

American Express Foreign Exchange Services

Addendum B - Partnerships

Please ensure that you save a copy on your desktop first before proceeding to complete the form.

To ensure efficient processing of your application, please include all details about the partners (if more space is required, please attach as a separate document).

Select **The category which applies to your Partnership:**

- Partnership between two or more individuals (Complete **Section 1** of the below table)
- Partnership between two or more companies (Complete **Section 2** of the below table)
- Partnership between two or more trusts (Complete **Section 3** of the below table)
- Partnership between a combination of Individuals, Companies and Trusts (Complete **Section 1, 2, 3**, as appropriate of the below tables)

Please complete this form either:

- + **Electronically** by keying in details in the relevant fields. Use the tab key to move between fields. Once complete print the form to have it signed; or
- + **By printing a blank form**, completing the relevant fields in ink and signing once complete. Please use CAPITAL LETTERS.

SECTION 1 - Partnership by Individuals	
Partner 1	Partner 2
Full Name	Full Name
Position/Title	Position/Title
Residential Address (not a PO Box address)	Residential Address (not a PO Box address)
Postcode	Postcode
Date of Birth / / Ownership Percentage (%) (if applicable)	Date of Birth / / Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)	Australian Driver Licence Number (if applicable)
State/Country of Driver Licence (if applicable)	State/Country of Driver Licence (if applicable)
Partner 3	Partner 4
Full Name	Full Name
Position/Title	Position/Title
Residential Address (not a PO Box address)	Residential Address (not a PO Box address)
Postcode	Postcode
Date of Birth / / Ownership Percentage (%) (if applicable)	Date of Birth / / Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)	Australian Driver Licence Number (if applicable)
State/Country of Driver Licence (if applicable)	State/Country of Driver Licence (if applicable)
Beneficial Ownership	
In the following sections, you will be required to record those with beneficial ownership & control.	
For beneficial ownership, list all owners with at least 25% ownership and all individuals deemed to have beneficial control of the entity.	
Beneficial control refers to the means of exercising direct or indirect control including but not limited to the capacity to significantly influence financial decisions, operating procedures or the appointment/dismissal of a senior managing official of the Business. Such control may be by means of trusts, agreements, arrangements, understanding or practices, whether or not legal or equitable force.	
Beneficial Owner 1	Beneficial Owner 2
Full Name	Full Name
Position/Title	Position/Title
Residential Address (not a PO Box address)	Residential Address (not a PO Box address)
Postcode	Postcode
Date of Birth / / Ownership Percentage (%) (if applicable)	Date of Birth / / Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)	Australian Driver Licence Number (if applicable)
State/Country of Driver Licence (if applicable)	State/Country of Driver Licence (if applicable)

CLEAR FORM

Beneficial Owner 3		Beneficial Owner 4	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	

SECTION 2 - Partnership by Companies

Company 1			
Full Legal Entity Name as registered by ASIC			Ownership Percentage (%)
Registered Office Address (not a PO Box)			
City			Postcode
Principal Place of Business Address (not a PO Box) <input type="checkbox"/> Address same as above			
City			Postcode
ACN	ABN	Company Type	<input type="checkbox"/> Public <input type="checkbox"/> Private/Proprietary

Beneficial Ownership

In the following sections, you will be required to record those with beneficial ownership & control.
Please list all owners with at least 25% ownership and all individuals deemed to have beneficial control of the entity.
Beneficial control refers to the means of exercising direct or indirect control including but not limited to the capacity to significantly influence financial decisions, operating policies or the appointment/dismissal of a senior managing official of the Business. Such control may be by means of trusts, agreements, arrangements, understanding or practices, whether or not having legal or equitable force.

Beneficial Owner 1		Beneficial Owner 2	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	

Beneficial Owner 3		Beneficial Owner 4	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	

Company 2			
Full Legal Entity Name as registered by ASIC			Ownership Percentage (%)
Registered Office Address (not a PO Box)			
City			Postcode
Principal Place of Business Address (not a PO Box) <input type="checkbox"/> Address same as above			
City			Postcode
ACN	ABN	Company Type	<input type="checkbox"/> Public <input type="checkbox"/> Private/Proprietary



Beneficial Ownership

In the following sections, you will be required to record those with beneficial ownership & control.

Please list all owners with at least 25% ownership and all individuals deemed to have beneficial control of the entity.

Beneficial control refers to the means of exercising direct or indirect control including but not limited to the capacity to significantly influence financial decisions, operating policies or the appointment/dismissal of a senior managing official of the Business. Such control may be by means of trusts, agreements, arrangements, understanding or practices, whether or not having legal or equitable force.

Beneficial Owner 1		Beneficial Owner 2	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
	Postcode		Postcode
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	
Beneficial Owner 3		Beneficial Owner 4	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
	Postcode		Postcode
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	

SECTION 3 - Partnership by Trust

Trust 1

SECTION A - Trust Details

Trust Name Ownership Percentage (%) (if applicable)

Type of Trust Family Discretionary Unit Other: Country where established

SECTION B - Individual(s) acting as a Trustee

Trustee 1		Trustee 2	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
	Postcode		Postcode
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	

SECTION C - Company acting as a Trustee

Full Company Name of the Trustee as registered by ASIC

Registered Office Address (not a PO Box)

City Postcode

Principal Place of Business Address (not a PO Box) Address same as above

City Postcode

ACN ABN Company Type Public Private/Proprietary

List the details of all Company Directors**Company Director 1****Company Director 2**

Full Name

Full Name

Residential Address (not a PO Box address)

Residential Address (not a PO Box address)

Postcode

Postcode

Date of Birth / / Ownership Percentage (%) (if applicable)

Date of Birth / / Ownership Percentage (%) (if applicable)

Australian Driver Licence Number (if applicable)

Australian Driver Licence Number (if applicable)

State/Country of Driver Licence (if applicable)

State/Country of Driver Licence (if applicable)

Company Director 3**Company Director 4**

Full Name

Full Name

Residential Address (not a PO Box address)

Residential Address (not a PO Box address)

Postcode

Postcode

Date of Birth / / Ownership Percentage (%) (if applicable)

Date of Birth / / Ownership Percentage (%) (if applicable)

Australian Driver Licence Number (if applicable)

Australian Driver Licence Number (if applicable)

State/Country of Driver Licence (if applicable)

State/Country of Driver Licence (if applicable)

Beneficial Ownership

In the following sections, you will be required to record those with beneficial ownership & control.

For beneficial ownership, list all owners with at least 25% ownership and all individuals deemed to have beneficial control of the entity.

Beneficial control refers to the means of exercising direct or indirect control including but not limited to the capacity to significantly influence financial decisions, operating procedures or the appointment/dismissal of a senior managing official of the Business. Such control may be by means of trusts, agreements, arrangements, understanding or practices, whether or not legal or equitable force.

Appointer of the Trust**Beneficial Owner 1**

Full Name

Full Name

Position/Title

Position/Title

Residential Address (not a PO Box address)

Residential Address (not a PO Box address)

Postcode

Postcode

Date of Birth / / Ownership Percentage (%) (if applicable)

Date of Birth / / Ownership Percentage (%) (if applicable)

Australian Driver Licence Number (if applicable)

Australian Driver Licence Number (if applicable)

State/Country of Driver Licence (if applicable)

State/Country of Driver Licence (if applicable)

Beneficial Owner 2**Beneficial Owner 3**

Full Name

Full Name

Position/Title

Position/Title

Residential Address (not a PO Box address)

Residential Address (not a PO Box address)

Postcode

Postcode

Date of Birth / / Ownership Percentage (%) (if applicable)

Date of Birth / / Ownership Percentage (%) (if applicable)

Australian Driver Licence Number (if applicable)

Australian Driver Licence Number (if applicable)

State/Country of Driver Licence (if applicable)

State/Country of Driver Licence (if applicable)

SECTION D - Trust Beneficiaries

Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

Yes List the beneficiary class¹:

No Complete details of the beneficiary of the Trust below:

¹ A beneficiary class may include:

1. For a unit trust, holders of units in the trust
2. For a family trust, family members of a named person (give the person's name)
3. For a charitable trust, a description of the purpose of the trust

Please indicate the number of beneficiaries within the Trust

Beneficial Owner 1		Beneficial Owner 2	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	
Beneficial Owner 3		Beneficial Owner 4	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	
Trust 2			
SECTION A - Trust Details			
Trust Name		Ownership Percentage (%) (if applicable)	
Type of Trust	<input type="checkbox"/> Family <input type="checkbox"/> Discretionary <input type="checkbox"/> Unit <input type="checkbox"/> Other: <input type="text"/>	Country where established	
SECTION B - Individual(s) acting as a Trustee			
Trustee 1		Trustee 2	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	
SECTION C - Company acting as a Trustee			
Full Company Name of the Trustee as registered by ASIC			
Registered Office Address (not a PO Box)			
City		Postcode	
Principal Place of Business Address (not a PO Box) <input type="checkbox"/> Address same as above			
City		Postcode	
ACN	ABN	Company Type	<input type="checkbox"/> Public <input type="checkbox"/> Private/Proprietary
List the details of all Company Directors			
Company Director 1		Company Director 2	
Full Name		Full Name	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	

Company Director 3		Company Director 4	
Full Name		Full Name	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	

Beneficial Ownership

In the following sections, you will be required to record those with beneficial ownership & control.

For beneficial ownership, list all owners with at least 25% ownership and all individuals deemed to have beneficial control of the entity.

Beneficial control refers to the means of exercising direct or indirect control including but not limited to the capacity to significantly influence financial decisions, operating procedures or the appointment/dismissal of a senior managing official of the Business. Such control may be by means of trusts, agreements, arrangements, understanding or practices, whether or not legal or equitable force.

Appointer of the Trust		Beneficial Owner 1	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	
Beneficial Owner 2		Beneficial Owner 3	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	

SECTION D - Trust Beneficiaries

Do the terms of the Trust identify the beneficiaries by reference to a membership of a class?

Yes List the beneficiary class¹:

No Complete details of the beneficiary of the Trust below:

¹ A beneficiary class may include:

1. For a unit trust, holders of units in the trust
2. For a family trust, family members of a named person (give the person's name)
3. For a charitable trust, a description of the purpose of the trust

Please indicate the number of beneficiaries within the Trust

Beneficial Owner 1		Beneficial Owner 2	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	

Beneficial Owner 3		Beneficial Owner 4	
Full Name		Full Name	
Position/Title		Position/Title	
Residential Address (not a PO Box address)		Residential Address (not a PO Box address)	
Postcode		Postcode	
Date of Birth / /	Ownership Percentage (%) (if applicable)	Date of Birth / /	Ownership Percentage (%) (if applicable)
Australian Driver Licence Number (if applicable)		Australian Driver Licence Number (if applicable)	
State/Country of Driver Licence (if applicable)		State/Country of Driver Licence (if applicable)	

CHECKLIST - Please provide the following documents

1. Certified copy of the Partnership Agreement; or certified copy of the Minutes of a meeting of the Partnership which confirms the full name of the Partnership, the full name and residential address of each of the partners and the ownership percentage.
2. Certified copy of the Trust deeds with reference to the Trusts outlined in Section 3 above.
3. Copy of a voided cheque and/or copy of a current bank statement.
4. Additional supporting documentation may be requested upon review of your application, for example:
 - a. a certified copy of a driver licence or certified copy of a passport and a utility bill issued within the last 3 months for the ultimate beneficial owner (s) (including individual partners) of the entity.
 - b. Trade references, financial statements or documents to support the entity's wealth generation.

DECLARATION

Before you submit this form, check that you have provided true and correct information. It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to knowingly provide false, incomplete or misleading information.

I hereby declare that the details included in this Form Addendum B - Partnerships are true and correct as at the date of this declaration.

Information about other individuals

You agree that where you have provided American Express with personal information about another individual in this application form, you will make sure that the individual has seen, understood and agreed to:

- + American Express receiving their personal information for the purposes for which American Express has collected the information;
- + their ability to access that information in accordance with the Privacy Act (and advise American Express if they think the information is inaccurate, incomplete or out-of-date); and
- + the contact details of the American Express Privacy Officer.

Signature of Authorised Officer of the Business

Full Name		Position (Partner)	
Signature		Date Signed (DD/MM/YYYY) / /	

Contact Us

Call 1300 554 884
 Visit www.americanexpress.com.au/fx