

Identification Form E

Partnerships and partners

Guide to completing this form

- In accordance with client identification requirements introduced under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act), we require you to complete an Identification Form in addition to your application form and return the relevant documents to us.
- Complete the following:
 - Section 1A – Partnership details
 - Section 1B – Documents you need to provide for verification (partnership)
 - Section 1C – Documents you need to provide for verification (individual partner)
 - Section 3 – Signature
- If you are an **Adviser**, ensure you conduct the applicable client identification and verification in addition to returning a copy of the supporting client identification document(s). Complete the following:
 - Section 2A – Partnership verification
 - Section 2B – Individual partner verification
 - Section 2C – Adviser details
- If you are applying to invest directly with us, ie. you do not have a financial adviser, ensure you attach an **original** or **originally certified copy** of the selected document(s). A list of people who may certify documents or extracts is provided below.
- Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.
- **Mail to**
 - PO Box R758
 - Royal Exchange NSW 1225
 - Australia
- Please call us if you have any questions about this form
 - Investor Relations **1300 366 860** or **+612 8205 4489** (if calling from outside Australia)

*People who may certify documents or extracts are

1. (a lawyer) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner (however described);
2. a judge of a court;
3. a magistrate;
4. a chief executive officer of a Commonwealth court;
5. a registrar or deputy registrar of a court;
6. a Justice of the Peace;
7. a notary public (for the purposes of the Statutory Declaration Regulations 1993);
8. a police officer;
9. (a postal agent) an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
10. (the post office) a permanent employee of The Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public;
11. an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
12. an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
13. a finance company officer with two or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993);
14. an officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having two or more continuous years of service with one or more licensees; and
15. (an accountant) a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.

Investor name

Investor number (if known)

Section 1A: Partnership details

1.1 General information

Full name of partnership

Registered business name of partnership (if any)

Country where partnership established

Business activity (eg. bakery, dry-cleaning)

1.2 Type of partnership (select ONE of the following categories and provide the requested information)

Is the partnership regulated by a professional association?

Yes Provide name of association
Provide membership details

No How many partners are there? Provide full name and address of each partner below

Go to Section 1.3 – Partnership details

1.3 Partnership details

Partner 1

Full given name(s) Surname

Date of birth (dd/mm/yy)
 / /

Residential address (PO Box is **not** acceptable)

Suburb State Postcode Country

Partner 2

Full given name(s) Surname

Date of birth (dd/mm/yy)
 / /

Residential address (PO Box is **not** acceptable)

Suburb State Postcode Country

If there are more partners, provide details on an additional form.

Go to Section 1B – Documents you need to provide for verification (partnership)

Section 1B: Documents you need to provide for verification (Partnership)

Part I – This section needs to be completed for ALL partnerships. In order for us to verify the name of the partnership, please complete and provide the selected document(s) from one of the options below.

Acceptable ID documents

Tick ✓ Select ONE valid option

- An original, an originally certified copy or an originally certified extract of the partnership agreement.
- An originally certified copy or an originally certified extract of minutes of a partnership meeting.
- A search of the relevant ASIC or other regulator's database.
- A notice issued by the Australian Taxation Office within the last 12 months eg Notice of Assessment. Please note that the TFN will be blocked out before scanning, copying or storing this document.
- An original or originally certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

Part II – This section needs to be completed if the partnership is **regulated** by a professional association. In order for us to verify membership of a professional association, please complete and provide the selected document from one of the options below.

Acceptable ID documents

Tick ✓ Select ONE valid option

- An original current membership certificate (or equivalent) of a professional association.
- Membership details independently sourced from the relevant association.

Go to Section 1C – Documents you need to provide for verification (individual partner)

Section 1C: Documents you need to provide for verification (individual partner)

From details provided in Section 1.3, nominate only ONE partner to be verified. In order for us to verify the nominated partner's full name; and **either** their date of birth **or** residential address, please complete and provide the selected document(s) from **either** Part I **or** Part II **or** Part III

Part I – Acceptable primary ID documents

Tick ✓ Select ONE valid option

- Australian State/Territory driver's licence containing a photograph of the person
- Australian passport (a passport that has expired within the preceding two years is acceptable)
- Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- Foreign passport or similar travel document containing a photograph and the signature of the person

Part II – Acceptable secondary ID documents – should only be completed if the individual does not own a document from Part I

Tick ✓ Select ONE valid option from this section

- Australian birth certificate
- Australian citizenship certificate
- Pension card issued by Centrelink
- Health card issued by Centrelink
- A citizenship certificate issued by a foreign government
- A birth certificate issued by a foreign government, the United Nations or an agency of the United Nations

Part II – continued

Tick ✓ **AND ONE valid option from this section**

- A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
- A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. Please note that the TFN will be blocked out before scanning, copying or storing this document.
- A document issued by a local government body or utilities provider within the preceding three months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)

Part III – Acceptable Foreign ID Documents – should only be completed if the individual does not own a document from Part I

Tick ✓ **BOTH documents from this section must be provided**

- Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth
- National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued

Go to Section 3 – Signature

Adviser Use Only

Section 2A: Partnership verification

Important – Attach a legible copy of the ID documentation used to verify the partnership (and any required translation) as selected from Section 1B above

ID document details	Document 1	Document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Originally certified copy <input type="checkbox"/> Performed search	<input type="checkbox"/> Original <input type="checkbox"/> Originally certified copy
Document issuer/website	<input type="text"/>	<input type="text"/>
Issue date/search date	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Section 2B: Individual partner verification

Important – Attach a legible copy of the ID documentation used to verify the individual (and any required translation) as selected from Section 1C above

ID document details	Document 1	Document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>
Document number	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Section 2C: Adviser details – identification and verification conducted by:

Adviser's name	<input type="text"/>	Telephone no	<input type="text"/>
AFS Licensee name	<input type="text"/>	AFSL no	<input type="text"/>
Adviser signature	<input type="text"/>	Date verified	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Section 3: Signature

Important – You must read the following acknowledgements

Credit Suisse Investments (Australia) Limited (Credit Suisse) is bound by laws relating to the prevention of money laundering and the financing of terrorism, including the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF laws). By completing this form:

- I declare that I am not commonly known by any other names different from those disclosed in this form.
- I declare that any monies used by me to invest in the Fund is not derived from or related to any criminal activities.
- I declare that any proceeds of my investment will not be used in relation to any criminal activities.
- I declare that any documents or information whatsoever used for verification purposes in support of my application is complete and correct.
- I agree to provide additional information you may require for the purposes of AML/CTF laws.
- I acknowledge that it may be a criminal offence to knowingly provide false, forged, altered or falsified documents or misleading information or documents when completing this form.
- I acknowledge that where a transaction is delayed, blocked, frozen or refused, Credit Suisse will not be liable for any loss (including consequential loss) as a result of its compliance with the AML/CTF laws.

Name

Date

 / /

Signature

Signature

The nominated individual partner (as provided in Section 1C) must sign here.

If signed under Power of Attorney, the attorney confirms that no notice of revocation of that power has been received. A copy of the originally certified copy of the power of attorney must be lodged with this application.

Persons appointed under a Power of Attorney will be required to complete the Identification Form on page 47.

Office Use Only

Complete either section 4A and 4B OR ONLY Section 4C

Section 4A: Partnership verification

Verify the following:

The name of the partnership

Important – Attach a legible copy of the ID documentation used to verify the partnership (and any required translation)

ID document details

	Document 1	Document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Originally certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Originally certified copy
Document issuer/website	<input type="text"/>	<input type="text"/>
Issue date/search date	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Section 4B: Individual partner verification

Verify the following:

- The individual partner's full name **and** either
- Their date of birth **or**
- Their residential address

Important – Attach a legible copy of the ID documentation used to verify the individual partner (and any required translation)

ID document details

	Document 1	Document 2
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Originally certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Originally certified copy
Document issuer	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>
Document number (if applicable)	<input type="text"/>	<input type="text"/>
Accredited English translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Section 4C: Validation of adviser use only sections

Sections 2A, 2B and 2C correctly completed with supporting documentation attached (if applicable)

Verifier details – identification and verification conducted by:

Name and initial Date verified / /