Due Diligence Form

Australian Company Please complete neatly in BLOCK LETTERS						ACCOUNT NUMBER: CHECKED BY:			
	CHECKED BY:								
SECTION ONE – COMPANY DETAILS									
FULL NAME OF	COMPANY								
BUSINESS / TRA	ADING NAME (IF ANY)								
DOSINESS / TIME	ionid will (ii /iiii)								
INDUSTRY (mai	n product or service provide	ed by the company)		ACN					
REGISTERED OF	FFICE ADDRESS		PRINCIF	PAL PLAC	E OF BUSINESS (if di	ifferent)			
CITY / TOWN		STATE	CITY / T	OWN		STATE	Ξ		
POSTCODE	COUNTRY		POSTCO	DDE	COUNTRY				
PHONE (including	ng country code)	WEBSITE							
TO YOUR KNOW	NLEDGE, IS ANY PERSON A On?	ASSOCIATED WITH T	HE COMPA	NY A POI	LITICALLY	YES	NO		
If 'yes' , provide	details								
	NO – LISTING AND F NY LISTED ON AN AUSTRAL			YCHANG	<u>-</u>				
(SUCH AS ASX)		JAN I INANCIAL MA	IKKLI OK L	ACHANG	_	YES	NO		
If 'yes', provide i	name of market or exchange	2							
	NY A MAJORITY OWNED S LIAN FINANCIAL MARKET		MPANY LIS	TED		YES	NO		
If 'yes', provide name of company that holds majority ownership provide				rovide name of market or exchange					
	NY REGULATED BY AN AUS O ITS BUSINESS ACTIVIES C		IENT ORGA	NISATIO	N	YES	NO		
If 'yes' , provide r	egulator name (e.g. ACL, AFSL):	provide reg	gistration	number:				
IF YOU ANSWE	ERED 'YES' TO ANY OF TH	E ABOVE QUESTIO	NS, SKIP T	O SECTIO	ON FIVE - DIRECTO	RS			



OFFICE USE ONLY

CHANGE OF DETAILS

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	Т	OTAL % OF SHAR	ES HELD:	
FULL NAME	DATE OF BIRTH			
CURRENT RESIDENTIAL ADDRESS (NO POSTA	AL ADDRESSES OR I	PO BOXES)		
CITY / TOWN	STATE	POSTCODE	COUNTRY	
SHAREHOLDER #2	SHAREHOLDER #2 TOTAL % OF SHARES HELD:			
FULL NAME				DATE OF BIRTH
CURRENT RESIDENTIAL ADDRESS (NO POSTA	AL ADDRESSES OR I	PO BOXES)		
CITY / TOWN	STATE	POSTCODE	COUNTRY	
	_			
SHAREHOLDER #3	Т	OTAL % OF SHAR	ES HELD:	
SHAREHOLDER #3 FULL NAME	Т	OTAL % OF SHAR	ES HELD:	DATE OF BIRTH
	Т	OTAL % OF SHAR	ES HELD:	DATE OF BIRTH
			ES HELD:	DATE OF BIRTH
FULL NAME			ES HELD:	DATE OF BIRTH
FULL NAME			ES HELD:	DATE OF BIRTH
FULL NAME CURRENT RESIDENTIAL ADDRESS (NO POSTA	AL ADDRESSES OR I	PO BOXES)		DATE OF BIRTH
FULL NAME CURRENT RESIDENTIAL ADDRESS (NO POSTA	AL ADDRESSES OR I	PO BOXES)		DATE OF BIRTH
FULL NAME CURRENT RESIDENTIAL ADDRESS (NO POSTA CITY / TOWN	AL ADDRESSES OR I	PO BOXES) POSTCODE	COUNTRY	DATE OF BIRTH
FULL NAME CURRENT RESIDENTIAL ADDRESS (NO POSTA	AL ADDRESSES OR I	PO BOXES)	COUNTRY	DATE OF BIRTH
FULL NAME CURRENT RESIDENTIAL ADDRESS (NO POSTA CITY / TOWN	AL ADDRESSES OR I	PO BOXES) POSTCODE	COUNTRY	DATE OF BIRTH
FULL NAME CURRENT RESIDENTIAL ADDRESS (NO POSTA CITY / TOWN SHAREHOLDER #4	AL ADDRESSES OR I	PO BOXES) POSTCODE	COUNTRY	
FULL NAME CURRENT RESIDENTIAL ADDRESS (NO POSTA CITY / TOWN SHAREHOLDER #4	AL ADDRESSES OR I	PO BOXES) POSTCODE OTAL % OF SHAR	COUNTRY	
FULL NAME CURRENT RESIDENTIAL ADDRESS (NO POSTA CITY / TOWN SHAREHOLDER #4 FULL NAME	AL ADDRESSES OR I	PO BOXES) POSTCODE OTAL % OF SHAR	COUNTRY	
CURRENT RESIDENTIAL ADDRESS (NO POSTA CITY / TOWN SHAREHOLDER #4 FULL NAME CURRENT RESIDENTIAL ADDRESS (NO POSTA	AL ADDRESSES OR I	PO BOXES) POSTCODE OTAL % OF SHAR PO BOXES)	COUNTRY ES HELD:	
FULL NAME CURRENT RESIDENTIAL ADDRESS (NO POSTA CITY / TOWN SHAREHOLDER #4 FULL NAME	AL ADDRESSES OR I	PO BOXES) POSTCODE OTAL % OF SHAR	COUNTRY	



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 POSTA	AL ADDRESSES OR	PO BOXES)				
CITY / TOWN	STATE	POSTCODE	COUNTRY			
	JIAIL	TOSTCODE	COONTRI			
DECISION MAKER #	ROLE:					
FULL NAME				DATE OF BIRTH		
CURRENT RESIDENTIAL ADDRESS (NO POSTA	L ADDRESSES OR	PO BOXES)				
CITY / TOWN	STATE	POSTCODE	COUNTRY			
SECTION FIVE – DIRECTORS	'					
SECTION FIVE – DIRECTORS WHAT TYPE OF COMPANY IS THE COMPANY	?	PRIVATE (Nai	me contains	'PTY' or 'Propriety')	PU	BLIC
	L		me contains	'PTY' or 'Propriety')	PU	BLIC
WHAT TYPE OF COMPANY IS THE COMPANY	L		me contains	'PTY' or 'Propriety')	PU	BLIC
WHAT TYPE OF COMPANY IS THE COMPANY	L		me contains	'PTY' or 'Propriety')	PU	BLIC
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WHAT TYPE OF COMPANY IS THE COMPANY	L		me contains	'PTY' or 'Propriety')	PU	BLIC
WHAT TYPE OF COMPANY IS THE COMPANY	L		me contains	'PTY' or 'Propriety')	PU	BLIC
WHAT TYPE OF COMPANY IS THE COMPANY	L		me contains	'PTY' or 'Propriety')	PU	BLIC
WHAT TYPE OF COMPANY IS THE COMPANY	L		me contains	'PTY' or 'Propriety')	PU	BLIC
WHAT TYPE OF COMPANY IS THE COMPANY	L		me contains	'PTY' or 'Propriety')	PU	BLIC
WHAT TYPE OF COMPANY IS THE COMPANY	L		me contains	'PTY' or 'Propriety')	PU	BLIC
WHAT TYPE OF COMPANY IS THE COMPANY	L		me contains	'PTY' or 'Propriety')	PU	BLIC
WHAT TYPE OF COMPANY IS THE COMPANY, lis	t the full names of		me contains			
WHAT TYPE OF COMPANY IS THE COMPANY IF THE COMPANY IS A PRIVATE COMPANY, lis ARE THERE MORE KEY DECISION MAKERS O	t the full names of	each Director	me contains		YES	BLIC
WHAT TYPE OF COMPANY IS THE COMPANY, lis	t the full names of	each Director	me contains			BLIC



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 privacy-policy/. If

FULL NAME DATE OF BIRTH

POSITION	PHONE (including area code)	PRIMARY	EMAIL ADDRESS
CURRENT RESIDENTIAL ADDRESS	(NO POSTAL ADDRESSES OR F	PO BOXES)	
CITY / TOWN	STATE	POSTCODE	COUNTRY
SIGNATURE		COMPANY STA	MP (IF APPLICABLE)
DATE			

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

