Due Diligence Form

SMSFs and Australian Regulated Trusts

Please complete neatly in BLOCK LETTERS

If your trust is not regulated by an Australian government department or is not based in Australia, please use the Unregulated Australian & Foreign Trusts form.

SECTION ONE - SMSF / TRUST DETAILS

FULL NAME OF TRUST INCLUDING TRUSTEE (e.g. John Smith ATF Smith Self-Managed Super Fund)

BUSINESS / TRA	DING NAME (IF ANY)		C	OUNTRY WHERE	TRUST WAS ESTA	BLISHED		
INDUSTRY (mair	n product or se	ervice linked t	o the trust, in mos	t cas	es this will be 'Fi	nance and investm	nents')		
RESIDENTIAL AD	DRESS / PRIN	ICIPAL PLACE	OF BUSINESS		POSTAL / REGIS	TERED OFFICE AD	DDRESS (if	[:] differe	nt)
CITY / TOWN			STATE		CITY / TOWN			STATE	
POSTCODE	COUNTRY				POSTCODE	COUNTRY			
PHONE (including	country code)	PRIMARY EN	AIL ADDRESS			WEBSITE			
TO YOUR KNOWLEDGE, IS ANY PERSON ASSOCIATED WITH THE TRUST A POLITICALLY EXPOSED PERSON?									
If 'yes', provide details									
SELECT THE TYP	E OF REGULA	TED TRUST BE	LOW (Select one l	box	only)				
SELF-MANAGED SUPER FUND (SMSF) Provide Australian Business Number (ABN) GOVERNMENT SUPERANNUATION FUND Provide name of legislation that establishes the fund MANAGED INVESTMENT SCHEME REGISTERED WITH AS Provide Australian Registered Scheme Number (ASRN)				ASI	c				
MANAGED INVESTMENT SCHEME THAT IS NOT REGISTERED WITH ASIC AND ONLY HAS WHOLESALE CUSTOMERS			RED						
Provide Australian Business Number (ABN) OTHER SUPERANNUATION FUND OR TRUST THAT IS REGULATED BY AN APPROVED AUSTRALIAN STATE, TERRITORY OR COMMONWEALTH REGULATOR (e.g. pooled superannuation trust or an approved deposit fund) Provide regulator name (e.g. ATO, APRA) Provide registration number						ORY OR			



OFFICE USE ONLY
NEW CHANGE OF DETAILS
ACCOUNT NUMBER:
CHECKED BY:

SECTION TWO - TRUSTEES

ARE ANY OF THE TRUSTEES OF THE TRUST A COMPANY?

YES - COMPANY NAME							
Complete a separate Company Due Diligence Form for the trustee company							
NO - ENTER DETAILS FOR AT LEAST ONE INDIVIDUAL TRUSTEE BELOW							
FULL NAME			DATE OF BIRTH				
CURRENT RESIDENTIAL ADDRESS (NO POSTAL ADDRESSES OR PO BOXES)							
CITY / TOWN	STATE	POSTCODE	COUNTRY				

SECTION THREE - DECLARATION

AS AUTHORISED REPRESENTATIVE OF THE TRUST, 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			D	ATE OF BIRTH			
POSITION	PHONE (including area code) PRIMARY E	EMAIL ADDRES	SS			
CURRENT RESIDENTIAL ADDRESS (NO POSTAL ADDRESSES OR PO BOXES)							
CITY / TOWN	STATE	POSTCODE	COUNTRY				
SIGNATURE		COMPANY STAN	MP (IF APPLICA	BLE)			
DATE							



SECTION FOUR - 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 trust deed.
- For any listed individual trustees and the authorised representative of the trust:
- o a certified copy of a driver's licence, passport or national ID card showing the person's signature and photograph; and
- o if the photographic identification doesn't show their current residential address address, an utility bill or government notice showing their current residential address.

If there is a company trustee, please also provide certified copies of the documents listed in the Company Due Diligence forms

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

- 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
- Notary Public
- Justice of the Peace

