



## Customer Verification Form – Individuals

All fields are mandatory, unless specified otherwise.

### INFORMATION COLLECTED FROM CUSTOMER

RAMS Customer Identification Number

Title

Full name (given name/s, middle name (if applicable) and family name)

Date of Birth

Are you known by any other name(s)? ☐ Yes ☐ No

Please specify all names including maiden, previous married and abbreviated names

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** Country(ies) outside of Australia in which you are a resident for tax purposes and country's associated Tax Identification Number (TIN)\*

\*A Foreign TIN is an identifying number or equivalent issued by your 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.

Country 1

Foreign TIN 1

Country 2

Foreign TIN 2

Country 3

Foreign TIN 3

☐ **No** Go to next question

**Employment Type (Please select the employment type that reflects your current situation best)**

☐ Casual

☐ Social Security Resident

☐ Retired

☐ Dependent Contractor

☐ Temporary

☐ Self-Employed

☐ Full-Time

☐ Other

☐ Student

☐ Independent Contractor

☐ Part-Time

☐ Unemployed

Occupation



## Customer Verification Form – Individuals

### INFORMATION COLLECTED FROM CUSTOMER CONTINUED

The following section to be completed by Customers only (Not Customer Associates).

#### 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. Please note that 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) |   |   |

#### Source of wealth (please select one or more options)

**Note:** This refers to the origin of your total net assets/total net worth. Please note that 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) |   |  |

#### Are you a Sole Trader?

☐ **Yes** ➤ Full Business/Trading Name

☐ **No** ➤ Go to next question

ABN (if any)

No ABN ☐

Full address of the principal place of business (if any) (not a PO Box)

Suburb	State	Postcode
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Business Classification (ANZSIC). Please provide us with the industry of your Business e.g: Real Estate Agent, Milk and Cream Manufacturer.



## Customer Verification Form – Individuals

### DOCUMENTS TO BE ATTACHED WITH THIS FORM

Please attach certified copies of acceptable identification documents that verify details of the individual to be identified (Individual Customers and Sole Traders).

This form and any attached documents are a record of the identification procedure for this customer, and the information obtained in the course of carrying out the procedure.

### 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 entity and/or any individual who holds ownership and/or control in the entity 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 entity 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 entity, 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.

### PRIVACY STATEMENT AND CONSENT REQUEST

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.

### 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.

Customer signature

Position held

Date of signature

Full name (given name/s and family name)

RAMS Customer Identification Number (if applicable)



## Customer Verification Form – Individuals

### NEXT STEPS

- Step 1:** Ensure all relevant sections of the form are completed and the customer declaration is signed
- Step 2:** Attach all supporting documents
- Step 3:** Return the documentation (completed form and certified copies of supporting documents) by email to:  
[serviceexcellence-idv@rams.com.au](mailto:serviceexcellence-idv@rams.com.au)

### 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](mailto: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](https://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.

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