



Bank of
Melbourne

Customer verification form – Associations.

All fields are mandatory, unless specified otherwise.

1. Association details.

Bank of Melbourne Business or Individual Number (if known)

Full name of the Association

Other name(s) under which the Customer carries on their business (if any)

Full name (given name/s and family name) of chairperson/president or equivalent officer

Full name (given name/s and family name) of secretary or equivalent officer

Full name (given name/s and family name) of treasurer or equivalent officer

Association contact email address

Nature of business activities – Australia and New Zealand Standard Industry Code (ANZSIC)

Please provide us with details of the industry in which your business operates – for example, real estate, dairy manufacturer.

ABN issued to the Association (if any)

No ABN

1. Association details (continued).

Is the association a tax resident of any country outside of Australia?

- Yes Country(ies) outside of Australia in which the association is a resident for tax purposes and country's associated Tax Identification Number (TIN)*

Note: If the association has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

- No Go to next question

* A Foreign TIN is an identifying number or equivalent issued by the association's country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

Purpose of business relationship (please select one or more options)

This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate **all** your reasons.

- | | | |
|--|---|--|
| <input type="checkbox"/> Transactional | <input type="checkbox"/> Wealth | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Financial markets |
| <input type="checkbox"/> Protection | <input type="checkbox"/> Long-term borrowing | |

Source of funds (please select one or more options)

This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate **all** your sources of funds.

- | | | |
|--|---|--|
| <input type="checkbox"/> Commission | <input type="checkbox"/> Tax refund | <input type="checkbox"/> External investment/capital injection |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Gift/donation | <input type="checkbox"/> Mergers and acquisitions |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Government grant | <input type="checkbox"/> Controlled money account |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Business income/earnings | <input type="checkbox"/> Liquidation of assets |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Investment income/earnings | <input type="checkbox"/> Insurance payment |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Corporate investments earnings | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Additional sources (please specify) | | |

Source of wealth (please select one or more options)

This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate **all** your sources of wealth.

- | | | |
|--|---|--|
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Gift/donation | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> None | <input type="checkbox"/> Mergers and acquisitions |
| <input type="checkbox"/> Insurance payment | <input type="checkbox"/> Business income/earnings | <input type="checkbox"/> Controlled money account |
| <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Investment income/earnings | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Corporate investments earnings | |
| <input type="checkbox"/> Additional sources (please specify) | | |

Association Type

- Incorporated Association **Go to Section 2**
- Unincorporated Association **Go to Section 3**

2. Incorporated Association's details.

This section is to be completed by Incorporated Associations only.

Please provide one of the following:

Tick one and provide details below:

- Full address of the Association's principal place of administration, including country (not a PO Box)
- Full address of the Association's registered office including country (not a PO Box)
- Full name and residential address, including country (not a PO Box) of the Association's Public Officer, or if there is no such person, then of the Association's chairperson/president, secretary treasurer or equivalent officer

Country of registration/incorporation

If incorporated in Australia, the State/Territory of registration/incorporation of the Association

Date of registration/incorporation

/ /

Identification number (if any) issued upon incorporation by the State/Territory or overseas body responsible for incorporation

[Go to Section 4](#)

3. Unincorporated Association's details.

This section is to be completed by Unincorporated Associations only.

Full address of the Association's principal place of administration, including country (not a PO Box) (if any)

Suburb	State	Postcode
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Country of Establishment

State/Territory of Establishment

Date of Establishment

/ /

Individual(s) who is signing on behalf of the Association. Please note these individuals need to be fully identified

4. Beneficial Owners.

Full name (given name/s and family name), full address (not a PO Box), date of birth and type of relationship of each INDIVIDUAL who is a Beneficial Owner.

A Beneficial Owner of an Association refers to:

1. Each individual who owns (either directly or indirectly) 25% or more of the Association; OR
2. If no one owns 25% or more, each Individual that controls (either directly or indirectly) the Association.

Other Individual – any individual who has the capacity to make financial and operating decisions on behalf of the Association, aside from the Chairman.

Please attach this form (Customer verification form – Associations) and certified copies of identification documentation to verify Beneficial Owner information (what is acceptable documentation for all Beneficial Owners is set out in explanatory notes – documents and verification on pages 9–11).

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

If you have additional Beneficial Owners, please copy the Beneficial Owner section and provide their details.

Beneficial Owner 1

Type of relationship:

Chairperson/President/Equivalent Officer Other Individual

Full name (as per identification document)

Other name(s) (if any)

Are you a Bank of Melbourne customer? If yes, then please provide your customer number

Date of birth

Employment Type (e.g. Full Time, Part Time, Casual)

Occupation

Full address (Not a PO Box)

Mobile number

Email address

Is Beneficial Owner 1 a tax resident of any country outside of Australia?

Yes Please indicate below the country(ies) in which Beneficial Owner 1 is a resident for tax purposes and each country's associated TIN*

Note: If the individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

No Go to next question

* A Foreign TIN is an identifying number or equivalent issued by the individual's country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

4. Beneficial Owners (continued).

Purpose of business relationship (please select one or more options)

- | | | |
|--|---|--|
| <input type="checkbox"/> Transactional | <input type="checkbox"/> Wealth | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Financial markets |
| <input type="checkbox"/> Protection | <input type="checkbox"/> Long-term borrowing | |

Source of funds (please select one or more options)

- | | | |
|--|---|---|
| <input type="checkbox"/> Salary/wages | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Redundancy | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Windfall |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Government benefits | <input type="checkbox"/> Tax refund |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> Insurance payment |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Business income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | | |

Source of wealth (please select one or more options)

- | | | |
|--|---|--|
| <input type="checkbox"/> Government benefits | <input type="checkbox"/> Windfall | <input type="checkbox"/> Business income/earnings |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Redundancy | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Insurance payment | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> None |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | | |

Beneficial Owner 2

Type of relationship:

- Chairperson/President/Equivalent Officer Other Individual

Full name (as per identification document)

Other name(s) (if any)

Are you a Bank of Melbourne customer? If yes, then please provide your customer number

Date of birth

 / /

Employment Type (e.g. Full Time, Part Time, Casual)

Occupation


4. Beneficial Owners (continued).

Full address (Not a PO Box)

Mobile number

Email address

Is Beneficial Owner 2 a tax resident of any country outside of Australia?

- Yes  Please indicate below the country(ies) in which Beneficial Owner 2 is a resident for tax purposes and each country's associated TIN*

Note: If the individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

- No  Go to next question

Purpose of business relationship (please select one or more options)

- | | | |
|--|---|--|
| <input type="checkbox"/> Transactional | <input type="checkbox"/> Wealth | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Financial markets |
| <input type="checkbox"/> Protection | <input type="checkbox"/> Long-term borrowing | |

Source of funds (please select one or more options)

- | | | |
|--|---|---|
| <input type="checkbox"/> Salary/wages | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Redundancy | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Windfall |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Government benefits | <input type="checkbox"/> Tax refund |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> Insurance payment |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Business income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | | |

Source of wealth (please select one or more options)

- | | | |
|--|---|--|
| <input type="checkbox"/> Government benefits | <input type="checkbox"/> Windfall | <input type="checkbox"/> Business income/earnings |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Redundancy | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Insurance payment | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> None |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | | |

4. Beneficial Owners (continued).

Beneficial Owner 3

Type of relationship:

Chairperson/President/Equivalent Officer Other Individual

Full name (as per identification document)

Other name(s) (if any)

Are you a Bank of Melbourne customer? If yes, then please provide your customer number

Date of birth

Employment Type (e.g. Full Time, Part Time, Casual)

Occupation

Full address (Not a PO Box)

Mobile number

Email address

Is Beneficial Owner 3 a tax resident of any country outside of Australia?

Yes Please indicate below the country(ies) in which Beneficial Owner 3 is a resident for tax purposes and each country's associated TIN*

Note: If the individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

No Go to next question

Purpose of business relationship (please select one or more options)

Transactional

Wealth

Correspondent banking

Savings

Short-term borrowing

Financial markets

Protection

Long-term borrowing

4. Beneficial Owners (continued).

Source of funds (please select one or more options)

- | | | |
|--|---|--|
| <input type="checkbox"/> Commission | <input type="checkbox"/> Tax refund | <input type="checkbox"/> External investment/capital injection |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Gift/donation | <input type="checkbox"/> Mergers and acquisitions |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Government grant | <input type="checkbox"/> Controlled money account |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Business income/earnings | <input type="checkbox"/> Liquidation of assets |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Investment income/earnings | <input type="checkbox"/> Insurance payment |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Corporate investments earnings | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Additional sources (please specify) | | |

Source of wealth (please select one or more options)

- | | | |
|--|---|--|
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Gift/donation | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> None | <input type="checkbox"/> Mergers and acquisitions |
| <input type="checkbox"/> Insurance payment | <input type="checkbox"/> Business income/earnings | <input type="checkbox"/> Controlled money account |
| <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Investment income/earnings | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Corporate investments earnings | |
| <input type="checkbox"/> Additional sources (please specify) | | |

5. Foreign Tax Residency.

We are required to identify tax residents of a country(ies) other than Australia in order to meet account information reporting requirements under local and international laws.

If at any time after account opening, information in our possession suggests that you, the entity and/or any individual who holds ownership and/or control in the entity of 25% or more (Beneficial Owner/Controlling Person) may be a tax resident of a country(ies) other than Australia, you may be contacted to provide further information on your foreign tax status and/or the foreign tax status of the entity and/or any Beneficial Owners/Controlling Persons. Failure to respond may lead to certain reporting requirements applying to the account.

You certify that if at any time there is a change to the foreign tax status details for you, the entity and/or any controlling persons, you will inform the bank. You also certify that if at any time there is a change of a controlling person/s in your entity, you will inform the bank.

A Beneficial Owner/Controlling Person refers to the individual(s) that directly or indirectly owns a legal interest in the entity of 25% or more and/or exercises actual effective control over the entity, whether from an economic or other perspective such as through voting rights. In addition, in the case of a trust, a Beneficial Owner/Controlling Person includes the settlor(s), trustee(s), appointer(s), protector(s), beneficiary(ies) or classes of beneficiaries and in the case of an entity other than a trust, the term includes persons in equivalent or similar positions.

6. Privacy and Consent Request.

Privacy Statement.

All personal information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at bankofmelbourne.com.au/privacy/privacy-statement/ or by calling us on **13 22 66**. Our Privacy Statement also provides information about how you can access and correct your personal information and make a complaint. You do not have to provide us with any personal information, but if you don't, we may not be able to continue to provide products or services to the customer for which you are a trustee, partner, representative, beneficial owner, or controlling person.

Consent Request.

You consent to Bank of Melbourne collecting and holding any sensitive information (such as health information or information about your racial or ethnic origin) which appears on certified copies of your identity documents. You will not be able to withdraw your consent to Bank of Melbourne holding this information after it has been provided because Bank of Melbourne is required to retain copies of identification documents under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

If you do not consent to Bank of Melbourne's collection of any such sensitive information, you may verify your identity in person at any Bank of Melbourne branch.

7. Declaration.

Customer declaration.

I declare that to the best of my knowledge the information I have provided above is true and correct as at the date of this document. I understand that it is an offence to knowingly give false or misleading information or knowingly produce a false or misleading document under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*. Where I am providing personal information about another individual, I have made them aware:

- that I will be doing this; and
- that Bank of Melbourne will collect, use and share their personal information in accordance with its Privacy Statement available at bankofmelbourne.com.au/privacy/privacy-statement/

Where I am providing Bank of Melbourne with another person's sensitive information, I have obtained their consent to sharing it with Bank of Melbourne and their consent to Bank of Melbourne collecting, using and disclosing their sensitive information in accordance with Bank of Melbourne's Privacy Statement.

Signature of authorised person



Position held (Chairperson/President or Equivalent)

Date of signature

 / /

Full name (given name/s and family name)

Customer number (if applicable)

Are you also a Beneficial Owner and have provided your details in Section 4?
 Yes **Proceed to Section 8**
 No **Please continue completing Signatory details questions below**

Other names (if any)

Date of birth

 / /

Employment Type (e.g. Full Time, Part Time, Casual)

Occupation

Full residential address (Not a PO Box)

Email address

Mobile number

Are you a tax resident of any country outside of Australia?

 Yes Please indicate below the country(ies) in which you are a resident for tax purposes and each country's associated TIN*

Note: If the association has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

 No Go to next question

* A Foreign TIN is an identifying number or equivalent issued by the individual's country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

7. Declaration (continued).

Purpose of business relationship (please select one or more options)

- | | | |
|--|---|--|
| <input type="checkbox"/> Transactional | <input type="checkbox"/> Wealth | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Financial markets |
| <input type="checkbox"/> Protection | <input type="checkbox"/> Long-term borrowing | |

Source of funds (please select one or more options)

- | | | |
|--|---|---|
| <input type="checkbox"/> Salary/wages | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Redundancy | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Windfall |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Government benefits | <input type="checkbox"/> Tax refund |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> Insurance payment |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Business income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | | |

Source of wealth (please select one or more options)

- | | | |
|--|---|--|
| <input type="checkbox"/> Government benefits | <input type="checkbox"/> Windfall | <input type="checkbox"/> Business income/earnings |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Redundancy | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Insurance payment | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> None |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | | |

8. Next steps.

- Step 1:** Ensure all relevant sections of the form are completed and the customer declaration is signed
- Step 2:** Attach all certified copies of supporting documents. Refer below for Certified documents required and process.
- Step 3:** Return the documentation (completed form and certified copies of supporting documents) by post to:

Business Identification Team
Reply Paid 91348
SYDNEY NSW 2001

If you are located outside of Australia please pay for postage and send to:

Business Identification Team
GPO Box 1806
Sydney NSW 2001
Australia

Certified documents.

Customers are required to provide us with certified copies (not original documents) of acceptable identification documents that verify the individual to be identified (Chairperson, President or equivalent as listed in Section 1 plus all Beneficial Owners as listed in Section 4 and the authorised person listed in Section 7) (if applicable). Please provide either:

- **ONE Primary Photographic Identification Document, OR**
- **ONE Primary Non-Photographic Identification Document AND ONE Secondary Identification Document**

AND

- **ONE certified copy of at least one of the following documents:**
 - Certificate of registration or equivalent document from the relevant government body
 - Constitution or rules of the Association
 - Most recent minutes of a meeting of the association signed by the Chairman, President or Equivalent who must be fully identified.

For a detailed list of certified documents and certifiers, go to bankofmelbourne.com.au, search **BizSecure**, and then go to **FAQ section – How do I certify my identity?**

Example

ONE Primary Photographic Identification Document
(all information on documents must be clear and legible), for example:



The image shows a sample of a Driver Licence document. The document is titled "DRIVER LICENCE" in a dark blue header. Below the header, the name "Frankie Example" is printed. The address "123 Sample Street, MELBOURNE, VIC, 3000" is listed. The licence number "12345678" is provided. A signature is written over the licence number. Below the signature, the date of birth "01/01/1987" and the expiry date "23 Feb 2024" are printed. A barcode is located at the bottom of the licence. To the right of the licence, a medical practitioner has signed and dated the certification: "I, Sam Sample, as a Medical Practitioner, certify that this Driver Licence, is a true copy of the original." followed by a signature and the date "1 February 2023".

Driver Licence certified and signed by Medical Practitioner.

8. Next steps (continued).

Example

ONE Primary Non-Photographic Identification Document and ONE Secondary Identification Document (all information on documents must be clear and legible), for example:

BIRTH CERTIFICATE	
1 CHILD	Family name Given name(s) Date of birth Place of birth EXAMPLE Charlie 1 January 1987 Sample Hospital, Melbourne
2 MOTHER	Family name Maiden family name Given name(s) Occupation Age Place of birth EXAMPLE BROWN Leisha Doctor 35 years Sydney, NSW
3 FATHER	Family name Given name(s) Occupation Age Place of birth EXAMPLE Steve Electrician 37 years Melbourne, VIC
4 MARRIAGE OF PARENTS	Date of marriage Place of marriage 23 August 1985 Melbourne, VIC
5 PREVIOUS CHILDREN OF RELATIONSHIP	Not any
6 INFORMANTS	Name Address S. EXAMPLE 1 Smith Street, Melbourne, VIC, 3000 Father
7 REGISTERING AUTHORITY	Name Date Peter Owen, Registrar 1 January, 1987
8 ENDORSEMENT(S)	Not any



I, Sam Sample, as a Medical Practitioner, certify that this Australian Birth Certificate and Medicare card, is a true copy of the original.

Sam Sample
1 February 2023

Birth Certificate and Medicare card certified and signed by Medical Practitioner.

Example

Please see below an example of a Certified copy of Association meeting minutes (or extract). The certified document needs to include the name of the Association.

Minutes of Annual General Meeting
The Smith Enviro Foundation

Meeting held:
20 November 2022

Attendees:
Chairperson – Frankie Charlie
Secretary – Sam Jones
Treasurer – Bhavya Kumar
Members – Paul Smith, Chidi Abara, Christine Jones
Approval of minutes from last meeting – Sam Jones

Discussion:
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Minutes submitted by Sam Jones
Minutes approved by Frankie Charlie, President

I, John Sample, as Justice of the Peace, certify that these Minutes of the Annual General Meeting, are a true and correct copy of the original.

John Sample
1 February 2023

Minutes of Annual General Meeting certified and signed by Justice of the Peace.

Bank use only.

Please contact the Business Identification Team on 1800 100 238 between 9am – 5pm AEST Mon – Fri.

The team will be able to assist customers with completing the form.

Kindly check all sections of the form are completed and signed. Please check all required documents are certified correctly.

Send completed form and certified identification to businessIDBOM@bankofmelbourne.com.au after completing the Employee Declaration.

Employee Declaration:

I have followed the process for identification and verification as required by policy and procedure and have verified the required information provided by the customer using approved verification source(s). Where the verification source has been provided by the customer the document is to the best of my knowledge a certified copy.

Employee name (print)

Employee salary number

Employee signature

Date