

# PMCP Application Form

This application form is used to open a Perth Mint Certificate Program account via an approved distributor

Please submit this application form along with a completed corresponding Customer Due Diligence form and required documentation

## Account Name and Access

ACCOUNT NAME – entity in which certificate account is to be opened, e.g. Individual name, Joint names, Trust, Company

### OPERATING ACCESS

For accounts with more than one operating authority, please advise if the account should allow individual or joint signatory access.

☐ **INDIVIDUAL** **Individual** signatory access means that any operating authority has the ability to transact and make changes to the account.

☐ **JOINT** **Joint** signatory access requires at least two operating authorities to be present (or provide written signed instruction) for any account transaction or account changes

## Operating Authorities

An operating authority is the person or persons with complete access and authority to operate this account. In this section, please supply the names and signatures of the individuals that will have this authority. If you are opening the account in your personal name, you must also complete this section.

Please make a copy of this form if you require more than two operating authorities.

### OPERATING AUTHORITY ACKNOWLEDGEMENT

By providing the identification documentation (ID) to us, you confirm that you are authorised to do so, to enable us to verify your identity, and you consent to us disclosing personal information that you have provided to us to a third party for verification using their systems and services to obtain an assessment of whether that personal information matches information held by various government authorities and agencies for the purposes of compliance with Australian anti-money laundering and counter terrorism financing legislation. The third party may give us a report on that assessment and to do so may access and use personal information about you held by various government authorities and use third party systems and services and you consent to such access. Alternative means of verifying you are available on request. If we are unable to verify your identity using information provided by you we will provide you with a notice to this effect and give you the opportunity to verify your identity using an alternative method acceptable to us. We will keep full and proper records of all disclosures, confirmations and consents connected with your personal information.

## Operating Authority One

☐ I HAVE READ AND ACCEPTED THE OPERATING AUTHORITY ACKNOWLEDGEMENT

TITLE (Mr, Mrs, Ms etc.)

FIRST NAME

MIDDLE NAME

SURNAME/FAMILY NAME

DATE OF BIRTH (dd/mm/yyyy)

Please sign as per your signature on your identification document

I declare that by lodging this application form, I represent and acknowledge that I have read and understood the terms and conditions of The Perth Min Depository services agreement and agree to be bound by those terms and conditions.

Signature

DATE (dd/mm/yyyy)

## Operating Authority Two

☐ I HAVE READ AND ACCEPTED THE OPERATING AUTHORITY ACKNOWLEDGEMENT

TITLE (Mr, Mrs, Ms etc.)

FIRST NAME

MIDDLE NAME

SURNAME/FAMILY NAME

DATE OF BIRTH (dd/mm/yyyy)

Please sign as per your signature on your identification document

I declare that by lodging this application form, I represent and acknowledge that I have read and understood the terms and conditions of The Perth Min Depository services agreement and agree to be bound by those terms and conditions.

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