTERED WITH A FOREIGN REGISTRATION BODY?

YES

NO

If 'yes', Name of foreign registration body

Registration number (if applicable)

IS THE COMPANY REGISTERED WITH ASIC?

YES

NO

If 'yes', Australian Registered Business Number (ARBN)

Name of agent in Australia (if applicable)



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SECTION THREE – SHAREHOLDERS

PROVIDE DETAILS OF ANY PERSONS WHO OWN 25% OR MORE OF THE COMPANY’S SHARES, EITHER DIRECTLY OR INDIRECTLY (I.E. VIA A COMPANY SHAREHOLDER).

IF THERE ARE NO SHAREHOLDERS WHO OWN 25% OR MORE OF THE COMPANY’S SHARES, SKIP TO SECTION 4 – KEY DECISION MAKERS

SHAREHOLDER #1	TOTAL % OF SHARES HELD:	<input type="text"/>		
FULL NAME	<input type="text"/>		DATE OF BIRTH	
<input type="text"/>				
CURRENT RESIDENTIAL ADDRESS (NO POSTAL ADDRESSES OR PO BOXES)				
<input type="text"/>				
CITY / TOWN	STATE	POSTCODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SHAREHOLDER #2	TOTAL % OF SHARES HELD:	<input type="text"/>		
FULL NAME	<input type="text"/>		DATE OF BIRTH	
<input type="text"/>				
CURRENT RESIDENTIAL ADDRESS (NO POSTAL ADDRESSES OR PO BOXES)				
<input type="text"/>				
CITY / TOWN	STATE	POSTCODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SHAREHOLDER #3	TOTAL % OF SHARES HELD:	<input type="text"/>		
FULL NAME	<input type="text"/>		DATE OF BIRTH	
<input type="text"/>				
CURRENT RESIDENTIAL ADDRESS (NO POSTAL ADDRESSES OR PO BOXES)				
<input type="text"/>				
CITY / TOWN	STATE	POSTCODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SHAREHOLDER #4	TOTAL % OF SHARES HELD:	<input type="text"/>		
FULL NAME	<input type="text"/>		DATE OF BIRTH	
<input type="text"/>				
CURRENT RESIDENTIAL ADDRESS (NO POSTAL ADDRESSES OR PO BOXES)				
<input type="text"/>				
CITY / TOWN	STATE	POSTCODE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION FOUR – KEY DECISION MAKERS

IF THERE ARE NO INDIVIDUALS WHO OWN 25% OR MORE OF THE COMPANY'S SHARES DIRECTLY OR INDIRECTLY, PROVIDE DETAILS OF ANY PERSONS WHO DIRECTLY OR INDIRECTLY CONTROL THE COMPANY.

THIS CAN BE BUT IS NOT LIMITED TO PERSONS WITH 25% VOTING RIGHTS OR POWER OF VETO EITHER DIRECTLY OR VIA AGREEMENTS. IF THERE ARE NO OTHER PERSONS IDENTIFIED WHO CONTROL THE COMPANY, PROVIDE DETAILS OF ANY EXECUTIVES OR SENIOR MANAGING OFFICIALS WHO CAN SIGN ON THE COMPANY'S BEHALF

DECISION MAKER #

ROLE:

FULL NAME

DATE OF BIRTH

CURRENT RESIDENTIAL ADDRESS (NO POSTAL ADDRESSES OR PO BOXES)

CITY / TOWN

STATE

POSTCODE

COUNTRY

DECISION MAKER #

ROLE:

FULL NAME

DATE OF BIRTH

CURRENT RESIDENTIAL ADDRESS (NO POSTAL ADDRESSES OR PO BOXES)

CITY / TOWN

STATE

POSTCODE

COUNTRY

SECTION FIVE – DIRECTORS

WHAT TYPE OF COMPANY IS THE COMPANY?

PRIVATE (Name contains 'PTY' or 'Propriety')

PUBLIC

IF THE COMPANY IS A PRIVATE COMPANY, list the full names of each Director

ARE THERE MORE KEY DECISION MAKERS OR DIRECTORS?

YES

NO

If 'yes', list additional beneficial owners / Directors on a separate copy of this page



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SECTION SIX – DECLARATION

AS AUTHORISED REPRESENTATIVE OF THE COMPANY, YOU

- confirm and warrant that all the information, including the identification material, provided in this form is true, valid and correct; and
- that The Perth Mint will rely on the information to review the customers application; and,
- warrant that you have the authority to consent to the disclosure of the personal information of any third party individual as required and provided in accordance with this form.
- confirm that you have reviewed and accept The Perth Mint's Terms and Conditions (available at <https://www.perthmint.com/terms-and-conditions/>)

Information provided to The Perth Mint for the purposes of this due diligence will be held as per The Perth Mint Privacy Policy. This information is being gathered to comply with a legal obligation placed upon us. For more information on the purposes of collection, please read our Know Your Customer (KYC) Collection Notice (our collection notices and The Perth Mint Privacy Policy are available at <https://perthmint.com/privacy-policy/>). If you have questions about our privacy policy or how we handle your information, please contact us at privacyofficer@perthmint.com.

FULL NAME		DATE OF BIRTH	
<input type="text"/>		<input type="text"/>	
POSITION	PHONE (including area code)	PRIMARY EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CURRENT RESIDENTIAL ADDRESS (NO POSTAL ADDRESSES OR PO BOXES)			
<input type="text"/>			
CITY / TOWN	STATE	POSTCODE	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE	COMPANY STAMP (IF APPLICABLE)		
<input type="text"/>	<input type="text"/>		
DATE	<input type="text"/>		

SECTION SEVEN – IDENTIFICATION

Only after we are satisfied that proof of your identity has been established and the validation procedure has been completed will we be able to validate your account for bullion transactions.

When lodging this form, please provide the following documents:

- Certified copy of the ASIC company statement or equivalent foreign body registration document.
- For the authorised representative and each shareholder or decision maker:
 - a certified copy of a driver's licence, passport or national ID card showing the person's signature and photograph; and
 - if the photographic identification doesn't show their current residential address, a utility bill or government notice showing their current residential address.

All documentation provided must be current. If any documentation is in a language other than English, it must be accompanied by an English translation prepared by an accredited translator.

A certified copy means a document that has been certified as a true copy of the original document by an individual who is authorised to do so

For Australian customers, certification/notarisation is acceptable by the following:

- Legal Practitioner (including lawyers, judges, magistrates, registrar of a court)
- Medical Practitioner
- Pharmacist
- Justice of the Peace
- Notary Public
- Commissioner of Declarations
- Commissioner of Affidavits
- Police Officer
- Member of a professional accounting body
- Australian Consular Official
- An authorised representative of a financial institution

For overseas customers, certification/notarisation is acceptable by the following:

- Commissioner for Oaths
- Justice of the Peace
- Notary Public



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