

AUSTRALIAN CLIENT DETAILS FORM

Client ID: _____ File Reference No.: _____

Personal Information

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Residential Address: _____

Postal Address (if different): _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Identification Documents

Australian Driver Licence No.: _____

Passport No.: _____ Country of Issue: _____

Medicare Number: _____

Occupation and Employment Details

Occupation: _____

Employer/Business Name: _____

Employer Address: _____

Business Phone: _____

Financial Information

Annual Income Range (AUD): _____

Estimated Net Worth (AUD): _____

Source of Funds: _____

AML/CTF Declaration and Consent

I declare that the information provided on this form is true, accurate and complete. I acknowledge that the information is being collected for the purposes of complying with Australia's Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act), and consent to this information being used and disclosed in accordance with the Act.

Privacy Notice

Your personal information is collected and handled in accordance with the Privacy Act 1988 and any applicable Australian privacy laws. The information will be used for identification, verification, and administration purposes. You have the right to access and correct your personal information.

Declarations and Signatures

I confirm that I have read, understood and agree to the above statements and that all information provided is accurate to the best of my knowledge. I understand that providing false or misleading information is an offence under Australian law.

Client Signature

Agent/Representative Signature

Date:

Date:

Signature: _____

Signature: _____

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