American Express Foreign Exchange Services Addendum G – Companies

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			
Company Type (Select one)			
Domestic	Registered foreign company in Australia		Unregistered foreign company in Australia
Public Private/Proprietary	Public Private/Proprietary Other		Public Private/Proprietary Other
SECTION 2 – Company Directors			
List the details of all Company Direct	tors (if more than 6, please print and affix details of other	er directors	to this form)
Company Director 1			
Full Name			Date of Birth (DD/MM/YYYY) / /
Residential Address (not a PO Box address)			
City			Postcode
Australian Driver Licence Number (if applicable)		Stat	te/Country of Driver Licence (if applicable)
Company Director 2			
Full Name			Date of Birth (DD/MM/YYYY) / /
Residential Address (not a PO Box address)			
City			Postcode
Australian Driver Licence Number (if applicable)		Stat	te/Country of Driver Licence (if applicable)
Company Director 3			
Full Name			Date of Birth (DD/MM/YYYY) / /
Residential Address (not a PO Box address)			
City			Postcode
Australian Driver Licence Number (if applicable)		Stat	te/Country of Driver Licence (if applicable)
Company Director 4			
Full Name			Date of Birth (DD/MM/YYYY) / /
Residential Address (not a PO Box address)			
City			Postcode
Australian Driver Licence Number (if app	olicable)	Stat	te/Country of Driver Licence (if applicable)
Company Director 5			
Full Name			Date of Birth (DD/MM/YYYY) / /
Residential Address (not a PO Box address)			
City			Postcode
Australian Driver Licence Number (if applicable)		Stat	te/Country of Driver Licence (if applicable)
Company Director 6			
Full Name			Date of Birth (DD/MM/YYYY) / /
Residential Address (not a PO Box address)			,
City			Postcode
Australian Driver Licence Number (if applicable)		Stat	te/Country of Driver Licence (if applicable)



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, understanding or practices, whether or not having legal or equitable force. **Chief Executive Officer (CEO) 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) Ownership Percentage (%) (if applicable) **Chief Financial Officer (CFO)** 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) Ownership Percentage (%) (if applicable) **General Manager** 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) Ownership Percentage (%) (if applicable) **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** Position/Title 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) Ownership Percentage (%) (if applicable) **Beneficial Owner 3** Position/Title 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) Ownership Percentage (%) (if applicable) **Beneficial Owner 4** Full Name Position/Title Residential Address (not a PO Box address) City Postcode Date of Birth (DD/MM/YYYY) Australian Driver Licence Number (if applicable) State/Country of Driver Licence (if applicable) Ownership Percentage (%) (if applicable)

SECTION 3 – Beneficial Ownership Information



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 of a voided cheque and/or copy of a current bank statement.
- 2. 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 G - Companies 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 (Director/Company Secretary etc)					
Signature	Date Signed (DD/MM/YYYY) / /					

Contact Us

Call 1300 554 884

Visit www.americanexpress.com.au/fx

