

CUSTOMER IDENTITY VERIFICATION PROCEDURE/CHECKLIST

Email info@gmtmoney.com.au Website www.gmtmoney.com.au

PH: (612) 86773534 FAX: (612) 82466621 Toll Free: 1300 783 036

Your identity is unique and worth protecting. This is why we make a point of getting to know our customers-even before they open an account.

We have good reason for doing this. Criminals and terrorists often try to launder money by opening accounts using false identity details. By providing us with the information we need, you will be helping us to make sure that we know exactly who we are dealing with and ultimately, to comply with stringent money laundering legislation. You can visit our office in person to be identified or alternatively obtain certified copies of your identification documents and return them with your customer identification form. **WHO CAN**

CERTIFY?

The person who certifies your documents must be independent of your application and from one of the following professions:

HOW TO CERTIFY CHECKLIST

The certifier must:

| a) | Write the following wording, or similar, on your documents: Example, for identity verification documents that contain a photograph of the signatory | lick Box |
|----|---|----------|
| | "I certify that I have seen the original documentation and that the photograph is a true likeness and this copy is a complete and accurate copy of that original." | |
| | Example for other identity verification documents "I certify that I have seen the original documentation and this copy is a complete and accurate copy of that original." | |
| b) | Sign and date the photocopy. | |
| c) | Add their name in block capitals along with their position/capacity, address and daytime contact telephone number (not a mobile phone). The certifier may be contacted by GMT MONEY TRANSFER&EXCHANGE | |
| d) | Add the official stamp of their office, and registration number, if possible. | |



CUSTOMER IDENTIFICATION FORM (Certified Copies)

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Fields marked with (*) are mandatory

| PERSONAL DETAILS Details of signatory being identified | | DETAILS OF C Please ensure that t | | certifier of your identification |
|--|----------------------------|--|---------------------|---|
| First Name* | Surname * | documents have bee | | ···· , ·· · · · · · · |
| | | First Name* | | Surname * |
| Company name (if applicable) | , | | | |
| | | Company name (if | applicable) | |
| ID card / Passport / Licence # * | ID Expiry * (DD/MM/YY) | | | |
| | | Registration Numb | per (if possible) | Date of Birth * (DD/MM/YY) |
| ID Issuer * | Date of Birth * (DD/MM/YY) | | | |
| | | Capacity to certify | * | |
| Nationality * | | | | |
| | | | | |
| Occupation * | | RESIDENTAL/BUS | SINESS | (no P.O. Box addresses) * |
| | | | | |
| Employer * | | City/Suburb * | | |
| | | | | |
| | | State* | Postcode* | Country* |
| RESIDENTAL/BUSINESS ADDRESS | (no P.O. Box addresses) * | | | |
| ADDRESS | | Telephone * (Day ti | ime contact numb | per not mobile) |
| City/Suburb* | | | | Office stars |
| | | | | Office stamp of certifier |
| State* Postcode* | Country* | | | (if possible) |
| | | Signature of Certif | ier | Date |
| Home* | Work | | | |
| | | | | |
| Mobile | Fax | | | |
| | | | | act or request additional |
| Email Address* | | documentary eviden | ice ironi you. | |
| | | | | |
| POSTAL ADDRESS(if different) | | CERTIFYING Y DOCUMENTS | OUR | |
| Street/P.O. Box Address | | Incorrect certificat | | ts is one of the main reasons for |
| City/Suburb | | | | I running. The checklist and the ake you through exactly how your |
| | | documents have to | | |
| State Postcode | Country | All documents you | I supply must be | ۵. |
| | | - | | e. elevant page(s) or front & back of |
| I Certify the above particulars are true | and correct | document as | applicable to do | |
| Customer's Signature | Date | Certified in Er The date of certified | • | be no older than 3 month ago |
| | | The "original" | certified copy (v | we will not accept copies of a |
| | | copy) as sign | ed by the Certifi | ier |