



Bank of  
Melbourne

# Customer verification form – Trusts.

All fields are mandatory, unless otherwise specified.

## 1. Trust details

Bank of Melbourne Customer Access Number (if known)

Full name of the Trust

Full business name of the Trustee in respect of the Trust (if any) e.g. trading name

Other name(s) under which the Trustee carries on business in respect of the Trust (if any)

ABN of the Trust (if any)

No ABN

Full address of the principal place of business of the Trust (no PO boxes)

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.

Country in which the Trust was established

Trust's contact email address

### 1. Trust details (continued)

Full name/organisation name of Settlor of the Trust (unless the settlor is deceased)

Full name of each beneficiary OR details of the membership class (e.g. family members of named person, charitable purpose)

Please provide how the beneficiaries (if any) are described in the trust deed (e.g family members and/or associated entities of the named beneficiaries)

#### Trustee 1

Full legal name (Individual or Entity)

#### Trustee 2

Full legal name (Individual or Entity)

#### Trustee 3

Full legal name (Individual or Entity)

#### Trustee 4

Full legal name (Individual or Entity)

#### Is the Trust a tax resident of any country outside of Australia?

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

**Note:** If the Trust 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 Purpose of business relationship below

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

**Note:** 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  |  |

\*A Foreign TIN is an identifying number or equivalent issued by the Trusts 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.

**1. Trust details (continued)**

**Source of funds (please select one or more options)**

**Note:** 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)**

**Note:** 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) |   |  |

**1a. Regulated Trust type (Please select one from the list below)**

- Registered Managed Investment Scheme

Australian Registered Scheme Number (ARSN)

- Regulated Trust

Name of the Trust regulator and the registration/licensing details (e.g. registration number, or ABN for a regulated SMSF)

- Government Superannuation Fund

Name of the legislation establishing the fund

## 1. Trust details (continued)

Wholesale Unregistered Managed Investment Scheme

Is the Trust a **Managed Investment Scheme** that is not registered by ASIC, and meets the following criteria:

- Only has wholesale clients; and
- Does not make small scale offerings to which section 1012E of the *Corporations Act 2001* applies

Yes

No

[➤ Go to Section 5 Declaration once the above is complete](#)

### 1b. Standard Trust type (Please select one from the list below)

Unit/fixed

Testamentary

Discretionary (including family Trust)

Unregistered Managed Investment Scheme

[➤ Go to Section 2 Beneficial Owners once the above is complete](#)

## 2. Beneficial Owners

**Full Name(s) (including middle name(s) where applicable), full address (no PO Box), date of birth and type of relationship of each INDIVIDUAL who is a Beneficial Owner.**

**The Beneficial Owner(s) of a Trust are the person(s) that own or control each Trustee.**

- Generally, where the Trustee is an individual, the Trustee will be the Beneficial Owner.
- Where the Trustee is a non-individual, the person(s) that owns or controls the non-individual will be the Beneficial Owner(s).

**Where no Beneficial Owner(s) can be identified under the ownership or control arrangement, an individual who holds the power to appoint or remove the Trustees of the Trust, such as the Appointer of a Trust must be identified. This individual should be outlined in the Trust Deed.**

Please attach certified copies of identification documentation (go to Section 6 to find out more about acceptable documentation).

If there is not enough space, provide details on a separate sheet and attach to this form, labelling the section that the attachment relates to.

## 2. Beneficial Owners (continued)

### Beneficial Owner 1

Type of relationship:

Trustee  Other Individual

Title Full name (as per identification document)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode

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 Trusts 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.

## 2. 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) |   |  |

## 2. Beneficial Owners (continued)

### Beneficial Owner 2

Type of relationship:

Trustee  Other Individual

Title  Full name (as per identification document)

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)

Suburb  State  Postcode

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

\*A Foreign TIN is an identifying number or equivalent issued by the Trusts 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.

## 2. 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) |   |  |



## 2. Beneficial Owners (continued)

### Beneficial Owner 3

Type of relationship:

Trustee  Other Individual

Title  Full name (as per identification document)

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)

Suburb  State  Postcode

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

\*A Foreign TIN is an identifying number or equivalent issued by the Trusts 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.

**2. 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) |   |  |

### 3. 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.

### 4. Privacy statement 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/](http://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.

### 5. 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](http://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.

### 5. Declaration (continued)

Signature of authorised person

Position held (Director or Company Secretary or Trustee)

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 2?**

Yes [➤ Go to Section 6](#)

No [➤ Please continue completing Signatory details questions below](#)

**Signatory details** if you are not a Beneficial Owner

Other names (if any)

Date of birth

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

Full address (not a PO Box)

Suburb

State

Postcode

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 there is more than one country where you 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.

## 5. 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) |   |  |

## 6. 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**

## 6. Next steps (continued)

### 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 (each Beneficial Owner identified in Sections 2 and 5 (if applicable)). Please provide either:

- **ONE Primary Photographic Identification Document**

OR

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

PLUS

- **ONE Original Certified copy of at least one of the following documents:**

- Trust Deed and all amendments (if applicable) where names of the Trust, Trustees, beneficiaries, settlor(s) and execution page is evident
- Settlement Deed or other document that contains a declaration of Trust where the names of the Trust and/or settlor(s) are evident
- A letter from a solicitor or qualified accountant on a letterhead that confirms the following details of the Trust:
  - Trust name
  - Establishment date
  - Governing state
  - Settlor (if applicable)
  - Trust ABN if applicable
  - Trust type
  - Full name of beneficiaries AND beneficiary class (if any)
  - Trustee name(s)
  - Beneficial Owners

**Note:** Beneficial Owners of Trustee are considered Beneficial Owners of the trust

For a detailed list of certified documents and certifiers, go to [bankofmelbourne.com.au](http://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:



6. 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	<table border="1"> <tr> <td>Family name Given name(s) Date of birth Place of birth</td> <td>EXAMPLE Charlie 1 January 1987 Sample Hospital, Melbourne</td> </tr> </table>	Family name Given name(s) Date of birth Place of birth	EXAMPLE Charlie 1 January 1987 Sample Hospital, Melbourne
Family name Given name(s) Date of birth Place of birth	EXAMPLE Charlie 1 January 1987 Sample Hospital, Melbourne		
2 MOTHER	<table border="1"> <tr> <td>Family name Maiden family name Given name(s) Occupation Age Place of birth</td> <td>EXAMPLE BROWN Leisha Doctor 35 years Melbourne, Vic</td> </tr> </table>	Family name Maiden family name Given name(s) Occupation Age Place of birth	EXAMPLE BROWN Leisha Doctor 35 years Melbourne, Vic
Family name Maiden family name Given name(s) Occupation Age Place of birth	EXAMPLE BROWN Leisha Doctor 35 years Melbourne, Vic		
3 FATHER	<table border="1"> <tr> <td>Family name Given name(s) Occupation Age Place of birth</td> <td>EXAMPLE Steve Electrician 37 years Melbourne, VIC</td> </tr> </table>	Family name Given name(s) Occupation Age Place of birth	EXAMPLE Steve Electrician 37 years Melbourne, VIC
Family name Given name(s) Occupation Age Place of birth	EXAMPLE Steve Electrician 37 years Melbourne, VIC		
4 MARRIAGE OF PARENTS	<table border="1"> <tr> <td>Date of marriage Place of marriage</td> <td>23 August 1985 Melbourne, Vic</td> </tr> </table>	Date of marriage Place of marriage	23 August 1985 Melbourne, Vic
Date of marriage Place of marriage	23 August 1985 Melbourne, Vic		
5 PREVIOUS CHILDREN OF RELATIONSHIP	Not any		
6 INFORMANTS	<table border="1"> <tr> <td>Name Address</td> <td>5. EXAMPLE 1 Smith Street, Melbourne, NSW 2000 Father</td> </tr> </table>	Name Address	5. EXAMPLE 1 Smith Street, Melbourne, NSW 2000 Father
Name Address	5. EXAMPLE 1 Smith Street, Melbourne, NSW 2000 Father		
7 REGISTERING AUTHORITY	<table border="1"> <tr> <td>Name Date</td> <td>Peter Owen, Registrar 1 January, 1987</td> </tr> </table>	Name Date	Peter Owen, Registrar 1 January, 1987
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*  
1 February 2023

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

Example

The certified verification document needs to include the name of the Trust. Please see below for an example of certified verification document:

<p><b>Trust Deed</b></p> <p>This deed made the 1 March 2005 Parties</p> <p><b>Name of Trust:</b> The Smith Trust <b>Address of Trust:</b> 123 Sample Street, Adelaide, SA, 5000 <b>Trust ABN:</b> 123 456 789 01 <b>Trust type:</b> Discretionary trust</p> <p><b>Beneficiaries:</b> 1. Frankie Charlie 2. Sam Jones 3. Bhavja Kumar 4. Paul Smith</p> <p>Hereinafter collectively referred to as "The Trustees" Executed as a deed 1 March 2005</p> <p><b>Signed, sealed and delivered by:</b> <i>Frankie Charlie</i> Frankie Charlie</p> <p><b>Witness signature:</b> <i>Chidi Abara</i> Witness name: Chidi Abara</p>	<p>I, John Sample, as a Medical Practitioner, certify that this Trust Deed is a true copy of the original.</p> <p><i>John Sample</i> 1 February 2023</p>
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Trust Deed certified and signed by Medical Practitioner.

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](mailto: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

*X*

Date