



# goldfields

M O N E Y

Date:

Client ID No:


## NON-PERSONAL CUSTOMER APPLICATION FORM

PARTNERSHIP / COMPANY / TRUST / SUPERANNUATION FUND / INCORPORATED BODY / ASSOCIATION, CLUB ETC.

FULL NAME


A.C.N.

A.B.N.

REGISTERED ADDRESS


BUSINESS ADDRESS


POSTAL ADDRESS


PHONE & CONTACT DETAILS

Contact Person:

Business Phone:

Business Fax:

Business Email:

Mobile:

METHOD OF OPERATION


CHEQUE BOOK REQUIRED?

SIZE?

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# NON-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 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 relations 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:

Position	Surname	Given Names	Signature
	Name of Witness		Authorised Signatory Client ID No.
	Signature of Witness		
Position	Surname	Given Names	Signature
	Name of Witness		Authorised Signatory Client ID No.
Position	Surname	Given Names	Signature
	Name of Witness		Authorised Signatory Client ID No.
Position	Surname	Given Names	Signature
	Name of Witness		Authorised Signatory Client ID No.

## AML COMPLIANCE CHECKLIST

Dated	Verified by AML/CTF Compliance Officer
KYC Comp	

**Banking on Better Service**