				OFFICE USE ONLY		
Due Diligence Form						
Due Ding	gence F(NEW	CHANGE OF D	ETAILS
Eoroian Company	7			ACCOUNT NUMB	ER:	
Foreign Company						
Please complete neatly in BL	LOCK LETTERS			CHECKED BY:		
SECTION ONE - COMPANY	Y DETAILS					
FULL NAME OF COMPANY						
BUSINESS / TRADING NAME (IF AN	Y)					
INDUSTRY (main product or service	provided by the company)		COUNTRY C	F INCORPORATI	ON / REGISTI	RATION
PHONE (including country code) EN	MAIL	WEBSITE				
TO YOUR KNOWLEDGE, IS ANY PER EXPOSED PERSON?	RSON ASSOCIATED WITH TH	IE COMPAI	NY A POLITIO	CALLY	YES	NO
If 'yes', provide details						
PRINCIPAL PLACE OF BUSINESS OR AGENT'S ADDRESS IN AUSTRALIA If the company is registered with ASIC, provide the address registered with ASIC. If not, provide the company's primary principal place of business in the country of incorporation / registration					incipal	
STREET		CITY / TO	WN			
STATE	POSTCODE	COUNTRY	,			
REGISTERED OFFICE ADDRESS If the company is registered with ASIC office address (if applicable)	C, provide the address registe	ered with AS	SIC. If not, pro	ovide the compar	ny's registered	overseas
STREET		CITY / TO	WN			
STATE	POSTCODE	COUNTRY	,			
SECTION TWO – REGISTRA						
SECTION TWO REDISTRA	ATION DETAILS					
IS THE COMPANY REGISTERED WIT	TH A FOREIGN REGISTRATIO	N BODY?			YES	NO
If 'yes', Name of foreign registration be	ody	Registratior	n number (if a	pplicable)		
IS THE COMPANY REGISTERED WI					YES	NO
If 'yes', Australian Registered Business	s Number (ARBN)	Name of ag	gent in Austral	ia (if applicable)		

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



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 RESIDENTIA	L ADDRESS (NO POSTA	AL ADDRESSES OR	PO BOXES)			
CITY / TOWN		STATE	POSTCODE	COUNTRY		
DECISION MAKER #		ROLE:				
FULL NAME					DATE OF BIRTH	
CURRENT RESIDENTIA	L ADDRESS (NO POSTA	AL ADDRESSES OR	PO BOXES)			
CITY / TOWN		STATE	POSTCODE	COUNTRY		
SECTION FIVE - I	DIRECTORS					
WHAT TYPE OF COMPANY IS THE COMPANY? PRIVATE (Name contains 'PTY' or 'Propriety') PU				PUBLIC		
IF THE COMPANY IS A	PRIVATE COMPANY, lis	st the full names of	f each Director			
ARE THERE MORE KEY	DECISION MAKERS O	R DIRECTORS?			YES	NO
If 'yes', list additional beneficial owners / Directors on a separate copy of this page						



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;
- 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;
- agree that the information you provide to us will be maintained in accordance with The Perth Mint's Privacy Policy (available at www.perthmint.com/privacy-policy); and
- confirm that you have reviewed and accept The Perth Mint's Terms and Conditions (available at https://www.perthmint.com/terms-and-conditions/).

FULL NAME			I	DATE OF BIRTH
POSITION	PHONE (including area code)) PRIMARY I		ESS
CURRENT RESIDENTIAL ADDRESS	(NO POSTAL ADDRESSES OR	PO BOXES)		
CITY / TOWN	STATE	POSTCODE	COUNTRY	
SIGNATURE		COMPANY STAN	MP (IF APPLIC	ABLE)
DATE				
		L		

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:
- ^o 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, except for a passport which may be expired (but not cancelled) by no more than two years. 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

For overseas customers, certification/notarisation is acceptable by the following:

• Justice of the Peace

Commissioner for Oaths

- Commissioner of Declarations
- Commissioner of Affidavits
- Police Officer

Notary Public

- Member of a professional accounting body
- Australian Consular Official
- An authorised representative of a financial institution

