



Customer Verification Form – Domestic Proprietary Company

All fields are mandatory, unless specified otherwise.

1. DOMESTIC PROPRIETARY COMPANY INFORMATION

RAMS Individual Customer Number (if known)

Full name of the company as registered with ASIC

Other name(s) under which the company carries on their business (if any)

ACN

ABN (if any)

Is the company majority owned by an Australian publicly listed company?

☐

Yes ➔ Provide name of the domestic stock exchange on which the majority owner is listed.

☐

No ➔ Go to next question

Is the company majority owned by a foreign listed company?

☐

Yes ➔ Provide name and jurisdiction of the foreign stock exchange on which the majority owner is listed.

☐

No ➔ Go to next question

Nature of business activities – Australia and New Zealand Standard Industry Code (ANZSIC).

Please provide us with details of the industry in which your business operates for example, real estate, dairy manufacturer.

Date of registration

State/Territory of registration

Full address of the company's registered office (not a PO Box)

Suburb	State	Postcode
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Full address of the company's principal place of business (not a PO Box) (if any)

☐

As Above

Suburb	State	Postcode
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Company's contact email address

Full name(s) (including middle name(s) where applicable) of ALL company directors.

(If there is not enough space, provide details on a separate sheet)



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1. DOMESTIC PROPRIETARY COMPANY INFORMATION CONTINUED

Is the company a tax resident of any country outside of Australia?

☐ **Yes** ➔ Country(ies) outside of Australia in which the company is a resident for tax purposes and country's associated Tax Identification Number (TIN)*

*A Foreign TIN is an identifying number or equivalent issued by the company's country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

Note: If the company has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

☐ **No** ➔ Go to next question

Purpose of business relationship (please select one or more options)

Note: This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate all your reasons.

☐ Transactional

☐ Savings

☐ Long-term Borrowing

Source of funds (please select one or more options)

Note: This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate all your sources of funds.

☐ Commission

☐ Sale of Assets

☐ Investment Income/Earnings

☐ Bonus

☐ Tax Refund

☐ Liquidation of Assets

☐ Business Profits

☐ Gift/Donation

☐ Insurance Payment

☐ Loan

☐ Government Grant

☐ Compensation Payment

☐ Rental Income

☐ Business Income/Earnings

☐ Additional sources (please specify)

Source of wealth (please select one or more options)

Note: This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate all your sources of wealth.

☐ Business Profits

☐ Sale of Assets

☐ Investment Income/Earnings

☐ Rental Income

☐ Gift/Donation

☐ Compensation Payment

☐ Insurance Payment

☐ None

☐ Liquidation of Assets

☐ Business Income/Earnings

☐ Additional sources (please specify)

2. REGULATED COMPANIES ONLY

Is the company licensed and subject to regulatory oversight by a statutory Commonwealth, State or Territory regulator (e.g. ASIC, APRA, ATO)?

Note: A company is licensed by ASIC if it deals or advises in investments, superannuation, insurance, deposit-taking and credit products.

☐ **Yes** ➔ Name of the regulator

☐ Australian Securities & Investments Commission (ASIC)

☐ Australian Prudential Regulation Authority (APRA)

☐ Australian Taxation Office (ATO)

Licence number

➔ **Go to section 6 Declaration once the above is complete**

☐ **No** ➔ Go to next question



Customer Verification Form – Domestic Proprietary Company

3. BENEFICIAL OWNERS

Full Name(s) (including middle name(s) where applicable), full address (no PO Box), date of birth and type of relationship of each INDIVIDUAL who is a Beneficial Owner.

A Beneficial Owner is:

1. Any Individual who owns (either directly or indirectly) 25% or more of the company, such as a shareholder; **OR**
2. If no one owns 25% or more, each Individual that controls (either directly or indirectly) the company.

Where you are not able to identify any such Individual using the previous measures, the following Individual(s) can be treated as if they were a Beneficial Owner.

1. An Individual entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto; **OR**
2. If no one is entitled to exercise 25% or more of the voting rights, an Individual who holds the position of senior Managing Official (or equivalent), such as the Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), or Chairman of the Board, or foreign equivalent positions.

Please attach certified copies of identification documentation (go to section 7 to find out more about acceptable documentation).

If there is not enough space, provide details on a separate sheet and attach to this form, labelling the section that the attachment relates to.

Beneficial Owner 1

Type of relationship: ☐ Owner ☐ Controller ☐ Other Individual

Title Full name (as per identification document)

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Other name(s) (if any)

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Are you a RAMS customer? ☐ Yes ☐ No

Date of Birth

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If Yes, then please provide your Customer Identification Number

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Employment type (e.g. Full-time, Part-time, Casual)

Occupation

--

--

Full address (not a PO Box)

Suburb	State	Postcode
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Mobile Number

Email Address

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Is Beneficial Owner 1 a tax resident of any country outside of Australia?

☐ **Yes** ➔ Please indicate below the country(ies) in which Beneficial Owner 1 is a resident for tax purposes and each country's associated TIN*

*A Foreign TIN is an identifying number or equivalent issued by the individual's country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

Note: If the Individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

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☐ **No** ➔ Go to next question



Customer Verification Form – Domestic Proprietary Company

3. BENEFICIAL OWNERS CONTINUED

Non-Beneficially held shareholdings, if applicable:

- Please advise how non-beneficial shares in the entity are held and, on whose behalf, they are held (for example, whether it is on behalf of an individual/trust/company)

Individual shareholder's name

Entity name

Held on behalf of

Purpose of business relationship (please select one or more options)

- ☐ Transactional ☐ Savings ☐ Long-term Borrowing

Source of funds (please select one or more options)

Note: This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate all your sources of funds.

- | | | |
|--|---|---|
| <input type="checkbox"/> Salary/wages | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Redundancy | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Windfall |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Government benefits | <input type="checkbox"/> Tax refund |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> Insurance payment |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Business income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | <input type="text"/> | |

Source of wealth (please select one or more options)

Note: This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate all your sources of wealth.

- | | | |
|--|---|--|
| <input type="checkbox"/> Government benefits | <input type="checkbox"/> Windfall | <input type="checkbox"/> Business income/earnings |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Redundancy | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Insurance payment | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> None |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | <input type="text"/> | |

Beneficial Owner 2

Type of relationship: ☐ Owner ☐ Controller ☐ Other Individual

Title Full name (as per identification document)

<input type="text"/>	<input type="text"/>
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Other name(s) (if any)

Are you a RAMS customer? ☐ Yes ☐ No

Date of Birth

If Yes, then please provide your Customer Identification Number



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3. BENEFICIAL OWNERS (CONTINUED)

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

Full address (not a PO Box)

Suburb	State	Postcode
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Mobile Number

Email Address

Is Beneficial Owner 2 a tax resident of any country outside of Australia?

☐ **Yes** ➔ Please indicate below the country(ies) in which Beneficial Owner 2 is a resident for tax purposes and each country's associated TIN*

*A Foreign TIN is an identifying number or equivalent issued by the Company's country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

Note: If the Individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

☐ **No** ➔ Go to next question

Non-Beneficially held shareholdings, if applicable:

- Please advise how non-beneficial shares in the entity are held and, on whose behalf, they are held (for example, whether it is on behalf of an individual/trust/company)

Individual shareholder's name

Entity name

Held on behalf of

Purpose of business relationship (please select one or more options)

☐ Transactional

☐ Savings

☐ Long-term Borrowing

Source of funds (please select one or more options)

Note: This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate all your sources of funds.

☐ Salary/wages

☐ Inheritance

☐ Compensation payment

☐ Commission

☐ Redundancy

☐ Gift/donation

☐ Bonus

☐ Liquidation of assets

☐ Windfall

☐ Loan

☐ Government benefits

☐ Tax refund

☐ Business profits

☐ Superannuation/pension

☐ Insurance payment

☐ Sale of assets

☐ Investment income/earnings

☐ Rental income

☐ Business income/earnings

☐ Additional sources (please specify)



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3. BENEFICIAL OWNERS (CONTINUED)

Source of wealth (please select one or more options)

Note: This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate all your sources of wealth.

- | | | |
|--|---|--|
| <input type="checkbox"/> Government benefits | <input type="checkbox"/> Windfall | <input type="checkbox"/> Business income/earnings |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Redundancy | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Insurance payment | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> None |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | | |

Beneficial Owner 3

Type of relationship: ☐ Owner ☐ Controller ☐ Other Individual

Title Full name (as per identification document)

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Other name(s) (if any)

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Are you a RAMS customer? ☐ Yes ☐ No

Date of Birth

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If Yes, then please provide your Customer Identification Number

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Employment type (e.g. Full-time, Part-time, Casual)

Occupation

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Full address (not a PO Box)

Suburb	State	Postcode
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Mobile Number

Email Address

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Is Beneficial Owner 3 a tax resident of any country outside of Australia?

☐ **Yes** ➔ Please indicate below the country(ies) in which Beneficial Owner 3 is a resident for tax purposes and each country's associated TIN*

*A Foreign TIN is an identifying number or equivalent issued by the Company's country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

Note: If the Individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

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☐ **No** ➔ Go to next question



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3. BENEFICIAL OWNERS (CONTINUED)

Non-Beneficially held shareholdings, if applicable:

- Please advise how non-beneficial shares in the entity are held and, on whose behalf, they are held (for example, whether it is on behalf of an individual/trust/company)

Individual shareholder's name

Entity name

Held on behalf of

Purpose of business relationship (please select one or more options)

- ☐ Transactional ☐ Savings ☐ Long-term Borrowing

Source of funds (please select one or more options)

Note: This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate all your sources of funds.

- | | | |
|--|---|---|
| <input type="checkbox"/> Salary/wages | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Redundancy | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Windfall |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Government benefits | <input type="checkbox"/> Tax refund |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> Insurance payment |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Business income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | <input type="text"/> | |

Source of wealth (please select one or more options)

Note: This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate all your sources of wealth.

- | | | |
|--|---|--|
| <input type="checkbox"/> Government benefits | <input type="checkbox"/> Windfall | <input type="checkbox"/> Business income/earnings |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Redundancy | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Insurance payment | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> None |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | <input type="text"/> | |



Customer Verification Form – Domestic Proprietary Company

4. FOREIGN TAX RESIDENCY

We are required to identify tax residents of a country(ies) other than Australia in order to meet account information reporting requirements under local and international laws.

If at any time after account opening, information in our possession suggests that you, the company and/or any individual who holds ownership and/or control in the company of 25% or more (Beneficial Owner/Controlling Person) may be a tax resident of a country(ies) other than Australia, you may be contacted to provide further information on your foreign tax status and/or the foreign tax status of the entity and/or any Beneficial Owners/Controlling Persons. Failure to respond may lead to certain reporting requirements applying to the account.

You certify that if at any time there is a change to the foreign tax status details for you, the company and/or any controlling persons, you will inform the bank. You also certify that if at any time there is a change of a controlling person/s in your company, you will inform the bank.

A Beneficial Owner/Controlling Person refers to the individual(s) that directly or indirectly owns a legal interest in the entity of 25% or more and/or exercises actual effective control over the entity, whether from an economic or other perspective such as through voting rights. In addition, in the case of a Trust, a Beneficial Owner/Controlling Person includes the settlor(s), trustee(s), appointer(s), protector(s), beneficiary(ies) or classes of beneficiaries and in the case of an entity other than a Trust, the term includes persons in equivalent or similar positions.

5. PRIVACY STATEMENT AND CONSENT REQUEST

Privacy Statement

All personal information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at <https://www.rams.com.au/about-rams/privacy/> or by calling us on **13 7267**. Our Privacy Statement also provides information about how you can access and correct your personal information and make a complaint. You do not have to provide us with any personal information, but if you don't, we may not be able to continue to provide products or services to the customer for which you are a Trustee, partner, representative, beneficial owner, or controlling person.

Consent Request

You consent to Westpac collecting and holding any sensitive information (such as health information or information about your racial or ethnic origin) which appears on certified copies of your identity documents. You will not be able to withdraw your consent to Westpac holding this information after it has been provided because Westpac is required to retain copies of identification documents under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

If you do not consent to Westpac's collection of any such sensitive information, you may verify your identity in person at any Westpac branch.

6. DECLARATION

Customer declaration

I declare that to the best of my knowledge the information I have provided above is true and correct as at the date of this document. I understand that it is an offence to knowingly give false or misleading information or knowingly produce a false or misleading document under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Where I am providing personal information about another individual, I have made them aware:

- that I will be doing this; and
- that Westpac will collect, use and share their personal information in accordance with its Privacy Statement available at <https://www.rams.com.au/about-rams/privacy/>

Where I am providing Westpac with another person's sensitive information, I have obtained their consent to sharing it with Westpac and their consent to Westpac collecting, using and disclosing their sensitive information in accordance with Westpac's Privacy Statement.

Signature of authorised person

Position held (Director or Company Secretary)

Date of signature

Full name (given name/s and family name)

RAMS Customer Identification Number (if applicable)



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6. DECLARATION CONTINUED

Are you also a Beneficial Owner and have provided your details in Section 3?

- ☐ **Yes** ➔ Go to Section 7
- ☐ **No** ➔ Please continue completing Signatory details questions below

Signatory details if you are not a Beneficial Owner

Other names (if any)

Date of Birth

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

Full residential address (not a PO Box)

Suburb	State	Postcode
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Mobile Number

Email Address

Are you a tax resident of any country outside of Australia?

- ☐ **Yes** ➔ Please indicate below the country(ies) in which you are a resident for tax purposes and each country's associated TIN*

*A Foreign TIN is an identifying number or equivalent issued by the Individual's country of tax residency that is used for tax purposes.

If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

Note: If the individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

- ☐ **No** ➔ Go to next question

Purpose of business relationship (please select one or more options)

- ☐ Transactional ☐ Savings ☐ Long-term Borrowing

Source of funds (please select one or more options)

Note: This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate all your sources of funds.

- | | | |
|--|---|---|
| <input type="checkbox"/> Salary/wages | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Commission | <input type="checkbox"/> Redundancy | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Windfall |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Government benefits | <input type="checkbox"/> Tax refund |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> Insurance payment |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Business income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | <input type="text"/> | |



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6. DECLARATION CONTINUED

Source of wealth (please select one or more options)

Note: This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate all your sources of wealth.

- | | | |
|--|---|--|
| <input type="checkbox"/> Government benefits | <input type="checkbox"/> Windfall | <input type="checkbox"/> Business income/earnings |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Compensation payment |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Liquidation of assets | <input type="checkbox"/> Gift/donation |
| <input type="checkbox"/> Redundancy | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Owns real estate/property |
| <input type="checkbox"/> Insurance payment | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> None |
| <input type="checkbox"/> Sale of assets | <input type="checkbox"/> Investment income/earnings | |
| <input type="checkbox"/> Additional sources (please specify) | | |

7. NEXT STEPS

Step 1: Ensure all relevant sections of the form are completed and the customer declaration is signed

Step 2: Attach all certified copies of supporting documents

Step 3: Return the documentation (completed form and certified copies of supporting documents) by email to:
serviceexcellence-idv@rams.com.au

Certified documents

Customers are required to provide us with certified copies (not original documents) of acceptable identification documents that verify the individual to be identified (each Beneficial Owner identified in Sections 3 and 6 (if applicable)). Please provide either:

- ONE Primary Photographic Identification Document **OR**
- ONE Primary Non-Photographic Identification Document **AND** ONE Secondary Identification Document

For a detailed list of certified documents and certifiers, go to www.rams.com.au/kyc and then go to **FAQ section – How do I certify my identity?**

EXAMPLES

ONE Primary Photographic Identification Document (all information on documents must be clear and legible), for example:



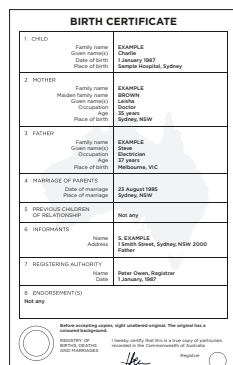
I, Sam Sample, as a Medical Practitioner, certify that this Driver Licence, is a true copy of the original.

Sam

1 February 2024

Driver Licence certified and signed by Medical Practitioner.

ONE Primary Non-Photographic Identification Document and ONE Secondary Identification Document (all information on documents must be clear and legible), for example:



I, Sam Sample, as a Medical Practitioner, certify that this Australian Birth Certificate and Medicare card, is a true copy of the original.

Sam

1 February 2024

Birth Certificate and Medicare card certified and signed by Medical Practitioner.



Customer Verification Form – Domestic Proprietary Company

BANK USE ONLY

Kindly check all sections of the form are completed and signed. Please check all required documents are certified correctly. The completed form and certified identification will need to be forwarded to serviceexcellence-idv@rams.com.au after completing the Employee declaration.

Employee Declaration.

I have followed the process for identification and verification as required by policy and procedure and have verified the required information provided by the customer using approved verification source(s). Where the verification source has been provided by the customer the document is to the best of my knowledge a certified copy.

Employee signature

Employee full name (print)

Employee salary number

Date of signature

ACCESSIBILITY SUPPORT

You can inform us how you would prefer to be contacted. If you are deaf and/or find it hard hearing or speaking with people who use a phone, you can reach us through the National Relay Service (NRS). To use the NRS, you can register by scanning the QR Code or visiting accesshub.gov.au/about-the-nrs



Visit <https://www.rams.com.au/contact-us/accessibility-and-inclusion/> for further information on our accessible products and services for people with disability.

'QR Code' is a registered trademark of Denso Wave Incorporated.