

Individual — AML/CTF Verification Form

Minimum KYC information per AML/CTF Rules 4.2. Complete all fields marked with *.

PERSONAL DETAILS

Full legal name *

Any other names used

Date of birth *

Place of birth

Nationality / citizenship

Tax File Number (optional)

Country of tax residence *

Residential address (no PO Box) *

Phone

Email

Occupation *

RELIABLE & INDEPENDENT IDENTIFICATION DOCUMENTS

Provide either (a) one primary photographic ID, OR (b) one primary non-photographic ID + one secondary ID. Documents must be current and, if a copy, certified by an authorised person.

Australian passport	Foreign passport	Driver licence (AU)	Proof of Age / Photo ID card
Birth certificate	Citizenship certificate	Centrelink/DVA card	Medicare card + utility bill
Document 1 — type & number *	Issuer / country	Expiry	
Document 2 — type & number	Issuer / country	Expiry	

PEP, SANCTIONS & ENHANCED DUE DILIGENCE SCREENING (AML/CTF RULES 4.13 & CH. 15)

A Politically Exposed Person (PEP) is an individual who holds/has held a prominent public position, or is an immediate family member or close associate of such a person. Enhanced Customer Due Diligence (ECDD) applies to Foreign PEPs and other high-risk customers.

Domestic PEP	Foreign PEP	International Organisation PEP	Family member / close associate of a PEP	Not a PEP
Subject to DFAT / UN / OFAC / EU sanctions	Resident/citizen of prescribed foreign country		None of the above	

If any box ticked, provide details (position held, jurisdiction, dates, relationship):

SOURCE OF FUNDS & SOURCE OF WEALTH (AML/CTF RULES 15.9)

Source of Funds = the origin of the specific funds used in this transaction/relationship. Source of Wealth = the origin of the customer's total accumulated wealth.

Once completed, please email this form to sales@enlivenco.com.au

Source of Funds *

Source of Wealth *

CLIENT DECLARATION

I declare that the information provided in this form is true, correct and complete. I acknowledge that providing false or misleading information is an offence under s.136 of the AML/CTF Act 2006 (Cth) and may attract criminal penalties. I consent to the reporting entity verifying my identity using reliable and independent sources, including electronic verification and third-party databases, in accordance with the AML/CTF Act and Privacy Act 1988 (Cth). Records will be retained for 7 years pursuant to s.107.

Full name of signatory *

Capacity (self / director / trustee / member) *

Signature *

Date *

REPORTING ENTITY USE ONLY — VERIFICATION RECORD

Standard CDD		Simplified CDD		Enhanced CDD (ECDD)	
Original document sighted	Certified copy	Electronic verification	Registry/database search		
Low risk	Medium risk	High risk			
Verifying officer (full name)			Position		
Date of verification			Reference / file no.		
Verification notes					

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