

> Application Form – New Investors

Please read the Product Disclosure Statement (PDS) and where appropriate, the 'Additional Information to the Product Disclosure Statement' (which forms part of the PDS) before applying for units in a Fund. An incomplete Application Form will not be accepted.

Instructions to complete

- Please complete all relevant sections of the Application Form using BLACK INK.
- Print within the boxes in CAPITAL LETTERS and mark boxes with 'X' where appropriate.
- Ensure the form is signed by all relevant authorised signatories.
- When investing in more than one fund, indicate how much you wish to invest in each fund in Section 8.
- Send all additional information and documentation for AML/CTF purposes as detailed on pages 13-16 for your investor type.
- Send the **original Application Form** (faxes and emails are **not** acceptable).
- Enclose a contribution cheque or completed Australian Standard Transfer Form, or arrange payment in Section 8.

This Application Form is applicable for the Grant Samuel Funds listed below:

	APIR Code	ARSN	PDS date
Cambridge Global Smaller Companies Fund	GSF4799AU	629 676 544	30 January 2019
Grant Samuel Epoch Global Equity Shareholder Yield (Hedged) Fund	GSF0001AU	130 358 440	1 March 2018
Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund	GSF0002AU	130 358 691	1 March 2018
Munro Global Growth Fund – Ordinary Class	MUA0002AU	612 854 547	4 February 2019
Payden Global Income Opportunities Fund	GSF0008AU	130 353 310	1 August 2018
Triple3 Volatility Advantage Fund – Class A	GSF0009AU	168 796 718	22 February 2017

1. Investor name and type

a) Name of Investor

Account name

b) What type of investor are you? (must be completed)

	Please complete Sections:
Individual(s)	<input type="checkbox"/> 2, 5 to 13
Company	<input type="checkbox"/> 2, 3, 5 to 13
Trust/Superannuation fund with an individual trustee(s)	<input type="checkbox"/> 2, 4 to 13
Trust/Superannuation fund with a corporate trustee	<input type="checkbox"/> 2 to 13
Margin lender (company listed/majority owned subsidiary of an Australian listed company)	<input type="checkbox"/> 2, 3, 5 to 13
Custodian (company listed/majority owned subsidiary of an Australian listed company)	<input type="checkbox"/> 2, 3, 5 to 13
Other – Please specify <input type="text"/>	<input type="checkbox"/> 2 to 13

A person investing in the Funds through an IDPS should complete the application form supplied by the operator of the IDPS.

2. Individual details (to be completed by individual investors, individual trustees, directors/secretaries of corporates and partners of a partnership)

a) Individual 1

Title Surname

Given name(s)

Date of birth / / City or town of birth Country of birth

Residential street address (this cannot be a post office box)
Unit no Street no Street name

Suburb State Postcode

Tax File Number¹ Or exemption

Is the individual a tax resident in a jurisdiction other than Australia?
 No Yes, please complete the Individual CRS Self-Certification Form available at www.gsfm.com.au

Occupation

b) Individual 2

Title Surname

Given name(s)

Date of birth / / City or town of birth Country of birth

Residential street address (this cannot be a post office box)
Unit no Street no Street name

Suburb State Postcode

Tax File Number¹ Or exemption

Is the individual a tax resident in a jurisdiction other than Australia?
 No Yes, please complete the Individual CRS Self-Certification Form available at www.gsfm.com.au

Occupation

Please attach additional pages if there are more than 2 individual investors.

3. Company details (to be completed by company, margin lender, custodian, partnership, incorporated and unincorporated association, registered co-operatives, government bodies)

Also complete details of 2 office holders such as 2 directors or director/secretary or 1 partner for a partnership in Section 2.

Please also complete the CRS Entity Self-Certification Form available at www.gsfm.com.au

- Public Company
- Australian Proprietary Company (licensed and regulated)
- Australian Proprietary Company (unlicensed and unregulated)
- Foreign Public Company
- Foreign Proprietary Company

Full name

Full registered business name (if applicable) of the partnership

Full street address of registered office (this cannot be a post office box)

Unit no	Street no	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Full street address of principal place of business

Unit no	Street no	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Tax File Number¹

ABN Or ACN/ARBN

Is the organisation a foreign resident for tax purposes? No Yes, Country of Residence _____

Country of registration/establishment Australia Foreign*, please specify _____

Are you a regulated company/partnership Yes* No

Name of regulator/Registration body

Details of relevant licence (including any identification number issued on registration)

If a majority owned subsidiary of an Australian listed company, provide the name of the listed company.

Relevant exchange (if applicable)

Is the Government body a body of The Commonwealth of Australia A state, territory or a foreign country, please specify _____

* Grant Samuel Fund Services Limited reserves the right to request further documentation.

Beneficial owners of company: Please provide details of each shareholder who is beneficially entitled to 25% or more of the issued capital in the company. If no shareholder owns more than 25% of the company's shares, please list the persons who directly or indirectly control the company. *Please attach additional pages if there are more than 2 beneficial owners.*

a) Beneficial owner 1

Cross this box if same as 'Individual 1' in Section 2. If different, please complete below

Title Surname

Given name(s) Date of birth / /

Residential street address (this cannot be a post office box)

Unit no Street no Street name

Suburb State Postcode

Country

b) Beneficial owner 2

Cross this box if same as 'Individual 2' in Section 2. If different, please complete below

Title Surname

Given name(s) Date of birth / /

Residential street address (this cannot be a post office box)

Unit no Street no Street name

Suburb State Postcode

Country

5. Foreign Account Tax Compliance Act (FATCA) Status

Are any of the Individual(s)/trustee(s)/beneficial owners US citizens or residents of the US for tax purposes?

No Yes. If yes, please provide TIN below

TIN

Is the investor a US company/trust/partnership that is not an FATCA exempt payee?

No Yes. If yes, please provide TIN below

TIN

Is the investing entity a Financial Institution?

No Yes. If yes, please provide either a GIIN or FATCA status below

GIIN or FATCA status

1. Please note:

Failure to quote a Tax File Number (TFN) or Australian Business Number (ABN) is not an offence, however, we are required to withhold tax from your distributions at the highest marginal rate of tax (plus medicare levy) until your TFN or ABN is provided. Collection of TFN and ABN information is authorised and its use and disclosure are strictly regulated by tax and privacy laws. If exempt please supply supporting documentation.

6. Politically exposed persons

A 'politically exposed person' (PEP) is an individual who holds a prominent public position or function in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members or close associates.

Please provide the name of anyone that is named in this Application Form as a PEP or is an immediate family member or close associate of a PEP.

7. Investor contact details (address must be investors own details and completed in full)

a) Investor contact details (joint investors please include one set of contact details for all communications)

Please indicate below your preferred option for correspondence.

Please mail all correspondence to me; or Please email all correspondence to me.

Contact name

Postal address (if different to Section 2)

Unit no Street no Street name

Suburb

State

Postcode

Phone number (business hours)

Phone number (after hours)

Mobile number

Fax number

Email address

b) Adviser/Consultant contact details

Please provide a copy of all correspondence to my Adviser. **Note:** If no election is made copies **will not** be sent.

Authorised representative name

Practice name

Mailing address

Unit no

Street no

Street name

Suburb

State

Postcode

Phone number

Fax number

Email address

Dealer group name

AFSL number

Grant Samuel adviser code

c) Other contact details (including attorneys/agents)

Please provide details of other parties authorised to receive details of your investment.

Name

Company

Relationship to investor

Mailing address

Unit no

Street no

Street name

Suburb

State

Postcode

Phone number

Fax number

Email address

8. Investment details (must be completed)

a) Please specify the investment amount in the table below:

	APIR Code	Initial amount	Monthly investment
Cambridge Global Smaller Companies Fund	GSF4799AU	\$ <input type="text"/>	\$ <input type="text"/>
Grant Samuel Epoch Global Equity Shareholder Yield (Hedged) Fund	GSF0001AU	\$ <input type="text"/>	\$ <input type="text"/>
Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund	GSF0002AU	\$ <input type="text"/>	\$ <input type="text"/>
Munro Global Growth Fund – Ordinary Class	MUA0002AU	\$ <input type="text"/>	\$ <input type="text"/>
Payden Global Income Opportunities Fund	GSF0008AU	\$ <input type="text"/>	\$ <input type="text"/>
Triple3 Volatility Advantage Fund – Class A	GSF0009AU	\$ <input type="text"/>	\$ <input type="text"/>
Total		\$ <input type="text"/>	\$ <input type="text"/>

The minimum initial investment is \$25,000 per Fund.

The minimum initial investment if you participate in a regular monthly investment plan is \$10,000 per Fund with a minimum ongoing monthly contribution of \$200 per Fund per month.

b) What is the purpose of investment? (select all applicable options)

Savings Growth Income Retirement Business Account

Other (specify)

c) Detail the source of your investment amount? (select all applicable options)

Savings Growth Income Retirement Business Account

Other (specify)

d) Please specify your preferred payment method

Pay by cheque
If paying by cheque, make it payable to: 'GSFS App A/C – Name of applicant' and crossed 'Not Negotiable'

Pay by electronic funds transfer (EFT)
If paying by EFT **please indicate your name (or part thereof) in the EFT description** and deposit application monies to the following account:

Legal entity name: Grant Samuel Fund Services Limited

Bank: National Australia Bank

Account name	BSB	Account number
Cambridge Global Smaller Companies Fund Application Account	082-057	23-558-5867
Grant Samuel Epoch Global Equity Shareholder Yield (Hedged) Fund Application Account	082-057	92-937-4247
Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund Application Account	082-057	92-938-4170
Munro Global Growth Fund Application Account	082-057	98-412-1189
Payden Global Income Opportunities Fund Application Account	082-057	92-940-1006
Triple3 Volatility Advantage Fund – Class A Application Account	082-057	92-941-4237

Australian Standard Transfer Form
An Australian Standard Transfer Form is to be completed and signed by the authorised signatories of both the transferor and the transferee, duly stamped and attached.

Pay by Direct Debit (You must also complete the Direct Debit Request on page 12)
Please deduct the initial investment amount from my nominated bank account shown in Section 10(a). I understand that units will not be issued until direct debited funds have been cleared by my bank, which can take up to three business days.

9. Income distribution preference (must be completed)

Please advise your preference for reinvestment or payment by bank deposit of income distribution. If a preference is not indicated, your distribution entitlement will be reinvested as additional Units in the relevant Fund.

	Distribution preference	
	Reinvestment	Bank deposit
Cambridge Global Smaller Companies Fund	<input type="checkbox"/>	<input type="checkbox"/>
Grant Samuel Epoch Global Equity Shareholder Yield (Hedged) Fund	<input type="checkbox"/>	<input type="checkbox"/>
Grant Samuel Epoch Global Equity Shareholder Yield (Unhedged) Fund	<input type="checkbox"/>	<input type="checkbox"/>
Munro Global Growth Fund – Ordinary Class	<input type="checkbox"/>	<input type="checkbox"/>
Payden Global Income Opportunities Fund	<input type="checkbox"/>	<input type="checkbox"/>
Triple3 Volatility Advantage Fund – Class A	<input type="checkbox"/>	<input type="checkbox"/>

10. Bank account details (must be completed)

a) Please nominate the bank account into which you would like withdrawals paid. If you have selected Direct Debit, this is the account we will debit for your investment.

Account name

(Must be in the name of an investor)

Name of financial institution

(Must be an Australian authorised deposit taking institution)

Branch

BSB Account number

b) If you would like distributions paid to a different bank account, please provide details below.

Account name

(Must be in the name of an investor)

Name of financial institution

(Must be an Australian authorised deposit taking institution)

Branch

BSB Account number

11. Annual financial report

If you elect to receive a copy of a Fund's annual report, we are required by law to provide a copy to you free of charge (which will be sent to your specified email address). If you do not elect to receive a copy, then you may access the Annual Report on our website at www.gsfn.com.au.

Please mark if you would like to receive a copy of the Annual Report each year.

I wish to receive a copy of the Annual Report each year

12. Declaration and signature (must be completed)

I/We declare and agree that:

- All details in the application are true and correct. I/We agree to advise GSFS in writing and provide a new declaration and self-certification form (if applicable) within 30 days if there are any changes to my/our personal information/circumstances which causes any of the information contained in this form to be incorrect, incomplete or which affects my tax residency status;
- I/We have received and read the PDS for the relevant fund dated as shown on page 1 and the 'Additional Information to the Product Disclosure Statement' (which forms part of the PDS) which this Application Form accompanies and agree to be bound by the provisions of the PDS and the Constitution (as amended from time to time) governing the relevant Fund;
- I/We am/are an individual over 18 years of age, or I am a duly incorporated body;
- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this application);
- Sole signatories signing on behalf of a company confirm that they are signing as a sole director and sole secretary of the company; and
- If investing as trustee, on behalf of a superannuation fund or trust, I/we confirm that I/we am/are acting in accordance with my/our designated powers and authority under the applicable trust deed in the case of a superannuation fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.

I/We acknowledge that:

- Neither the Responsible Entity, its related bodies corporate or associates nor any other person guarantees the repayment of capital or the performance of the Funds or any particular rate of return from the Funds;
- Unit holdings are subject to investment risks, including loss of income and capital invested and possible delays in payment;
- The Responsible Entity is authorised to apply the TFN or ABN provided above and it will be applied to all future applications for units, including re-investments, unless I/we advise the Responsible Entity otherwise;
- The Responsible Entity reserves the right to not accept any application in its absolute discretion;
- If my/our application monies are dishonoured, the Responsible Entity will not process my/our application and will notify me/us;
- I/We have read the information on privacy and personal information contained in the PDS and understand that my/our personal information will be used and disclosed as set out in the PDS including for, or in relation to, the subscription for units;
- Application money will be held in a bank account until invested in the relevant Fund or returned to me/us. Any interest paid on that account will be paid to the Funds and not to the applicant regardless of whether their application is successful; and
- Investments in the Funds are not deposits with or other liabilities of the Responsible Entity or related bodies corporate, affiliates, associates or officers of any of the above entities and are subject to investment risk, including possible delays in payment and loss of income and capital invested.

Individual(s)/Sole trader/Partnership/Trustee

Name

Signature

Date

Name

Signature

Date

For Individual(s)/Sole trader/Partnership/Trustee investors, please indicate who is to sign Any 1 to sign 2 to sign All to sign
If you do not indicate a choice, Grant Samuel Fund Services Limited will assume any one signatory can sign.

Company/Margin lender/Custodian/Incorporated or Unincorporated association/Registered co-operatives/Government body (at least 2 to sign unless you indicate you are a Sole director/Secretary)

Name and title (eg. Director, Secretary or Sole director/Secretary)

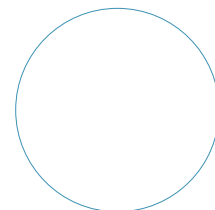
Signature

Date

Name and title (eg. Director, Secretary or Sole director/Secretary)

Signature

Date



Company seal
(if applicable)

13. Additional authorised signatories (including attorneys/agents)

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Note: Changes to any details in regard to your investment will be required in writing and approved by the authorised signatories.

14. Adviser AML/CTF identification and verification

To be completed and signed by the Adviser identified in Section 7b (if relevant).

a) Investor identification is not attached

I declare that the Adviser set out in Section 7b has completed the AML/CTF identification and verification for this Investor as required by the AML/CTF Act and AML/CTF Rules and I am satisfied that the identity of the Investor is as stated on this Application Form. I have retained a copy of the identification documents obtained and a record of the procedure undertaken to verify the identity of the Investor and I agree to provide a copy of this information upon request to support this declaration.

Adviser signature

Adviser stamp

Please send the completed application and required additional documents to

Attention: Unit Registry
Mainstream
GPO Box 4968
Sydney NSW 2001



Mainstream Fund Services Pty Ltd
(ACN 118 902 891)
Level 1, 51-57 Pitt Street
Sydney NSW 2000
Phone: 02 9247 3326

Direct Debit Request

Request and Authority to debit the account named below to pay
Mainstream Fund Services Pty Ltd

Request and Authority to debit

Your Surname or company name

Your Given names or ABN/ARBN

 "you"

request and authorise **Mainstream Fund Services Pty Ltd (Mainstream)** to arrange, through its own financial institution, a debit to *your* nominated account any amount **Mainstream** has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution *you* have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name

Address

Insert details of account to be debited

Name/s on account

BSB number (must be 6 digits)

Account number

Acknowledgement

By **signing** and/or providing us with a **valid instruction** in respect to *your* Direct Debit Request, *you* have understood and agreed to the terms and conditions governing the debit arrangements between *you* and **Mainstream** as set out in this Request and in *your* Direct Debit Request Service Agreement.

Payment details

The maximum amount to be debited at any one time is:

\$

Amount in words

or

The first debit may be made on / / and at

weekly / fortnightly / monthly / quarterly / half yearly / intervals after that

Insert your signature and address

Signature

Date

 / /

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address

> Application checklist

In addition to completing the Application Form it is necessary to provide additional information and documentation to assist with customer verification procedures with regard to the AML/CTF Act and Rules (unless Section 14 of the Application Form has been completed by your adviser), Common Reporting Standard (CRS) and FATCA requirements. Please complete the checklist below for the relevant investor type section you have specified in Section 1b of the Application Form. Ensuring the following information is provided will enable a smooth application process. If you are an existing investor and your details, as included in the last completed Application Form, have not changed, you are not required to provide the information below. If any of your details have changed, please provide the relevant information or documents listed below.

Please be advised that a certified copy may be signed by a licenced financial planner with more than 2 years of continuous service, Justice of the Peace, solicitor, accountant or police officer. Please provide the name of the certifier and contact details as we may need to contact this person.

Name

Business phone

Do not send original documents. We will retain all certified copies.

Please note that it may be necessary to complete more than one section depending on the structure of your holding. For example, a Trustee Company will need to complete the section for the Trustee AND the Company. An individual who has appointed a financial planner to act on their behalf will need to complete the 'Individual' and 'Agent' sections.

Grant Samuel Fund Services Limited reserves the right to request further documentation and has absolute discretion to accept or reject any application subject to the receipt of full documentation. Where any document is in a language that is not English it must be accompanied by an English translation prepared by an accredited translator.

Please provide the information or documentation listed in respect of each investor type as applicable to your circumstances.

	Documentation and Information that needs to be provided
Individual(s)	<p>Certified copy of ONE of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Australian driver's licence containing a photograph of the person. <input type="checkbox"/> Current Australian passport issued by the Commonwealth. <input type="checkbox"/> Current card issued under a law of a State or Territory for the purpose of proving a person's age which contains a photograph of the person in whose name the document is issued. <input type="checkbox"/> Current foreign passport or similar document issued for the purpose of international travel, that contains a photograph and the signature of the person in whose name the document is issued. <input type="checkbox"/> If the individual is a tax resident in a jurisdiction other than Australia, please complete the Individual CRS Self-Certification form available at www.gsfm.com.au
Sole Trader	<ul style="list-style-type: none"> <input type="checkbox"/> ONE of the documents requested for Individuals. <input type="checkbox"/> A business name registration certificate.

	Documentation and Information that needs to be provided
<p>Company</p>	<p><input type="checkbox"/> For a proprietary company, the name of each director of the company. Each signatory on the account must also complete the Investor details in Section 2 of the Application Form and provide a certified copy of either their drivers licence or passport.</p> <p><input type="checkbox"/> A certified list of your authorised signatories otherwise instructions will only be accepted if signed by the signatories in Section 12.</p> <p><input type="checkbox"/> If the company is a proprietary company or a foreign private company and is not a regulated company, the name and residential address of any individual who owns, through one or more shareholdings, more than 25% of the issued capital of the company.</p> <p><input type="checkbox"/> If the company is a majority-owned subsidiary of an Australian listed company, the name of the Australian listed company and the name of the relevant market/exchange.</p> <p><input type="checkbox"/> If the company is a listed company, the name of the relevant market/exchange.</p> <p><input type="checkbox"/> A certified copy of the Certificate of Incorporation.</p> <p><input type="checkbox"/> If the company is a foreign company and does not have a principal place of business in Australia, the full name and residential address of the company's local agent in Australia.</p> <p><input type="checkbox"/> A CRS Entity Self-Certification form available at www.gsfm.com.au must be provided.</p>
<p>Trust/Superannuation fund with an individual trustee(s) or a corporate trustee</p>	<p><input type="checkbox"/> In respect of the trustees, the information and documentation for an individual or company as specified on the previous page;</p> <p><input type="checkbox"/> A CRS Entity Self-Certification form available at www.gsfm.com.au must be provided; and</p> <p>If the trust is:</p> <p><input type="checkbox"/> a wholesale trust, a certified copy or certified extract of the trust deed; or</p> <p><input type="checkbox"/> a regulated trust (eg. self managed superannuation fund), the name of the regulator and relevant registration/licensing details; or</p> <p><input type="checkbox"/> a government superannuation fund established under legislation, the name of that legislation and the provision that establishes the fund.</p> <p>If the trust is any other trust (eg. family discretionary trust):</p> <p><input type="checkbox"/> In relation to the name of the trust, a certified copy or certified extract of the trust deed or a notice (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months; and</p> <p><input type="checkbox"/> Full name of the settlor(s) and each beneficiary (or if the terms of the trust identify the beneficiaries by reference to membership of a class – details of the class); and</p> <p><input type="checkbox"/> Full name and residential address of each trustee who is an individual; and</p> <p><input type="checkbox"/> Full name and address of each trustee who is not an individual.</p>
<p>Custodian/Margin lender</p>	<p><input type="checkbox"/> For a proprietary company, the name of each director of the company. Each signatory on the account must also complete the Investor details in Section 2 of the Application Form and provide a certified copy of either their drivers licence or passport.</p> <p><input type="checkbox"/> A certified list of your authorised signatories otherwise instructions will only be accepted if signed by the signatories in Section 12.</p> <p><input type="checkbox"/> If the company is a proprietary company or a foreign private company and is not a regulated company, the name and residential address of any individual who owns, through one or more shareholdings, more than 25% of the issued capital of the company.</p> <p><input type="checkbox"/> If the company is a majority-owned subsidiary of an Australian listed company, the name of the Australian listed company and the name of the relevant market/exchange.</p> <p><input type="checkbox"/> If the company is a listed company, the name of the relevant market/exchange.</p> <p><input type="checkbox"/> A certified copy of the Certificate of Incorporation.</p>

	Documentation and Information that needs to be provided
Partnership	<p><input type="checkbox"/> Each signatory on the account complete the Investor details in Section 2 of the Application Form and provide the information and documentation for an individual as specified on the previous page; and</p> <p>ONE of the following in relation to the name of the partnership:</p> <p><input type="checkbox"/> At least ONE partner to complete the Investor details in Section 2 of the Application Form and provide the information and documentation for an individual as specified on the previous page; and</p> <p><input type="checkbox"/> A certified copy or certified extract of minutes of a partnership meeting; or</p> <p><input type="checkbox"/> A certified copy or certified extract of the partnership agreement; or</p> <p><input type="checkbox"/> A certified copy of a notice (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months; or</p> <p><input type="checkbox"/> An certified copy of a certificate of registration of business name issued by a government or government agency in Australia.</p> <p>AND ONE of the following:</p> <p><input type="checkbox"/> If the partnership is regulated by a professional association, the name of that professional association and a certified copy of the current membership certificate (or equivalent); or</p> <p><input type="checkbox"/> Membership details independently sourced from the relevant association; or</p> <p><input type="checkbox"/> Full name and residential address of each partner in the partnership.</p> <p>AND</p> <p><input type="checkbox"/> A certified copy of documents evidencing changes to the Partnership Agreement eg. 'Change of Partnership'.</p> <p><input type="checkbox"/> A certified list of your authorised signatories otherwise instructions will only be accepted if signed by the signatories in Section 12.</p>
Incorporated association	<p><input type="checkbox"/> Full name and title of the chairman, secretary and treasurer or equivalent officer in each case; and</p> <p><input type="checkbox"/> Each signatory on the account must also complete the Investor details in Section 2 of the Application Form and provide the information and documentation for an individual as specified on the first page of this Application checklist; and</p> <p><input type="checkbox"/> Any unique identification number issued upon incorporation by the registration body; and</p> <p><input type="checkbox"/> Certified extract of:</p> <p><input type="checkbox"/> The constitution or rules of association; or</p> <p><input type="checkbox"/> Minutes of meeting of the association; or</p> <p><input type="checkbox"/> Information provided by the relevant registration body responsible for the incorporation for the association.</p> <p><input type="checkbox"/> Residential address of the Association's public officer or (if relevant) the Association's president, secretary or treasurer.</p>
Unincorporated association	<p><input type="checkbox"/> Full name and title of the chairman, secretary and treasurer or equivalent officer in each case; and</p> <p><input type="checkbox"/> Each signatory on the account complete the Investor details in Section 2 of the Application Form and provide the information required for an individual as specified on the first page of this Application checklist; and</p> <p><input type="checkbox"/> A certified extract of:</p> <p><input type="checkbox"/> The constitution or rules of association; or</p> <p><input type="checkbox"/> Minutes of meeting of the association.</p> <p><input type="checkbox"/> Full name of Association</p> <p><input type="checkbox"/> Full address of the Association's principal place of business; and</p> <p><input type="checkbox"/> Residential address of the Association's public officer or (if relevant) the Association's president, secretary or treasurer.</p>

	Documentation and Information that needs to be provided
Registered co-operatives	<input type="checkbox"/> Full name and title of the chairman, secretary and treasurer or equivalent officer in each case; and <input type="checkbox"/> Each signatory on the account must also complete the Investor details in Section 2 of the Application Form and provide the information and documentation for an individual as specified on the first page of this Application checklist; and <input type="checkbox"/> Any unique identification number issued upon its registration by the relevant registration body; and <input type="checkbox"/> A certified copy or certified extract of the: <input type="checkbox"/> Register maintained by the co-operative; or <input type="checkbox"/> Minutes of meeting of the co-operative; or <input type="checkbox"/> Information provided by the relevant registration body in relation to the registration of the co-operative. <input type="checkbox"/> Residential address of the Association's public officer or (if relevant) the Association's president, secretary or treasurer.
Government body	<input type="checkbox"/> If the government body is established under legislation, a copy or relevant extract of the legislation obtained from a reliable and independent source, such as a government website. <input type="checkbox"/> Each signatory on the account must also complete the Investor details in Section 2 of the Application Form and provide a certified copy of either their drivers licence or passport.

	Requirements
Agents of investors	<p>The following applies when a investor authorises an agent to act for or on behalf of themselves in relation to a designated service:</p> <input type="checkbox"/> Evidence of the investor's authorisation specifying the appointment of the agent (eg. signed letter, signed authorisation form, signed power of attorney etc).
	<p>The following applies when a non-individual investor (eg. company, trustee, co-operative etc) appoints a verifying officer (eg. employee, agent or contractor) to identify an agent appointed by the non-individual investor:</p> <input type="checkbox"/> In respect of the verifying officer/signatory, the information for an Individual as specified on the first page of this Application checklist. <input type="checkbox"/> Evidence of the investor's authorisation specifying the appointment of the verifying officer (eg. signed letter, signed authorisation form etc).
	<p>In respect of the agent:</p> <input type="checkbox"/> Full name and address of each agent. <input type="checkbox"/> A copy of the signature of the agent. <input type="checkbox"/> Provide a certified copy of each agent's drivers licence or passport.

FATCA Checklist	<input type="checkbox"/> If the Investors/trustees/beneficial owners are US Citizens or US residents for tax purposes they have provided their TIN <input type="checkbox"/> If Investor is US company/trust/partnership that is not an FATCA exempt payee they have provided their TIN <input type="checkbox"/> If investor is a financial institution they have provided us with their GIIN or provided confirmation of their FATCA status.
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