

American Express Foreign Exchange Services

Addendum F – Government Entities

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 the establishment and control of the Government Entity (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 Government Body	Date of Establishment	/	/
Principle Place of Operations (Not a PO Box):			
City			Postcode

SECTION 2 – Government Information

Select one of the following options and provide the requested information.

<input type="checkbox"/> Commonwealth of Australia Government Body	
<input type="checkbox"/> Australian State/Territory Government Body	State/Territory
<input type="checkbox"/> Foreign Country Government Body	Country

SECTION 3 – 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)

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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. Copy or extract of the legislation establishing the Government Body; or website address that provides this information.
2. Certified copy of an English translation of any document written in a language other than not English prepared by an accredited translator.
3. Certified copy of the Delegation of Authority.
4. Copy of a voided cheque and/or copy of a current bank statement.
5. 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 individuals appointed to act on behalf of the Government Body in relation to this application.
 - 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 F – Government Entities 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/Title (CEO/Authorised Officer)
Signature	Date Signed (DD/MM/YYYY) / /

Contact Us

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

