

Investor Identification Form

BlackRock Investment Management (Australia) Limited ABN 13 006 165 975,
AFS Licence Number 230523 and BlackRock Asset Management Australia Limited
ABN 33 001 804 566, AFS Licence 225398 (each referred to as BlackRock).

Important information

BlackRock must comply with the Anti-Money Laundering and Counter-Terrorism Financing laws ('the AML Legislation'), which requires us to, among other things, establish your identity.

This form is provided to collect the necessary customer information as required by the AML Legislation to establish your identity. For your application to be processed by BlackRock, you must ensure that this form as well as your application form is completed and forwarded to us.

By completing this investor identification form and providing us with information to establish your identity, you acknowledge and agree:

- ▶ this information will be used by BlackRock Investment Management (Australia) Limited and/or BlackRock Asset Management Australia Limited to establish your identity for the purposes of the AML Legislation;
- ▶ BlackRock Investment Management (Australia) Limited and BlackRock Asset Management Australia Limited (collectively, BlackRock) will neither be responsible nor liable to you or any other person for any loss suffered where transactions are delayed, blocked, frozen or where BlackRock declines to process a transaction or ceases to provide you with a product or service, in circumstances where BlackRock is unable to establish your identity or where BlackRock reasonably believes you are a Proscribed Person¹.

1. A 'Proscribed Person' means any person or entity who BlackRock reasonably believes to be (i) in breach of the laws of any jurisdiction regarding economic or trade sanctions, or laws prohibiting money laundering or terrorism financing, or (ii) on a list of persons with whom dealings are proscribed by Australian laws or the laws of another recognised jurisdiction. A 'Proscribed Person' includes any person or entity who BlackRock reasonably believes to act on behalf, or for the benefit of, a person or entity referred to in (i) and/or (ii).

When completing this form

Depending on your investor type, BlackRock may require supporting identification/verification documentation to establish your identity.

Where such identification/verification documentation is required, an originally certified copy is required. An abbreviated list of the various people that can certify documents is provided on the next page with an extended list of certifiers available on our website www.blackrock.com.au

Will documents in a language other than English be accepted?

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

Which sections of this form apply to me?

The matrix below highlights the section of this form that are applicable to each investor type. Please ensure that you read the section applicable to you and where relevant attach an originally certified copy of the document before sending it to BlackRock.

Investor Type ²	Section A	Section B	Section C	Section D	Section E	Section F	Section G
Individual(s) & Sole Traders	✓						
<u>Trust</u> Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund	✓		✓				
Domestic (Australian) Company		✓					
<u>Trust</u> Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund		✓	✓				
Government Body				✓			
Partnership					✓		
Association						✓	
Registered Co-operative							✓
Foreign Company ³							
Foreign Company acting as a Corporate Trustee(s) of a Trust ³							

2. Please see page 3 of this Investor Identification Form for a description of each investor type.

3. Please complete the Foreign Corporate Entity form available from www.blackrock.com.au

Certifying AML documents

An originally certified copy is a copy of a document that has been certified as a true copy of an original document.

To obtain an originally certified copy, present the original AML document and a photocopy of that document to one of the people listed below. The person certifying the document will need to include the following information on the photocopy:

- ▶ “I certify that this is a true copy of the original document”; and
- ▶ the certifier’s:
 - full name
 - occupation, qualification, position or registration number (if any), which makes them eligible to certify documents;
- ▶ the date the document was signed and the certifier’s signature.

If this certification does not appear, you may be asked for new certified documents.

Who can certify AML documents

OCCUPATIONS

- ▶ A person who, under a law in force in an Australian State or Territory, is currently licensed or registered to practise in the following occupations:
 - Dentist
 - Legal practitioner
 - Medical practitioner
 - Pharmacist

OTHER PERSONS

- ▶ Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- ▶ An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees
- ▶ Bank officer with 2 or more continuous years of service
- ▶ Building society officer with 2 or more years of continuous service
- ▶ Credit union officer with 2 or more years of continuous service
- ▶ Employee of the Commonwealth who is:
 - in a country or place outside Australia; and
 - authorised under paragraph 3(c) of the Consular Fees Act 1955; and
 - exercising his or her function in that place
- ▶ Justice of the Peace
- ▶ Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- ▶ Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- ▶ Notary public
- ▶ Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- ▶ Permanent employee of:
 - the Commonwealth or a Commonwealth authority; or
 - a State or Territory or a State or Territory authority; or
 - a local government authority;with 2 or more years of continuous service
- ▶ Police officer
- ▶ Sheriff
- ▶ Sheriff’s officer
- ▶ Teacher employed on a full-time basis at a school or tertiary education institution

A full list of the persons who can certify AML documents is available from our website at www.blackrock.com.au

What type of investor am I?

Type of investor	Description
Individual(s) & Sole Traders	Investing in your personal capacity – that is, not as a company, trust, partnership, etc. This can include individuals investing on behalf of a person under the age of 18. Sole Trader describes a business that is owned and controlled by one person, although the business may employ people.
Trust Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund	Investing in your personal capacity as a trustee on behalf of another. (In this case, the trustee is not a company). A trust will in most circumstances be established pursuant to a trust deed with the intention of holding income or property on behalf and for the benefit of another (who may or may not include the trustee). Trusts can include: <ul style="list-style-type: none"> ■ Superannuation funds (including self managed superannuation funds) ■ Family trusts ■ Deceased estate ■ Managed investment scheme (registered or unregistered) ■ Charitable trust ■ Testamentary trust
Domestic (Australian) Company	Company incorporated in Australia, including: <ul style="list-style-type: none"> ■ Proprietary company (ending with ‘Pty Ltd’) ■ Public company (ending with ‘Ltd’) ■ Companies limited by guarantee (used primarily by non-profit organisations) ■ Listed company (listed on a securities exchange in Australia such as the ASX)
Trust Domestic (Australian) Company acting as a Trustee of a Trust or Superannuation Fund	Company incorporated in Australia, acting in the capacity of trustee on behalf of another (for example, ABC Pty Ltd as trustee for the XYZ self-managed superannuation fund). A trust will in most circumstances be established pursuant to a trust deed with the intention of holding income or property on behalf and for the benefit of another (who may or may not include the trustee). Trusts can include: <ul style="list-style-type: none"> ■ Superannuation funds (including self managed superannuation funds) ■ Family trusts ■ Deceased estate ■ Managed investment scheme (registered or unregistered) ■ Charitable trust ■ Testamentary trust
Partnership	Formally established pursuant to a partnership agreement/deed. If you are investing ‘jointly’ (and not pursuant to a formal partnership agreement) then see ‘Individual(s)’ section above.
Association	Incorporated Association is registered by the State or Territory in which the association is based. Features include: <ul style="list-style-type: none"> ■ Appointment of a public officer and committee ■ Profits, if any, can only be used to promote non-profit objectives Unincorporated Association does not have a legal identity and cannot hold assets in its own name. It must appoint individuals as trustees, who own the assets but hold them for the benefit of the association.
Registered Co-operative	Registered Co-operative is a democratic structure owned and controlled by the people it serves, who join together for a common benefit. It is a separate legal entity (registered under the relevant State or Territory legislation) with the general aim of providing services for its members rather than making profits.
Government Body	Government Body is a legal entity that is owned or controlled by Federal, State or Local Government. Examples include Universities, Local Councils, and Statutory Agencies.
Foreign Company¹	Company incorporated in a foreign jurisdiction.
Foreign Company acting as a Corporate Trustee(s) of a Trust¹	Company incorporated in a foreign jurisdiction, acting in the capacity of a trustee on behalf of another. A trust will in most circumstances be established pursuant to a trust deed with the intention of holding income or property on behalf and for the benefit of another (who may or may not include the trustee). Trusts can include: <ul style="list-style-type: none"> ■ Family trusts ■ Deceased estate ■ Managed investment scheme (registered or unregistered) ■ Charitable trust ■ Testamentary trust ■ Pension scheme/Retirement fund

1. Please complete the Foreign Corporate Entity Investor Identification Form available from www.blackrock.com.au

Section A. Individual(s), Sole Trader(s) and Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund

SECTION A 1

Individual (Investor 1/Trustee 1)

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Individual (Investor 2/Trustee 2) if applicable

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Individual (Investor 3/Trustee 3) if applicable

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Individual(s) that are not sole trader(s) – This is the end of Section A. Please submit this form together with the completed application form.

Individual(s) acting as sole trader(s) – Proceed to Section A2.

Individual(s) acting as a Trustee(s) – Proceed to Section C – Trusts or Superannuation Funds. If there are more than three trustees of a trust or superannuation fund, please provide details on a separate sheet and attach to this form.

SECTION A2

COMPLETE THIS SECTION A2 IF INVESTOR 1 IS A SOLE TRADER.

If more than one individual is a sole trader, please provide details on a separate sheet for those individuals and attach to this form.

Full business name (if any)

ABN (if any)

Principal place of business (if any)

Street address (PO Box is not acceptable)	
<hr/>	
<hr/>	
<hr/>	
Suburb	
<hr/>	
State	Postcode
<hr/>	
Country (if not Australia)	

This is the end of Section A. Please submit this form, together with the completed application form.

BlackRock will perform the verification procedure to establish your identity. However, if we cannot access the information to complete this procedure, we may ask you to provide us with further information set out below.

Part I – Acceptable primary ID documents

Select **ONE** valid option from this section only:

- ▶ Australian State/Territory driver's licence containing a photograph of the person
- ▶ Australian passport (a passport that has expired within the preceding 2 years is acceptable)
- ▶ Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
- ▶ Foreign passport or similar travel document containing a photograph and the signature of the person*

Part II – Acceptable secondary ID documents

Should only be presented if the individual does not own a document from Part I.

Select **ONE** valid option from this section:

- ▶ Australian birth certificate
- ▶ Australian citizenship certificate
- ▶ Pension card issued by Centrelink
- ▶ Health card issued by Centrelink

AND ONE valid option from this section:

- ▶ A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address

- ▶ A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. *Block out the TFN before scanning, copying or storing this document.*
- ▶ A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
- ▶ If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended the school

Part III – Acceptable foreign ID documents

Should only be presented if the individual **does not** own a document from Part I.

BOTH documents from this section must be presented:

- ▶ Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth*
- ▶ National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

Section B. Australian Company

If you are:

a) a Domestic (Australian) Company, complete this Section B; or

b) a Domestic (Australian) Company acting as a Corporate Trustee of a Trust/Superannuation Fund, complete this Section B as well as Section C.

SECTION B 1

GENERAL INFORMATION

Full name as registered by ASIC

ACN

Principal place of business (if any)

Street address (PO Box is not acceptable)	
<hr/>	
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<hr/>	
Suburb	
<hr/>	
State	Postcode
<hr/>	
Country (if not Australia)	

Registered office address

Street address (PO Box is not acceptable)	
<hr/>	
<hr/>	
<hr/>	
Suburb	
<hr/>	
State	Postcode
<hr/>	
Country (if not Australia)	

SECTION B 2

REGULATORY/LISTING DETAILS

Please select and provide ONE of the following (if applicable):

<input type="checkbox"/> Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator)	Regulator name	<input type="text"/>
	Licence details	<input type="text"/>
<input type="checkbox"/> Australian listed company	Name of market/exchange	<input type="text"/>
<input type="checkbox"/> Majority-owned subsidiary of an Australian listed company	Australian listed company name	<input type="text"/>
	Name of market/exchange	<input type="text"/>
<input type="checkbox"/> None of the above		

Please go to Section B3

SECTION B 3

COMPANY TYPE

Please select and provide ONE of the following:

<input type="checkbox"/> Proprietary ("Pty Ltd") – please provide Director(s) details (in Section B4) and the shareholder details (in Section B5) if applicable	<input type="checkbox"/> Public – no further information is required. Please submit this form together with the completed application form. If you are a Public Company acting as Corporate Trustee, Proceed to Section C – Trusts or Superannuation Funds.
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SECTION B4

DIRECTOR(S) (only needs to be completed for proprietary companies)

This section does NOT need to be completed for public and listed companies.

How many directors are there? Provide details for each director.

Director 1

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Director 1

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Director 2

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Director 2

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Director 3

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Director 3

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Director 4

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Director 4

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

If there are more directors, provide details on a separate sheet and attached to this form.

Regulated company (as selected in Section B2) – no further information is required.

Regulated company (as selected in Section B2) acting as a Corporate Trustee – Proceed to Section C – Trusts or Superannuation Funds.

Proprietary company that is not regulated – please provide Shareholder details in Section B5.

Proprietary company that is not regulated and acting as a Corporate Trustee – Please provide shareholder details in Section B5 and then proceed to Section C.

SECTION B5

SHAREHOLDERS (only needs to be completed for proprietary companies that are not regulated companies as selected in Section B2).

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

Shareholder 1

Full given name(s)

Surname

Address details of Shareholder 1

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Shareholder 2

Full given name(s)

Surname

Address details of Shareholder 2

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Shareholder 3

Full given name(s)

Surname

Address details of Shareholder 3

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

This is the end of Section B. Please submit this form together with the completed application form. If you are a Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund, also complete and submit Section C. BlackRock will perform the verification procedure to establish your identity. However, if we cannot access the information to complete this procedure, we may ask you to provide us with further information.

Section C. Trusts or Superannuation Funds

If you are:

- a) an Individual(s) acting as a Trustee(s) of a Trust or Superannuation Fund, complete this Section C as well as Section A.
- b) a Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund, complete this Section C as well as Section B.

SECTION C1

GENERAL INFORMATION

Full name of Trust or Superannuation Fund

Full business name (if any)

Country where Trust established

SECTION C2

TYPE OF TRUST

Please select ONE of the following and provide the detail requested:

Regulated trust

Provide name of the regulator (e.g. ASIC, APRA)

Provide the trust's ABN or registration/licensing details

Government superannuation fund

Provide name of the legislation establishing the fund

Registered managed investment scheme

Provide Australian Registered Scheme Number (ARSN)

Other trust type (e.g. Self Managed Superannuation Fund)

Please specify Trust description (e.g. family discretionary or unit trust, testamentary trust, charitable, estate, SMSF)

Provide the trust's ABN or registration/licensing details (if any).

Please submit this Section C, together with the completed application form. If you are:

- ▶ an Individual acting as Trustee of a Trust or Superannuation Fund, also complete and submit Section A; OR
- ▶ a Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund, also complete and submit Section B.

Complete Section C3 and C4 and provide the documents requested on page 11 of this Investor Identification Form.

SECTION C3

BENEFICIARY DETAILS

Provide beneficiary details only if "Other trust type" is selected in Section C2.

Do NOT complete if the trust is a regulated trust, government superannuation fund or a registered managed investment scheme.

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

Yes Provide details of the membership class(es) (e.g. unit holders, family members of a named person, charitable purpose)

No How many beneficiaries are there?
Provide details of each beneficiaries below.

[Go to Section C4](#)

Beneficiary 1

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Beneficiary 1

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Beneficiary 2

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Beneficiary 2

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Beneficiary 3

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Beneficiary 3

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Beneficiary 4

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Beneficiary 4

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

If there are more than four beneficiaries, please provide details on a separate sheet and attach to this form.

SECTION C4

TRUSTEE DETAILS

Provide trustee details only if "Other trust type" is selected in Section C2.

Do NOT complete if the trust is a regulated trust, government superannuation fund or a registered managed investment scheme.

How many trustees are there?

Provide full name and address of all trustees below unless this information has already been provided for all trustees in Section A or Section B.

Trustee 1

Full given name(s) or Company name

Surname

Residential address if an individual trustee OR company registered office address (PO Box is NOT acceptable)

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Suburb	<input type="text"/>
State	Postcode
<input type="text"/>	
Country (if not Australia)	

Trustee 2

Full given name(s) or Company name

Surname

Residential address if an individual trustee OR company registered office address (PO Box is NOT acceptable)

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Suburb	<input type="text"/>
State	Postcode
<input type="text"/>	
Country (if not Australia)	

Trustee 3

Full given name(s) or Company name

Surname

Residential address if an individual trustee OR company registered office address (PO Box is NOT acceptable)

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Suburb	<input type="text"/>
State	Postcode
<input type="text"/>	
Country (if not Australia)	

Trustee 4

Full given name(s) or Company name

Surname

Residential address if an individual trustee OR company registered office address (PO Box is NOT acceptable)

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Suburb	<input type="text"/>
State	Postcode
<input type="text"/>	
Country (if not Australia)	

If there are more trustees, please provide details on a separate sheet and attach to this form.

Trust verification procedure

For a regulated trust, government superannuation fund or a registered managed investment scheme (as selected in Section C2), BlackRock will perform the Trust verification procedure. However, if we cannot access the information to complete this procedure we may ask you to provide us with further information.

If "Other trust type" is selected in Section C2, you will need to provide us with **ONE** of the following (please ✓):

- A notice issued by the Australian Taxation Office within the last 12 months (eg a Notice of Assessment). *Block out the TFN before scanning, copying or storing this document.*
- A letter from a solicitor or qualified accountant that confirms the name of the trust.
- An original or certified copy or certified extract of the trust deed.

This is the end of Section C. Please submit this form, together with the completed application form. If you are:

- ▶ an Individual acting as Trustee of a Trust or Superannuation Fund, also complete and submit Section A; OR
- ▶ a Domestic (Australian) Company acting as a Corporate Trustee of a Trust or Superannuation Fund, also complete and submit Section B.

Section D. Government Body

SECTION D1

GENERAL INFORMATION

Full name of Government Body

Principal place of operations

Street address (PO Box is not acceptable)

Suburb

State Postcode

Country

SECTION D2

GOVERNMENT INFORMATION

Please select only ONE of the following categories below and provide the information requested.

Commonwealth of Australia Government Body

Please specify the State or Territory

Australian State or Territory Government Body

Foreign Country Government Body

Please specify Foreign Country

This is the end of Section D. Please submit this form, together with the completed application form. BlackRock will perform the verification procedure to establish your identity. However, if we cannot access the information to complete this procedure, we may ask you to provide us with further information.

Section E. Partnerships

SECTION E1

GENERAL INFORMATION

Full name of Partnership

Registered business name of Partnership (if any)

Country where Partnership established

SECTION E2

TYPE OF PARTNERSHIP

Please select only ONE of the following partnership types and provide the information requested.

Is the partnership regulated by a professional association?

Yes

Provide the name of the association

Provide membership details (eg membership number)

If you selected Yes, go to Section E3 and provide the details for one partner only.

No

How many partners are there?

If you selected No, go to Section E3 and provide the details for all partners.

SECTION E3

PARTNERSHIP DETAILS

If the partnership IS regulated by a professional association (as selected in Section E2), provide the details for one partner only. If the partnership is NOT regulated by a professional association (as selected in Section E2), provide the details for all partners of the partnership.

Partner 1

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Partner 1

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Partner 2

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Partner 2

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Partner 3

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Partner 3

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

If the partnership is NOT regulated by a professional association and there are more than three partners, provide details on a separate sheet and attach to this form.

Please read "Partnership verification procedure" below and provide us with the documents requested.

Partnership verification procedure.

You will need to provide us with one document from Part I and one form Part II (if the partnership is regulated by a professional association) as shown below (please ✓).

Part I – Acceptable ID documents (to verify partnership name)

- An original, a certified copy or certified extract of the partnership agreement
- A certified copy or a certified extract of minutes of a partnership meeting
- An original current membership certificate (or equivalent) of a professional association
- Membership details independently sourced from the relevant professional association
- A search of the relevant ASIC or other regulator's database
- A notice issued by the Australian Taxation Office within the last 12 months eg Notice of Assessment. *Block out the TFN before scanning, copying or storing this document.*
- An original or certified copy or a certificate of registration of business name issued by a government or government agency in Australia

Part II – Acceptable ID documents (to verify membership of a professional association)

- An original current membership certificate (or equivalent)
- Membership details independently sourced from the relevant professional association

This is the end of Section E. Please submit this form together with the completed application form.

Section F. Associations

SECTION F1

GENERAL INFORMATION

Full name of Association

Provide an ID number issued on incorporation (e.g. An ACN) (if any)

Details of the following (or equivalent in each case):

1. Chairman

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

 / /

Address details of Chairman

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

2. Secretary

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

 / /

Address details of Secretary

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

3. Treasurer

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

 / /

Address details of Treasurer

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

SECTION F2

ASSOCIATION TYPE

Please select ONE of the following:

- Incorporated Association** - please proceed to Section F3
- Unincorporated Association** - please proceed to Section F4

SECTION F3

INCORPORATED ASSOCIATION

Please select ✓ and provide details for ONE of the following three options:

Principal place of administration

Street address (PO Box is not acceptable)	

Suburb	
_____	_____
State	Postcode
Country	

Registered office

Street address (PO Box is not acceptable)	

Suburb	
_____	_____
State	Postcode
Country	

Name & residential address of the public officer (or president/secretary/treasurer if there is no public officer)

Full given name(s) or officer (if applicable)

Surname

Position

Street address (PO Box is not acceptable)	

Suburb	
_____	_____
State	Postcode
Country	

Please read "Association verification procedure" below. You do not need to complete Section F4.

SECTION F4

UNINCORPORATED ASSOCIATION

Principal place of administration

Street address (PO Box is not acceptable)	

Suburb	
_____	_____
State	Postcode
Country	

Individual Member Identification Procedure

Details of the member who is signing on behalf of the Association.

Surname

Full given names

Date of birth (dd/mm/yyyy)

Residential address

Street address (PO Box is not acceptable)	

Suburb	
_____	_____
State	Postcode
Country	

Please read "Association verification procedure" below and provide us with the documents requested for an Unincorporated Association.

Association verification procedure

If you are an "Incorporated Association" (as selected in Section F2 of this form), BlackRock will perform the Association verification procedure. However, if we cannot access the information to complete this procedure you will need to provide us with an originally certified copy or certified extract of the Constitution or Rules of the association.

If you are an "Unincorporated Association" (as selected in Section F2 of this form), you will need to provide us with an originally certified copy or certified extract of the Constitution or Rules of the association for BlackRock to perform the Association verification procedure.

This is the end of Section F. Please submit this form, together with the completed application form.

Section G. Registered Co-operative

SECTION G1

GENERAL INFORMATION

Full name of registered co-operative

Provide ID number issued by relevant registration body (if any)

Details of the following (or equivalent in each case):

1. Chairman

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Chairman

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

2. Secretary

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Secretary

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

3. Treasurer

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

Address details of Treasurer

Residential street address (PO Box is not acceptable)

Suburb

State

Postcode

Country (if not Australia)

Go to Section G2.

SECTION G2

ADDRESS INFORMATION

Please select ✓ and provide details for ONE of the following three options:

Principal place of operations

Street address (PO Box is not acceptable)	

Suburb	

State	Postcode

Country (if not Australia)	

Registered office

Street address (PO Box is not acceptable)	

Suburb	

State	Postcode

Country (if not Australia)	

Name & Residential address of the public officer (or president, secretary or treasurer if there is no public officer)

Full given name(s) or officer (if applicable)

Surname

Position

Street address (PO Box is not acceptable)	

Suburb	

State	Postcode

Country (if not Australia)	

Registered Co-operative identification procedure

BlackRock will perform the Registered Co-operative identification procedure. However, if we cannot access the information to complete this procedure you will need to provide us with an originally certified copy or certified extract of the register maintained by the co-operative.

This is the end of Section G. Please submit this form together with the completed application form.