

Customer identification form

Registered co-operative

If you are not a registered co-operative, you must download and complete the relevant customer identification form from www.perpetual.com.au/customer-id

Alternatively, to order a form or if you have any questions, phone:
Investor Services 1800 022 033
Adviser Services 1800 062 725

If you have provided a customer identification form to Perpetual after 12 December 2007, then you do not need to complete another form unless your details have changed.

About this customer identification form

This form has been designed to meet Perpetual's obligations under the Anti-Money Laundering and Counter Terrorism Financing Act (2006) (AML Act) to identify our customers.

The AML Act regulates financial services and transactions in a way that is designed to detect and prevent money laundering and terrorism financing.

Under the AML Act, we are required to:

- verify your identity before providing services to you, and to re-identify you if we consider it necessary to do so
- where you supply documentation relating to your identity, keep a record of this documentation for seven years after the end of your relationship with Perpetual.

Checklist

You must complete the following steps to ensure your application is processed:

- complete ALL required sections in this customer identification form
- provide certified copies of document(s), as requested in this customer identification form, either to us or to your financial adviser
- enclose this completed form with your fully completed application form from the product disclosure statement and send to Perpetual.

Please note that we CANNOT process your application unless the information requested in this form has been provided.



**Customer identification form
Registered co-operative**

You are required to complete ALL fields in the relevant sections.

Please complete this form in black ink, using BLOCK LETTERS.

Section 1: Registered co-operative details

1.1 General information

Full name of registered co-operative

Provide ID number issued by relevant registration body (if any)

Full name of the following (or equivalent in each case):

Chairman/president

first name(s)

last name

Secretary

first name(s)

last name

Treasurer

first name(s)

last name

1.2 Address information (select ✓ and provide ONE of the following)

Principal place of operations (PO Box is NOT acceptable)

street

suburb

state

postcode

country

Registered office (PO Box is NOT acceptable)

street

suburb

state

postcode

country

Section 3: Record of verification procedure (Adviser use only)

This section is to be used by Advisers when a record of verification is provided, rather than certified copies of identity documentation.

ID document details	Document 1	Document 2
verified from	<input type="checkbox"/> original <input type="checkbox"/> certified copy	<input type="checkbox"/> original <input type="checkbox"/> certified copy
document name/type	<input type="text"/>	<input type="text"/>
document issuer	<input type="text"/>	<input type="text"/>
issue date	<input type="text"/>	<input type="text"/>
expiry date	<input type="text"/>	<input type="text"/>
document number	<input type="text"/>	<input type="text"/>
accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> sighted	<input type="checkbox"/> N/A <input type="checkbox"/> sighted

By completing and signing this Record of Verification Procedure I declare that I have verified the identity of the Customer as required by AML/CTF Rules and that this identification procedure has been performed by an AFSL holder or an authorised representative of an AFSL holder.

AFS licensee name	<input type="text"/>	AFSL number	<input type="text"/>
representative/employee name	<input type="text"/>	phone number	<input type="text"/>
signature	<input type="text"/>	date verification completed	<input type="text"/>