

APPLICATION FOR ACCOUNT AUSTRALIAN SELF MANAGED SUPERANNUATION FUND - COMPANY

SECTION ONE- COMPANY TRUSTEE INFORMATION

Company Full Name CIF (Bank use only)

A. Identifiers of Existence

Date of incorporation or registration

Australian Company Number

Australian Business Number (ABN)

Tax File Number issued by the Australian Taxation Office

Is the company an Australian resident for tax purposes ? Yes No If No, country of tax residence

Full name of registered business , if any

Period the business has been established for including if operating as any other entity

B. Registered Address Details

Provide registered office address as registered with incorporating or registration body (No P.O. boxes permitted):

Prefix/Unit/Floor/Care of Street No. and Name

Suburb State Postcode

C. Address Details of Principal Place of Business (if different from the registered office)

Provide address as registered with incorporating or registration body (No P.O. boxes permitted):

Same as registered office
Or,
 If different from registered office, complete

Prefix/Unit/Floor/Care of Street No. and Name

Suburb State Postcode

D. Contact Details

Same as registered address details.
 Same as address details of principal place of business
 If different to registered address or principal place of business, complete.

Prefix/Unit/Floor/Care of Street No. and Name

Suburb State Postcode

Country - if not Australia

Business Telephone Business Fax Web site

Contact Persons

Full Name	Title/Position	Direct Line	Mobile	Email

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E. Nature Of Business Activities

More than one box in this list may be ticked. Tick all applicable.

The organisation:

Operates a business Holds financial assets as its primary activity or business
Uses a business name Is a custodian of assets for others

F. Details Of Business

Detailed description of business activity (one word answer is not acceptable)

Industry classification according to ANZSIC Codes:

Manufacturer Wholesaler Health and community services Transport and Storage
 Retailer Government Finance and Insurance Construction

Other (Please specify)

G. Financial Details/Expected Activity

Source of funds of customer- Specify the activity(ies) that will generate the funds.

Tick all applicable

Revenue from sales/services Return from Shares /Securities/Investments
 Rental income Working Capital
 Assets sale Tax refunds (if received)
 Services fees earned as a trustee
 Other, please specify details

Does the company receive cash as income? Yes No

If yes, source of cash

H. Particulars of Directors and Beneficial Owners

Provide details of all directors and all beneficial owners(*).

A Beneficial Owner is the individual who ultimately owns directly or indirectly 25% or more of the company. Directly means shares recorded on the shares register. Indirectly means holding via shares in a company or under a trust arrangement where the shares are registered in the name of the trustee.

Full Name	Date Of Birth	Residential Address	Director	Beneficial Owner	Authorised Signatory *	Bank Use Only
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Shares Percentage /Interests Distribution

Full Name	Share (%)	Ownership via the following:	Where individual owns shares via other interests, record name such as another company or a trust the individual holds interests in.
		Direct shareholding in the name of individual	
		Interests in other organisations	
		Direct shareholding in the name of individual	
		Interests in other organisations	
		Direct shareholding in the name of individual	
		Interests in other organisations	
		Direct shareholding in the name of individual	
		Interests in other organisations	

3. Senior Managing Official(s) or equivalent:

Provide details of any individual who makes or participates in making, decisions that affect the whole or a substantial part of the business, or who has the capacity to affect significantly the financial standing of the business. This may be one or more individuals.

Any of the company directors

Name 1 :

Name 2 :

OR

Other

Full Name	Position	Date Of Birth	Residential Address	Authorised Signatory*	Bank Use CIF
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note - If the associated person as defined below is not an Australian citizen and is not residing in Australia, Bank Staff will contact you for additional details.**

*** Directors named in section (H) who are authorised signatories on the account must complete section (J).**

****An associated person is a Company Director; the Company Secretary or other responsible officer of the company who presents the required authority issued by the company to operate any account with ABAL and beneficial owners including those who ultimately control the organisation and its activities but who hold no official office recorded in public databases or documents associated with the organisation.**

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I. Relationship Management

1. REASON FOR BANKING WITH ABAL

<input type="checkbox"/> Middle East network	<input type="checkbox"/> Salary payments to employees
<input type="checkbox"/> Trading accounts	<input type="checkbox"/> Investment accounts
<input type="checkbox"/> Foreign exchange	<input type="checkbox"/> Loans
<input type="checkbox"/> International funds transfers	
<input type="checkbox"/> Expected countries to receive transfers from	<input type="text"/>
<input type="checkbox"/> Expected countries to send transfers to	<input type="text"/>
<input type="checkbox"/> Relationship between remitter and beneficiary	<input type="text"/>
<input type="checkbox"/> Other, please specify details	<input type="text"/>
	<input type="text"/>

2. RELATIONSHIP WITH OTHER BANKS

Bank Name(1) :	<input type="text"/>	Bank Name(2) :	<input type="text"/>
Credit Card provider :	<input type="checkbox"/>	Credit Card provider :	<input type="checkbox"/>
Loans :	<input type="checkbox"/>	Loans :	<input type="checkbox"/>
Deposits :	<input type="checkbox"/>	Deposits :	<input type="checkbox"/>

Tick this box if at anytime any of the company's associated persons (as defined above), beneficial owners, directors, senior managing official and authorised signatory(ies) listed in this application has been entrusted, or been a member of the family or an associate of a person entrusted, with a prominent public function (2)
If you ticked the box, Bank Staff may contact you for additional details.

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J. Authorised Signatories - Directors

Authorised Signatory	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Bank Use -CIF</div>
Full Name	<input style="width: 90%;" type="text"/>
Other Names Used	<input style="width: 90%;" type="text"/>
Country of Citizenship	<input style="width: 90%;" type="text"/>
Home	<input style="width: 90%;" type="text"/>
Business	<input style="width: 90%;" type="text"/>
Contact Details: Fax	<input style="width: 90%;" type="text"/>
Mobile	<input style="width: 90%;" type="text"/>
Email	<input style="width: 90%;" type="text"/>
Occupation	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> Please tick the box if you have at any time been entrusted, or been a member of the family or an associate of a person entrusted, with a prominent public function(***). If you ticked the box, the Bank may be contacting you for additional information.	

Authorised Signatory	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Bank Use -CIF</div>
Full Name	<input style="width: 90%;" type="text"/>
Other Names Used	<input style="width: 90%;" type="text"/>
Country of Citizenship	<input style="width: 90%;" type="text"/>
Home	<input style="width: 90%;" type="text"/>
Business	<input style="width: 90%;" type="text"/>
Contact Details: Fax	<input style="width: 90%;" type="text"/>
Mobile	<input style="width: 90%;" type="text"/>
Email	<input style="width: 90%;" type="text"/>
Occupation	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> Please tick the box if you have at any time been entrusted, or been a member of the family or an associate of a person entrusted, with a prominent public function(***). If you ticked the box, the Bank may be contacting you for additional information.	

Authorised Signatory	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Bank Use -CIF</div>
Full Name	<input style="width: 90%;" type="text"/>
Other Names Used	<input style="width: 90%;" type="text"/>
Country of Citizenship	<input style="width: 90%;" type="text"/>
Home	<input style="width: 90%;" type="text"/>
Business	<input style="width: 90%;" type="text"/>
Contact Details: Fax	<input style="width: 90%;" type="text"/>
Mobile	<input style="width: 90%;" type="text"/>
Email	<input style="width: 90%;" type="text"/>
Occupation	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> Please tick the box if you have at any time been entrusted, or been a member of the family or an associate of a person entrusted, with a prominent public function(***). If you ticked the box, the Bank may be contacting you for additional information.	

Authorised Signatory	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Bank Use -CIF</div>
Full Name	<input style="width: 90%;" type="text"/>
Other Names Used	<input style="width: 90%;" type="text"/>
Country of Citizenship	<input style="width: 90%;" type="text"/>
Home	<input style="width: 90%;" type="text"/>
Business	<input style="width: 90%;" type="text"/>
Contact Details: Fax	<input style="width: 90%;" type="text"/>
Mobile	<input style="width: 90%;" type="text"/>
Email	<input style="width: 90%;" type="text"/>
Occupation	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> Please tick the box if you have at any time been entrusted, or been a member of the family or an associate of a person entrusted, with a prominent public function(***). If you ticked the box, the Bank may be contacting you for additional information.	

(***) Prominent public functions include the functions of heads of state, government ministers, members of parliaments, those holding high judicial, governmental, administrative, central bank, diplomatic or military offices and member of the administrative, management or supervisory boards of

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SECTION TWO - AUSTRALIAN SELF MANAGED SUPERANNUATION FUND

A. Identifiers Of Existence

Full Name of the Trust (1)
exactly as recorded on the trust deed. See footnote for example.

Bank use CIF

Full name of registered business carried out by the trust, if any

Australian Business Number (ABN)

Trust is Australian resident for tax purposes Yes No If No, country of tax residence

Tax File Number issued by the Australian Taxation Office

B. Financial Details

Source of funds (Specify the activity(ies) that will generate the trust funds)

Tick all applicable

- | | |
|--|---|
| <input type="checkbox"/> Salary sacrifice | <input type="checkbox"/> Return from Shares /Securities/Investments |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> After tax contributions |
| <input type="checkbox"/> Assets sale | |
| <input type="checkbox"/> Other, please specify details | |

Does the trust receive cash as income? Yes No

If yes, source of cash

Estimated annual cash transactions of the account

Estimated annual non cash transactions of the account

Monthly transactions amount:

Average size of transaction

C. Self Managed Superannuation Fund Members

Provide Full Name(s)

D. Relationship Management of the Fund

Tick this box if at anytime any of the trust's beneficiary(ies), or authorised signatory(ies) has been entrusted with, or been a member of the family or an associate, of a person entrusted with a prominent public function (2) . If you ticked the box, bank staff may contact you for additional details.

(1) Exactly as recorded on the trust deed - For example, record trustees's name as YZ Pty Ltd and/or Fred and Mary Smith acting as trustee for the [FULL NAME OF THE TRUST], OR PERPETUAL DIVERSIFIED REAL RETURN FUND for Regulated Trusts.
 (2) Prominent public functions include the functions of heads of state, government ministers, members of parliaments, those holding high judicial, governmental, administrative, central bank, diplomatic or military offices and member of the administrative, management or supervisory boards of State-owned companies.

Arab Bank Australia

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SECTION THREE - ACCOUNT DETAILS

ACCOUNT DETAILS

3.1. Account Name:

Account Name:

(If company uses a registered business name, add "trading as" followed by the business name. If company is a Trustee, record the full name i.e. company(ies) name as trustee for the trust name)

Account Number

Bank Use CIF

3.2. Account Types

Account Type *(select applicable)* **Currency** AUD ONLY

Online Savings Account

Term Deposit 1 month 3 months 6 months 1 Year 2 Years 5 Years Other

Instructions at Maturity

Reinvest principal plus interest for the same period as the initial deposit, unless otherwise instructed prior to maturity.

Reinvest principal for the same period as the initial deposit and credit interest to my A/C No.

Credit principal plus interest to my account number

Other

A certificate confirming details of this term deposit will be produced within 24 hours of processing and forwarded to the nominated correspondence address.

Internet banking

I wish to apply for Internet Banking and understand that this is a VIEW Only Access

Unique Identification word

If you are applying for Internet Banking for the first time, please provide us with a unique identification word. This identification word is for your security. Please keep this word secure and confidential. You may be required to quote this identification word when an ABAL customer service representative will need to identify you over the phone. If you have previously provided us with a unique identification word, please also record that word here.

Identification Word

Privacy Notice

Collection and Use of personal information

Arab Bank Australia Limited ('we', 'us', 'our') ACN 37 002 950 745 requires personal information including information provided by you in this form in order to open and conduct an account and to provide you with our products and services.

If you do not provide all relevant information here then we will be unable to process your application to open an account or provide you with our products and services.

Use

We may use the information provided by you for account administration, planning, product development and research purposes, as well as for the purpose of prudential and compliance management within the organisation.

Disclosure

The Privacy Act allows us and other applicable persons to disclose personal information about you when related to the primary purpose for which it was collected. Personal information include details to identify you and verify your identity, such as your name, sex, date of birth, current and previous addresses, your employment, your identification documents details, complaints details.

For the purpose of account opening and providing products and services to you and managing our business, we may give information to:

- external service providers to us, such as organisations which we use to verify your identity, to open the account or provide the product or service applied for, payment systems operators, mailing houses, and research consultants
- members of the Arab Bank Group;
- insurers and re-insurers, where insurance is provided in connection with our services to you;
- debt collecting agencies, if you have not repaid a debt as required;
- our professional advisors, such as accountants, lawyers and auditors;
- state or territory authorities that give assistance to facilitate the provision of home loans to individuals;
- other credit providers and their professional advisors;
- your representative, for example, lawyer, mortgage broker, financial advisor or attorney, as authorised by you; or
- government and regulatory authorities, if required or authorised by law;
- Credit reporting bodies and external dispute resolution schemes.

Overseas disclosure

We may disclose your personal information within the Arab Bank Group, to our parent entity Arab Bank plc incorporated in Jordan. The information shall only be disclosed for the purposes set out in this document and an agreement is in place with our parent that it will observe the Australian Privacy laws.

Privacy policy and access

Our Privacy Policy provides additional information about how we collect and handle your personal information. It contains information about circumstances where collection of personal information may be required or authorised by law. It also explains circumstances where information may be collected from persons other than you.

Our Policy sets out how you can ask for access to personal information we hold about you and seek correction of that information. It also explains how you can complain about a breach of the Privacy Act or the Credit Reporting Code of Conduct, and how we will deal with your complaint. Our Privacy Policy can be located at www.arabbank.com.au

You can request to access and update your personal information during ordinary business hours by contacting anyone who handles your banking or at

Mail: P. O Box N645, Grosvenor Place Sydney NSW 1220

Email: Service@arabbank.com.au

Telephone: 1800 646 484 – Overseas callers: +61 2 9377 8900 Fax 612 9221 5428

I do not wish to receive offers and services from the bank, its agents or third party service providers.

SECTION FOUR - TAXATION

TAX FILE NUMBER

Accounts earning interest are subject to Tax File Number (TFN) legislation. It is not compulsory for you to provide your TFN. However, if you are an Australian resident and you choose not to provide your TFN or Australian Business Number (ABN), or a TFN exemption has not been supplied, the Bank must deduct tax calculated at the highest marginal tax rate, plus the Medicare levy, from the interest earned. Please also note that you do not need to inform us of your ABN if you have already provided it to us.

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SECTION FIVE - DECLARATION

I / we have read the whole of this application and certify that the information contained in it is correct and complete. I / we acknowledge having received a copy of the product disclosure statement (PDS) that applies to this account, and accept those terms. The Bank may charge to this or any other account the company may conduct with the Bank or recover from the company any bank fees, government charges, taxes or duties imposed on transactions on / or which relate to this/these account(s).

By signing this form I/we confirm that we have informed or will inform our associate(s) referred to above of the information about him or her provided by you to Arab Bank Australia in this application form.

SECTION SIX - SIGNATURES AND ACCOUNT OPERATION

By a legally constituted meeting of the directors of the company, authority is given to the person(s) named to act in accordance with the terms of this authority.

Method of Account Operation

All Anyone

Signatures

Any two Directors, or a Director and Company Secretary, or the Sole Director must sign this form.

.....	
1. Signature	Date .. / .. / ..
Name:	
Position: Director	
.....	

.....	
2. Signature	Date .. / .. / ..
Name:	
Position: Director/Secretary	
.....	