

## **Income and Banking Form**

Full legal name of individual or entity		
Account number		
PURPOSE FOR BANKING SERVICES (select	rt one or more)	
Borrowing in-country		rade arrangements
Business	☐ Investing in-country	
Employer sponsored	Related to local entity	
☐ Family	Migrant	,
Personal	Student	
☐ Holiday travel	_	
☐ Humanitarian work		
TYPES OF EXPECTED CUSTOMER ACTIVIT	-	-
International Transfer In/Out	Cheque withdrawals	
Cash deposit	Domestic Transfer In/Out	
Cash withdrawals	Foreign Currency Exchange	
Cheque deposit	Utner (specify)	
PRIMARY SOURCE OF INCOME/WEALTH		
Salary	☐ Inheritance	
Savings or investment income	☐ Student allowance	
Dependent on family member	☐ Non-family sponsorship	
Allowance	☐ Business income	
☐ Government payments	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
EXPECTED CUSTOMER ACTIVITY PER MOI	NTH	
Monthly salary amount that will be deposited into the account		
Estimated <u>frequency</u> of non salary related deposits into the account		
Estimated value of non salary related deposits into the account		
Estimated <u>frequency</u> of withdrawals from the account		
DROUTDITIONS IN OPENING (MAINTAIN	INC ACCOUNTS	
PROHIBITIONS IN OPENING/MAINTAINING ACCOUNTS  If you hold nationality or citizenship outside of * or maintaining an account in *		, are there are any prohibitions preventing you from opening
Yes No		
*insert country name of where account is to be held	•••••	
NON-RESIDENTS ONLY		
State purpose of account if not residing in country	ry	

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## SANCTIONS

57.11.0.120.13	
	domiciled in and/or have business dealings in/with the following ssia, Donetsk People's Republic, Luhansk People's Republic, Kherson
☐ Yes ☐ No	
<b>EXPECTED INTERNATIONAL TRANSFER ACTIVITIES</b> Complete this section if you selected the 'International T ACTIVITY' section above	ransfer In/Out' activity in the 'TYPES OF EXPECTED CUSTOMER
Estimated monthly value of inward and outward transfers (spe	cify currency(s))
Countries where transfers will be received from	
Primary country where transfers will be sent to	
What frequency do you intend to remit funds offshore?	
What frequency do you intend to receive offshore transfers?	
What is the intended purpose of transfers?	
COMPANY, TRUST, PARTNERSHIP, ASSOCIATION, OR (Please complete if not an individual) What is the purpose of your entity?	SOLE TRADER/PROPRIETOR
Is any of the capital required to be transferred to another pers	on/entity within the next 12 months?
Yes No	onychacy wann the next 12 months.
If yes, please provide the following details	
Full legal name of person	Date of birth D D M M Y Y Y Y
Residential address	
Full legal name of entity	
Physical address of entity	
Value of capital to be transferred (including currency where ap	plicable)
Has the entity been incorporated/registered in a jurisdiction th and/or beneficial owners to anyone?	at prohibits the disclosure of the identity of directors, shareholders
☐ Yes ☐ No	
Are there any entities within the organisational structure that a disclosure of the identity of directors, shareholders and/or ben	
☐ Yes ☐ No	
If yes, please provide details	
Are bearer shares issued?	
☐ Yes ☐ No	
If yes, please provide details of the status of the shares (i.e. a	re they registered and/or held in custody (i.e. immobilised))

Australia and New Zealand Banking Group Limited, Cook Islands Branch
Australia and New Zealand Banking Group Limited, Fiji Branch
Australia and New Zealand Banking Group Limited, Representação Permanente (Timor-Leste Branch)
Australia and New Zealand Banking Group Limited, Solomon Islands Branch
Australia and New Zealand Banking Group Limited, Tonga Branch

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