

## Anti – Money Laundering Obligations

### Proprietary Company Supplementary AML Form

Full Name of Account: \_\_\_\_\_

Principle Place of Business: \_\_\_\_\_

Account Number: \_\_\_\_\_ Client ID Number: \_\_\_\_\_

Due to AML changes taking place as of 1<sup>st</sup> January 2016, we need to understand the nature and purpose of your relationship with State One / Amscot. In order to do that we need to ask you a few additional questions:

**Please tell us the Nature of the Business?** \_\_\_\_\_

**Please tell us the purpose of the Account? (Please tick one or more)**

Purpose of Account

Savings	Income	Growth	Business Accounts	Retirement	Normal course of Business	Other – Please Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please advise the source of the funds? (Please tick one or more)**

Source of Funds

Investment	Savings	Inheritance	Asset sale	Superannuation	Normal course of Business	Other – Please Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do any individuals ultimately own 25% or more of the company's issued share capital through direct or indirect shareholdings?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**If Yes; are the Directors the beneficiaries?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**If No (to either of the above questions) Please provide the details of the beneficiaries who own 25% or more of the company's issued share capital through direct or indirect shareholdings or person or persons who can exercise control by making decisions about financial and operating policies:**

Beneficial Owner/Controller 1

Beneficial Owner/Controller 2

Beneficial Owner/Controller 1		Beneficial Owner/Controller 2	
Full Name:	<input type="text"/>	Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>	Date of Birth:	<input type="text"/>
Role relating to the company:	<input type="text"/>	Role relating to the company:	<input type="text"/>
Address Line 1	<input type="text"/>	Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>	Address Line 2	<input type="text"/>

Beneficial Owner/Controller 3		Beneficial Owner/Controller 4	
Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Role relating to the company:		Role relating to the company:	
Address Line 1		Address Line 1	
Address Line 2		Address Line 2	

Please note this information is collected, used and disclosed in accordance with our privacy policy, which includes details about how you may request to access and correct any information that we hold about you. This policy is publicly available at our website: [www.stateone.com.au](http://www.stateone.com.au)

**For Each Director and for Each Beneficial Owner/Controller we will require an ID check and a PEPs check**

For State One Internal Use Only:

PEP -

Yes	No

ID Check -

Yes	No

State One Representative: \_\_\_\_\_ Recorded Line number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_