

# American Express Foreign Exchange Services

## Addendum D – Associations

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

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

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 – Entity Details			
Full Name of Association			
Registered Business Name/Trading Name			
Type of Association	<input type="checkbox"/> Incorporated: Registration Number	<input type="text"/>	<input type="checkbox"/> Unincorporated
SECTION 2 – Details of Governing Committee			
Chairman (or equivalent)			
Full Name			
Residential Address (not a PO Box address)			
City			Postcode
Australian Driver Licence Number (if applicable)		Date of Birth (DD/MM/YYYY)	/ /
State/Country of Driver Licence (if applicable)		Position/Title	
Secretary (or equivalent)			
Full Name			
Residential Address (not a PO Box address)			
City			Postcode
Australian Driver Licence Number (if applicable)		Date of Birth (DD/MM/YYYY)	/ /
State/Country of Driver Licence (if applicable)		Position/Title	
Treasurer (or equivalent)			
Full Name			
Residential Address (not a PO Box address)			
City			Postcode
Australian Driver Licence Number (if applicable)		Date of Birth (DD/MM/YYYY)	/ /
State/Country of Driver Licence (if applicable)		Position/Title	
Authorised Officer (or equivalent)			
Full Name			
Residential Address (not a PO Box address)			
City			Postcode
Australian Driver Licence Number (if applicable)		Date of Birth (DD/MM/YYYY)	/ /
State/Country of Driver Licence (if applicable)		Position/Title	

CLEAR FORM

## 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

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

### Beneficial Owner 2

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

### Beneficial Owner 3

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

### Beneficial Owner 4

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

### Beneficial Owner 5

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

### Beneficial Owner 6

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

## CHECKLIST - Please provide the following documents

1. Certified copy of the Constitution or Rules of the Association.
2. Certified copy of the Minutes of a meeting confirming the appointment and tenure of the Chairman, Secretary and Treasurer, or Equivalent Officer in each case.
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 of the entity (including Chairman, Secretary, Treasurer, Authorised Officer and any other individual identified as having beneficial control).
  - 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 D - Association 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 (Chairman/Secretary, etc)
Signature	Date Signed (DD/MM/YYYY) / /

## Contact Us

**Call** 1300 554 884  
**Visit** [www.americanexpress.com.au/fx](http://www.americanexpress.com.au/fx)