Commonwealth Bank
Commonwealth Bank of Australia
ABN 48 123 123 124
Australian credit licence 234945

Individual Customer Information Form for Asset Finance

(Must accompany full Asset Finance Applications)

Purpose of this form:

The Commonwealth Bank of Australia is collecting this personal information in order to comply with its regulatory obligations, including the Ant-Money Laundering and Counter-Terrorism Financing Act 2006. This form will assist the Bank to verify our customers identity and may be used where a customer is not able to present original identification documents to the Bank. This form is not intended to be used as an application for any of the Bank's products or services.

For more information about how we collect and handle personal information, including how you can access, or seek correction of, your information or contact us with any feedback, please see our Group Privacy Statement available at **commbank.com.au/privacy**

How to complete this form:

You are required to complete details for all individual BORROWERS (including Sole/Joint Traders and Partners), DIRECTORS, GUARANTORS and CONTACT PERSONS* and provide this form/s with your full Asset Finance Application Form.

If the Individual has more than one role E.g. Is both a Director and Contact Person you only need to complete one form and select the appropriate check boxes for each role they hold. E.g. select both Director and Contact Person.

Certified ID must be provided for all Individual BORROWERS (including Sole/Joint Traders and Partners), DIRECTORS, GUARANTORS and CONTACT PERSONS with your application.

* For New to Bank Organisations, an Individual CONTACT PERSON is to be nominated - this will be the person our Specialist Customer Establishment Team (AML/CTF) will contact to on-board the Organisation. This team may also contact each New to Bank Borrower (including Sole/Joint Traders and Partners) to confirm their details.

Please select check boxes for all roles held by this Individual

☐ Borrower ☐ Contact Person ☐ Guarantor ☐ Director ☐ Beneficial Owner

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Surname

Full given name(s)

Other names known by (if any)

Date of birth (DD/MM/YYYY)

Gender ☐ Male ☐ Female

Marital status

Driver licence

ABN/ARBN (if applicable)

Is this customer an Australian Citizen or Australian Permanent Resident? ☐ Yes ☐ No

Preferred mobile number

Alternate contact number

Residential status

Residential address (PO Box is not acceptable)

State Postcode Country

Postal address (if different from residential address)

State Postcode Country

Email address

Occupation

Employment frequency

☐ Full time ☐ Part time ☐ Temporary ☐ Contract ☐ Seasonal ☐ Commission

Employer name

Employment start date

Industry

Full business name (if any) under which customer carries on their business

Full principal place of business address (if any) (PO Box not acceptable)

State Postcode Country