



# goldfields

M O N E Y

Date:

Client ID No:


## PERSONAL CUSTOMER APPLICATION FORM

### INDIVIDUAL OR JOINT PERSONS

	Title	Surname	Given Names	Citizenship
1				
2				
3				
4				

	Dates of Birth	Drivers Lic No	Exp Date	Occupation	F/T P/T Cas U/E
1					
2					
3					
4					

CURRENT RESIDENTIAL ADDRESS	How long there?

CURRENT POSTAL ADDRESS	How long there?

PREVIOUS RESIDENTIAL ADDRESS	How long there?

### PHONE & CONTACT DETAILS

Work:	Mob:
Home:	Email:

### METHOD OF OPERATION

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# PERSONAL CUSTOMER APPLICATION FORM

## CUSTOMER DECLARATION

I/We hereby apply to open an account with Goldfields Money Limited (Goldfields Money) and, subject to the following terms, to become a customer of Goldfields Money. I/We acknowledge and agree that, subject to the following terms, upon becoming a customer of Goldfields Money:

I/we will be bound by the constitution of Goldfields Money Limited, as amended from time to time; and

I/We understand that collection of my Tax File Number(TFN) or Exemption is authorised and their use and disclosure are strictly regulated by the law and the Privacy Act 1988 (Cth). I/We understand that quoting my TFN is not compulsory but failing to do so may result in withholding tax being deducted from my interest earned. I/We understand that my TFN will be applied to all accounts under this Client ID unless I/We specifically request otherwise. The Australian Taxation Office(ATO) has specific laws on Savings and Investment accounts in regard to TFN and this information can be obtained from the ATO.

I/We understand that Goldfields Money will collect personal information from me as required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006(Cth)(AML/CTF Act) and that it may take steps to verify the information it has collected. I/We consent to the collection, use, handling, disclosure and verification of information provided as required by the AML/CTF Act.

I/We understand that if I/we provide Goldfields Money with incomplete or inaccurate information that Goldfields Money may not be able to provide me/us with the products and/or services I/we are seeking.

I/We believe the above details to be true and correct.

I/We acknowledge it is an offence under the AML/CTF Act to give false and misleading information.

I/We acknowledge that I/we have been provided with all disclosure documents (including Goldfields Money Product Disclosure Statement and Goldfields Money Financial Service Guide) in relation to products and services sought in this application to become a customer of Goldfields Money Limited.

## SIGNED AS A DEED BY THE FOLLOWING SIGNATORIES TO ACCOUNT:

1	Title	Surname	Given Names	Signature	Client ID No.
	Name of Witness			Signature of Witness	
2	Title	Surname	Given Names	Signature	Client ID No.
	Name of Witness			Signature of Witness	
3	Title	Surname	Given Names	Signature	Client ID No.
	Name of Witness			Signature of Witness	
4	Title	Surname	Given Names	Signature	Client ID No.
	Name of Witness			Signature of Witness	

## AML COMPLIANCE CHECKLIST

Dated	Verified by AML/CTF Compliance Officer
KYC Comp	