AML/CTF Checklist

Orchard
Funds Management

The introduction of the Anti-Money Laundering and Counter-Terrorist Financing Act 2006 (AML/CTF) requires additional identification information from investors. This is to be provided by you or your adviser.

Please note that processing your application may be delayed where you, or your adviser do not provide adequate identification documents.

Investor Name (Please note that there is to be one checklist for each investing person/entity)

Date of Birth (dd/mm/yyyy)

Direct investors (i.e. you are not investing through a dealer, IDPS or other financial adviser).

Complete Part One - please provide us with requested identification information and your completed application form.

Financial advisers (i.e. you are a financial adviser, dealer, IDPS or a person making arrangements for a designated service).

Complete Part One - please check appropriate boxes to indicate the documents you have either collected and verified for this investor, or have attached to the application form.

Complete Part Two - you may either:

- confirm the satisfactory collection and verification of the investor's identification documents;
  or
- include certified copies of the investor's identification documents with the application form.

PART ONE

Individual

Please complete: full name, date of birth and residential address on application form and provide verification documents from either A or B

A

A current or a certified copy of one of the following:

- ☐ an Australian driver's licence containing a photograph of the person, or
- ☐ an Australian passport, or
- ☐ an identification card issued by a state or territory that contains the date of birth and a photograph of the card holder, or
- ☐ a foreign government, United Nations or United Nations agency issued passport or similar travel document containing a photograph and signature of the person. Where the document is not in English, it must be accompanied by an English translation prepared by an accredited translator.

B

A current or a certified copy of one of the following:

- ☐ an Australian birth certificate, or
- ☐ an Australian citizenship certificate, or
- ☐ a pension card issued by Centrelink, or
- ☐ a foreign drivers licence that contains a photograph of the person. Where the document is not in English, it must be accompanied by an English translation prepared by an accredited translator, or
- ☐ a citizenship certificate issued by a foreign government. Where the document is not in English, it must be accompanied by an English translation prepared by an accredited translator, or
- ☐ a birth certificate issued by a foreign government, United Nations or United Nations agency. Where the document is not in English, it must be accompanied by an English translation prepared by an accredited translator.

PLUS one of the following

An original notice that contains the name and residential address of the person, and is:

- ☐ issued by the Commonwealth or a state or territory within the preceding 12 months that records the provision of financial benefits, or
- ☐ issued by the Australian Taxation Office within the preceding 12 months; and records a debt payable to or by the person by or to the Commonwealth, or
- ☐ issued by a local government body or utilities provider within the preceding 3 months that records the provision of services to that address or to that person.

Individual acting in the capacity of a sole trader

Please complete: full name, date of birth, residential address, full business name (if any) and principle place of business (if any) on the application form and provide:

- ☐ a current or certified copy of a business name search, **and**
- ☐ verification documents required for an individual (above)

Partnership

Please complete: full partnership name, business name (if any) and one partners name on the application form and provide:

A certified copy or certified extract of one of the following

☐ a current partnership agreement,

☐ minutes of a partnership meeting.

Either copy must include:

- the full name of the partnership;
- the full business name (if any) of the partnership, as registered under any state or territory business name legislation;
- the country in which the partnership was established;
- the full name and residential address of each partner, and

Please also provide verification documents required for individuals (listed on page 1) for one partner.

Company

Please complete: full company name, ACN and address of registered office on application form and provide:

☐ A current or a certified copy of a search of ASIC databases showing:

- the full name of the company;
- the ACN;
- the registered office address;
- the principle place of business;
- the names of each director (only provide if a proprietary company); and
- the names and addresses of each shareholder (only provide if a proprietary company that is not licensed and is not subject to regulation).

Trustee

Please complete: full name of trust, country of establishment and full business name of trustee (if any) on application form and provide:

1 For all trusts (including self-managed super funds/wrap trusts/master trusts/IDPS) please provide the **original trust deed or a certified copy or certified extract** of the trust deed confirming:

- ☐ full name of the trust
- ☐ type of trust
- ☐ country where the trust was established
- ☐ name of each beneficiary or class of beneficiary. If the trust is a unit trust you will need to provide a certified extract of the trust register to confirm the name of each beneficiary.

If the trustee is an individual, please also provide documentation required for individuals (listed on page 1).
If the trustee is a company, please also provide documentation required for companies (listed above).

2 For a registered managed investment scheme or a government superannuation fund:

- ☐ an ASIC search confirming the registration of the managed investment scheme, **or**
- ☐ an extract from relevant legislation confirming registration of the government superannuation fund.

3 For an unregistered managed investment scheme that only has wholesale clients and does not make small scale offerings under section 1012E of the Corporations Act, a declaration is provided to this effect in part G of the application form.

PART TWO

Name of Financial Adviser

AFSL Name/Dealer Group Name

AFSL Number

Date verified (dd/mm/yyyy)

☐ I confirm I have completed AML/CTF identification requirements for this investor,

or

☐ I have included the investor's identification documents for your verification.

Signature