

New Investor Details

type of investor

individual
 joint
 company
 trust
 super fund
 partnership

please note that this form should be completed in conjunction with the AML / CTF Checklist

investor details

investor 1 - (individual / joint / individual trustee details)

title given name surname
 TFN of reason for exemption country of residence for tax (if not Australia) date of birth / /

investor 2 - (individual / joint / individual trustee details)

title given name surname
 TFN of reason for exemption country of residence for tax (if not Australia) date of birth / /

investor 3 - (company / partnership / corporate trustee name)

trust / superannuation fund name (trustee details above are required)
 TFN or ABN of reason for exemption country of residence for tax purposes (if not Australia)

contact details

number and street or PO box
 suburb / city / town state postcode country of residence (if not Australia)
 telephone (business) facsimile mobile telephone
 email report preference email mail none

bank details

bank or financial institution account name
 BSB account number

correspondence

please initial any changes you have made which have been crossed out
 please attention: PO Box 49, COLLINS STREET WEST VIC 8007

signing

name of investor 1 or corporate representative
 position of investor (if applicable) individual director secretary individual trustee signature

name of investor 2 or corporate representative
 position of investor (if applicable) joint individual director secretary joint individual trustee signature

name of investor 3 or company / partnership / corporate trustee name
 position of investor (if applicable) joint individual director secretary joint individual trustee signature or company seal (if required)