

Your guide to completing your Partnership's profile.

This guide aims to help Partnerships verify and update Partnership details as we have missing or incomplete information in our system. By providing this information, you will better protect the Partnership's account(s) and help reduce the risk of identity theft.

Step 1.

Complete and provide the documents listed below.

The form is available at bankofmelbourne.com.au/bizsecure then go to the Partnerships Tab under section 'What you need to do'.


Tick	Documents required	Who needs to complete and sign them?
<input type="checkbox"/>	Customer verification form	A Partner or Beneficial Owner. (Form definitions are summarised on page 3.)
<input type="checkbox"/>	Certified ID documents	<p>Each Individual who is a Beneficial Owner as nominated on the Customer verification form and the Individual who signed the form (if not a Beneficial Owner). Refer to page 3 for definition of Beneficial Owner.</p> <p>For Certification instructions, go to Bank of Melbourne website and search BizSecure, then go to the FAQ section: How do I obtain certification? Refer below for an example of certified ID documents that we would need from each Beneficial Owner (please ensure the images are clear and easy to read):</p> <ul style="list-style-type: none">• ONE Primary Photographic Identification Document, for example: <div data-bbox="603 1608 1460 1944" style="border: 1px solid black; padding: 10px;"><div style="display: flex; align-items: flex-start;"><div style="border: 1px solid black; padding: 5px; width: 60%;"><p style="text-align: center; background-color: #002060; color: white; margin: 0;">DRIVER LICENCE</p><p style="font-size: small; margin: 0;">Frankie Example</p><p style="font-size: small; margin: 0;">123 Sample Street, MELBOURNE, VIC, 3000</p><p style="font-size: small; margin: 0;">Licence number: 12345678</p><p style="font-size: small; margin: 0;">Date of Birth 01/01/1987</p><p style="font-size: small; margin: 0;">Expiry Date 23 Feb 2024</p></div><div style="margin-left: 20px;"><p style="font-size: small; margin: 0;">I, Sam Sample, as a Medical Practitioner, certify that this Driver Licence, is a true copy of the original.</p><p style="font-size: small; margin: 0;"><i>Sam</i></p><p style="font-size: small; margin: 0;">1 February 2023</p></div></div><p style="margin-top: 10px; font-size: small;">Driver Licence certified and signed by Medical Practitioner.</p></div> <p>OR</p>

Tick	Documents required	Who needs to complete and sign them?
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Tick	Documents required
<input type="checkbox"/>	<p>• ONE Primary Non-Photographic Identification Document and ONE Secondary Identification Document, for example:</p>

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BIRTH CERTIFICATE			
1 CHILD	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Family name Maiden family name Given name(s) Occupation Age Place of birth</td> <td> EXAMPLE BROWN Leisha Doctor 35 years Sydney, NSW </td> </tr> </table>	Family name Maiden family name Given name(s) Occupation Age Place of birth	EXAMPLE BROWN Leisha Doctor 35 years Sydney, NSW
Family name Maiden family name Given name(s) Occupation Age Place of birth	EXAMPLE BROWN Leisha Doctor 35 years Sydney, NSW		
3 FATHER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name Address</td> <td> S. EXAMPLE 1 Smith Street, Melbourne, VIC, 3000 Father </td> </tr> </table>	Name Address	S. EXAMPLE 1 Smith Street, Melbourne, VIC, 3000 Father
Name Address	S. EXAMPLE 1 Smith Street, Melbourne, VIC, 3000 Father		
7 REGISTERING AUTHORITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">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		



1234 56789 1
1 Frankie Charlie Example
VALID TO 12/2025

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.

<input type="checkbox"/>	<p>Please provide a certified copy of at least one of the following verification documents:</p> <ul style="list-style-type: none"> • Partnership meeting minutes (or extract) • Partnership agreement (or extract) • Certificate of registration of business name • Notice issued by the ATO within the last 12 months (e.g. Notice of Assessment)
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The certified verification document needs to include the name of the Association. Refer below for an example of certified verification document:

Minutes of Annual General Meeting XYZ Partnership

Meeting held:
20 November 2022

Partner attendees:
Franki Charlie
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

Sam
1 February 2023

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

Step 2.

Send your completed and certified documents as listed above in the post via a Reply Paid envelope, addressed to:

Bank of Melbourne Business Identification Team
Reply Paid 91348
SYDNEY NSW 2001

No stamp is required. If you have any queries, please call our dedicated Business Identification team on **1800 100 238** (or **+61 3 8536 7870** if calling internationally), 9am – 5pm AEDT, Monday to Friday.

Form definitions.

Bank of Melbourne Customer Access Number.

Your Customer Access Number can be found on the statement in Bank of Melbourne Internet Banking.

Beneficial Owner.

A Beneficial Owner is:

1. Each individual who owns (either directly or indirectly) 25% or more of the Partnership, such as a limited partner;
OR
2. If no one owns 25% or more, each Individual that Controls (either directly or indirectly) the Partnership.

Where you are not able to identify any such Individual using the previous measures, the following Individual(s) can be treated as if they were a Beneficial Owner: 1. An Individual entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto; OR 2. If no one is entitled to exercise 25% or more of the voting rights, an Individual who holds the position of Senior Managing Official (or equivalent), such as the Managing Partner, Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), or the Chairman of the Board, or foreign equivalent positions.

Nature of business activities (ANZSIC).

Australia and New Zealand Standard Industry Code (ANZSIC). Please provide us with the industry of your Business e.g: Real Estate Agent, Milk and Cream Manufacturer and we can find this information for you.

Address.

Please use a street/physical address, not a PO Box.

Purpose of Business Relationship.

This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons. Please choose all applicable options.

Source of Funds.

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 choose all applicable options.

Source of Wealth.

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

If you have any queries, please call our dedicated Business Identification team on **1800 100 238** from anywhere in Australia (or **+61 3 8536 7870** if calling internationally) 9am – 5pm AEDT, Monday to Friday.

Accessibility support.

At any time, you can inform us how you would prefer to be contacted. If you are deaf and/or find it hard hearing or speaking with people who use a phone, you can reach us through the National Relay Service (NRS). To use the NRS, you can register by scanning the QR Code or visiting infrastructure.gov.au/national-relay-service



Visit bankofmelbourne.com.au/accessibility for further information on our accessible products and services for people with disability.

"QR Code" is a registered trademark of Denso Wave Incorporated.

Bank of Melbourne acknowledges the traditional owners as the custodians of this land, recognising their connection to land, waters and community. We pay our respect to Australia's First Peoples, and to their Elders, past, present and future.