

PROMOTERS: CUSTOMER IDENTIFICATION FORM

Note: The relevant Lead Regulator prepares its Pro Forma documents to assist Promoters in complying with the requirements of their Australian Financial Services Licence. The Pro Forma is not meant to be exhaustive and the relevant Lead Regulator does not accept liability for the contents of the PROMOTERS IDENTIFICATION FORM which remains the responsibility of the Promoter.

Promoters Name: <input type="text"/>			
Particulars of proposed Yearling(s) or Racehorse(s) (If applicable): <input type="text"/>			
PERSONAL DETAILS OF APPLICANT			
Last Name: <input type="text"/>	First name: <input type="text"/>	Date of Birth: <input type="text"/>	
Residential Address: <input type="text"/>	Post code <input type="text"/>	Period of residency <input type="text"/>	
Previous address (If you have resided less than 3 years at current address). <input type="text"/>		Postal Address (If different) <input type="text"/>	
Contact Telephone Number <input type="text"/>	Email Address <input type="text"/>		
Name, address and telephone of Relative or Friend not residing with you			
Name:	<input type="text"/>		
Address:	<input type="text"/>		
Telephone number	<input type="text"/>		
PROOF OF IDENTITY – Minimum Requirements Individual			
PRIMARY:			
Drivers's Licence <input type="checkbox"/>	Passport Details: <input type="checkbox"/>	Proof of Age Card <input type="checkbox"/>	
SECONDARY:			
Birth Certificate <input type="checkbox"/>	Citizenship Certificate <input type="checkbox"/>	Pension Card issued by Centrelink <input type="checkbox"/>	ATO Assessment (current) <input type="checkbox"/>
State Government Document (current) <input type="checkbox"/>	Local Government Document (current) <input type="checkbox"/>	Utilities Document (current) <input type="checkbox"/>	

MINIMUM REQUIREMENTS COMPANY

Company Name:

Principal Place of Business:

ACN/ABN:

Directors:

EMPLOYMENT DETAILS

Occupation/Position:

Employer:

Address of Employer:

Telephone contact details:

Duration of employment:

Previous employer if less than 3 years:

If Self Employed advise external source (e.g. Accountant) who can confirm your business

OTHER INFORMATION

Have you ever been listed as a Defaulter in Bets or Warned Off or Disqualified by a Racing, Harness or Greyhound Authority – provide details

I certify that:

- (a) the above information is true and correct,
- (b) I agree to all the terms and conditions applicable to this Product Disclosure Statement,
- (c) I agree that ownership of a racehorse is governed by the Australian and State Rules of Racing and that I will comply with and be bound by those rules

Signature

Date

COPY OF IDENTIFICATION DOCUMENTS ATTACHED–YES/NO

Date Received

Employee Name

Employee Signature

Promoters Approval

Comments