

VERIFICATION OF IDENTITY COMPANY



Phone: 1300 334 336
Fax: 1300 434 336
Email: scenarios@betterchoice.com.au
Website: www.betterchoice.com.au
Office: Level 5, 50 Cavill Avenue Surfers Paradise QLD 4217
Postal: PO Box 845 Surfers Paradise QLD 4217

This form will be emailed to:
Applications@betterchoice.com.au

COMPANY DETAILS

Full name as registered with ASIC:

ACN: Nature of Business (Primary business activity):

Full address of registered office (PO Box is not acceptable):

Postcode:

Full address of principal place of business in Australia (PO Box is not acceptable):

Postcode:

Mailing Address:

Postcode:

Is the Company regulated (licensed by Australian Commonwealth, State or Territory statutory regulator) In this context 'regulated' means subject to supervision beyond that provided by ASIC as a company registration body. Examples include Australian Financial Services Licensees (AFSL holders) Australian Credit Licensees (ACL holders); and registrable Superannuation Entity (RSE) Licensees):

No Yes - please specify* Regulator name: Licence details:

Company type:

Proprietary/Private Public* (domestic listed company) Majority owned subsidiary of a domestic listed company*
 Public unlisted company Other, please specify

BENEFICIAL OWNER OR CONTROL

Not required for company types marked with a star (*) or if they are acting as a guarantor.

The beneficial owner can be identified using the following rules:

Ownership - Shareholders holding 25% or more of the issued capital (Direct or Indirect) – the 'Shareholder' is any person that owns shares of a company's stock.

Control - Only required if Ownership does not apply

Individuals who control 25% or more of the voting rights, including power of veto. – 'Voting rights' involves decisions on issuing securities, initiating corporate actions and making substantial changes in the corporation's operations.

Management - Only required if Ownership or Control does not apply

Senior Managing Official(s) – the 'Senior Managing Official' is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller)

Beneficial Owner 1:

Full legal name (given name, middle name(s), family name(s)):

Date of birth

Residential address (PO Box is not acceptable):

State Postcode Country

Type: Ownership Control Management

Beneficial Owner 3:

Full legal name (given name, middle name(s), family name(s)):

Date of birth

Residential address (PO Box is not acceptable):

State Postcode Country

Type: Ownership Control Management

Beneficial Owner 2:

Full legal name (given name, middle name(s), family name(s)):

Date of birth

Residential address (PO Box is not acceptable):

State Postcode Country

Type: Ownership Control Management

Beneficial Owner 4:

Full legal name (given name, middle name(s), family name(s)):

Date of birth

Residential address (PO Box is not acceptable):

State Postcode Country

Type: Ownership Control Management

If there are more than four beneficial owners please attach additional page(s).
Each beneficial owner must provide individual identification documents.

DIRECTORS OF COMPANY (FOR PROPRIETARY OR PRIVATE ONLY)

Director 1:

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable):

Signature:

Date:

Director 3:

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable):

Signature:

Date:

Director 2:

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable):

Signature:

Date:

Director 4:

Name(s):

Corporate title: (Please indicate - director/secretary/trustee - if applicable):

Signature:

Date:

SHAREHOLDERS HOLDING 25% OR MORE OF THE ISSUED CAPITAL OF A PROPRIETARY COMPANY

(except regulated companies as indicated above)

Full name of Shareholder 1:

Residential address (PO Box is not acceptable):

Postcode

Signature:

Date:

Full name of Shareholder 3:

Residential address (PO Box is not acceptable):

Postcode

Signature:

Date:

Full name of Shareholder 2:

Residential address (PO Box is not acceptable):

Postcode

Signature:

Date:

Full name of Shareholder 4:

Residential address (PO Box is not acceptable):

Postcode

Signature:

Date:

[OFFICE USE ONLY]

IDENTIFICATION DOCUMENTS

Tick those that have been sighted and attach copies to this form

- An ASIC search
- An original or certified copy of the company's certificate of registration

Document details:

Document name:

Date of issue:

State/country of issue:

Document number:

Document expiry date:

If further documentation is provided, please list details over and attach copies.