



Morris and Watson Australia Pty Ltd

Precious Metal Refiners, Dealers, Fabricators, Casters
Chain Manufacturers and Distributors
ABN 66 690 162 198

AML/CTF (AUSTRAC) Client Information Form (Know Your Customer Form)

| SECTION 1 – STANDARD CLIENT INFORMATION | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|----------------------------------|----|
| CLIENT NAME: | | | | |
| CLIENT TYPE: (please tick) | <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> SOLE TRADER | <input type="checkbox"/> TRUSTEE | |
| | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> DOMESTIC COMPANY | | |
| SECTION 2 – CLIENT REGISTRATION INFORMATION | | | | |
| ABN: | | | ACN: | |
| SECTION 3 – RESPONSIBLE PERSON INFORMATION | | | | |
| <p><i>In this section please provide the details of the responsible person(s) in relation to the client. Responsible persons must be nominated as follows;</i></p> <p>Individual/Sole Trader: Who is engaging Morris and Watson Pty Ltd to undertake the designated service; Domestic Company: Each individual Director of the company is registered as a propriety company; Trustees: One of the individual Trustees or Beneficiaries (if the trust comprises or individuals); Partnership: Each individual member of the partnership</p> | | | | |
| PERSON ONE | | | | |
| TITLE: | MR / MRS / MS / MISS / OTHER (SPECIFY): | | | |
| FULL NAME: | | | | |
| DATE OF BIRTH: | | PHONE: | | |
| RESIDENTIAL ADDRESS: | | | | |
| PERSON TWO | | | | |
| TITLE: | MR / MRS / MS / MISS / OTHER (SPECIFY): | | | |
| FULL NAME: | | | | |
| DATE OF BIRTH: | | PHONE: | | |
| RESIDENTIAL ADDRESS: | | | | |
| SECTION 4 – CLIENT BUSINESS INFORMATION | | | | |
| <p><i>In this section please provide the contact details of your business</i></p> | | | | |
| BUSINESS ADDRESS: | | | | |
| POSTAL ADDRESS: | | | | |
| OFFICE PHONE: | | FAX: | | |
| MOBILE PHONE: | | OTHER PHONE: | | |
| EMAIL: | | | | |
| WEBSITE: | | | | |
| SECTION 4 – ADDITIONAL INFORMATION REQUIRED | | | | |
| SECTION 4A – ADDITIONAL INFORMATION FOR BUSINESSES AND COMPANIES | | | | |
| <p><i>For Morris and Watson Pty Ltd to meet its legislative obligations the following information if required is to be provided by the client to verify the information that has been provided.</i></p> <ul style="list-style-type: none"> An original or certified copy of a primary photographic identification document of Company Officer. Copy of ASIC Extract or another public document issued by a relevant authority | | | | |
| SECTION 4B – POLITICALLY EXPOSED PERSONS (PEPs) | | | | |
| <p><i>A PEP is an individual who holds a prominent public position or role in a government body or international organisation, either in Australia or overseas. Immediate family members and/or close associates of these individuals are also considered PEPs. Examples of PEPs include government ministers or equivalent politicians, senior government executives, high ranking judges, high-ranking military officers, or board members or executives of an international organisation. Please consult with you Morris and Watson contact if you have any further questions.</i></p> | | | | |
| Are you considered to be a Politically Exposed Person (please tick)? | | | Yes | No |

SECTION 5 – ADDITIONAL INFORMATION REQUIRED

SECTION 5A – INDIVIDUAL (INC. SOLE TRADERS AND INDIVIDUALS NAMED WHO HAVE PROVIDED DETAILS IN SECTION 3) CLIENT INFORMATION

Where the client is an Individual or a Sole Trader please provide one or more of the following documents:

| | |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | An original or certified copy of a primary photographic identification document. - Drivers Licence / Passport / Card issued by State or Territory providing proof of age / Foreign Passport |
| | Both an original or certified copy of a primary non-photographic identification document and an original or certified copy of a secondary identification document. - Birth Certificate / Australian Citizen Certificate / Pension Card issued by Centre link / Health Card Issued by Centre link - Document issued by Commonwealth / State / Territory within preceding 12 months provision of financial benefit - Document issued by ATO within 12 months - Document issued by local authority within 3 months |

SECTION 5B – TRUSTEES

Where the client is a Trustee please provide one or more of the following documents:

| | |
|--|----------------------------------------------------------------------------------------|
| | An original of the trust deed. |
| | A certified copy or certified extract of the trust deed. |
| | Reliable and independent documents relating to the trust showing the trusts full name. |

SECTION 5C – PARTNERSHIPS

Where the client is a Partnership please provide one or more of the following documents:

| | |
|--|-----------------------------------------------------------------------------------------------------------------|
| | An original of the partnership agreement. |
| | A certified copy or certified extract of the partnership agreement. |
| | A certified copy or certified extract of the minutes of a partnership meeting. |
| | Reliable and independent documents relating to the partnership showing the partnerships full name and partners. |

Please note that all beneficial parties, director or other officers to any companies, partnerships, businesses, and trusts, may need to be individually identified using the above criteria. This will occur in addition to providing the required supporting documentation, based on the above entity you are operating under.

SECTION 6 – FUNDS DEPOSIT INFORMATION

Please only complete this section if you are selling to Morris and Watson Australia Pty Ltd.

In this section, please provide the details of the bank account into which Morris and Watson Pty Ltd can deposit funds on request. It is a requirement that the account be in the name of, or include the name of, the client or an individual named in Section 3. Please note that deposits cannot be made onto credit cards.

| | | | |
|----------------------|--|------------------------|--|
| BANK: | | | |
| ACCOUNT NAME: | | | |
| BSB NUMBER: | | ACCOUNT NUMBER: | |

SECTION 7 – AUTHORISATION

I am aware that by signing this declaration that I am authorising Morris and Watson Pty Ltd to undertake any and all inquiries necessary to verify the information that I have provided on this form in relation to their compliance with the relevant legislation. I declare that the details I have entered onto this form are true and correct to the best of my knowledge and that I will not at any time utilise the services of Morris and Watson for any unlawful means.

By completing and signing the declaration below, I confirm that I am authorised to provide the personal details presented and consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

| | | | |
|----------------------------|--|--------------|-----|
| PERSON 1 FULL NAME: | | | |
| SIGNATURE: | | | |
| TITLE / POSITION: | | DATE: | / / |
| PERSON 2 FULL NAME: | | | |
| SIGNATURE: | | | |
| TITLE / POSITION: | | DATE: | / / |

Checked by:

Signature:

Date: / /