

Verification of Identity - Company

COMPANY DETAILS				
Full name as registered with ASI	C:			
A CNI.		Desistand on Diseas ti		
ACN:		Registered as: Please tid		
Full address of registered office	(PO Box is not acceptable):	rophetary rul	blic Other	
r an address of registered office	(1 o box is flot deceptable).			
			Postcode:	
Full address of principal place of	f business in Australia (PO Box is not	acceptable):		
			Postcode:	
Mailing address:				
			Postcode:	
Is the Company regulated (licen	sed by Australian Commonwealth, S	State or Territory statutory req		
☐ No ☐ Yes - Please specify	Regulator name:		Licence details:	
DIRECTORS OF COMPANY	(for proprietary company	only)		
Full name of Director 1:	(101 proprietary company	, omy,		
Full name of Director 2:				
Full name of Director 3:				
Full name of Director 4:				
T dil fiame of Director 4.				
If there are more than four Directors attach additional page(s).				
SHADEHOI DEDS HOI DING	20% OR MORE OF THE ISSUE	D CADITAL OF A DDODDI	ETARY COMPANY	
(except regulated companies as		D CALITAL OF A TROTRI	LIANI COMIANI	
Full name of Shareholder 1:				
Residential address				
(PO Box is not acceptable):			Postcode:	
Full name of Shareholder 2:				
Residential address				
(PO Box is not acceptable):			Postcode:	
Full name of Shareholder 3:				
Residential address				
(PO Box is not acceptable):			Postcode:	
Full name of Shareholder 4:				
Residential address				
(PO Box is not acceptable):			Postcode:	

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DIRECTOR 1	DIRECTOR 2		
Name(s):	Name(s):		
Corporate title: (Please indicate - director/secretary/trustee - if applicable)	Corporate title: (Please indicate - director/secretary/trustee - if applicable)		
Signature	Signatura		
Signature: Date:	Signature: Date:		
/ /			
DIRECTOR 3	DIRECTOR 4		
Name(s):	Name(s):		
Corporate title: (Please indicate - director/secretary/trustee - if applicable)	Corporate title: (Please indicate - director/secretary/trustee - if applicable)		
Corporate title. (Flease indicate - director/secretary/trustee - ii applicable)	Corporate title. (Flease indicate - director/secretary/trustee - ii applicable)		
Signature:	Signature:		
Date:	Date:		
2000			
SHAREHOLDER 1	SHAREHOLDER 2		
Signature: Date:	Signature: Date:		
/ /			
SHAREHOLDER 3	SHAREHOLDER 4		
Signature:	Signature: Date:		
Date:	Date:		
, ,			
[PARTNER USE ONLY]			
Partner Name:	Company:		
Signature:			
Date: / /			
IDENTIFICATION DOCUMENTS			
Tick those that have been sighted and attach copies to this form.			
The existing customers are only required to provide Identification Docu	ments if the new loan security is located in Western Australia, South		
Australia or if requested.			
An ASIC Search			
An original or certified copy of the company's certificate of registrate	tion		
DOCUMENT DETAILS			
Document name:	Date of Issue:		
State/Country of issue:	Document Number:		
Document Expiry Date:			
/ /			
If the loan security is located in Western Australia or South Australia, plea:	se provide the following additional information		
Location Documents Verified:	Date Documents Verified:		
	/ /		

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