

Individual & Sole Trader Identification Form

St. George Bank – A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL and Australian credit licence 233714

Information Required

Individual Customers must complete section 1

Sole Traders must complete sections 1 and 2

Section 1

Details of Individual to be identified (Individual Customers and Sole Traders)

CIS No. (if known)

Account number (if known)

Account Name

Individual (name in full)

Date of birth

Gender

Are you known by any other name(s)?

Yes ☐

No ☐

If yes, please specify all names (use a separate sheet if required)

Residential address (PO Box not allowed)

Employment Type: Please select the employment type that reflects your current situation best.

☐ Casual

☐ Other

☐ Social Security Recipient

☐ Dependant Contractor

☐ Part Time

☐ Student

☐ Full Time

☐ Retired

☐ Temporary

☐ Independent Contractor

☐ Self Employed

☐ Unemployed

Occupation

Purpose of business relationship: This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate all of these reasons below.

☐ Transactional

☐ Long Term Borrowing

☐ Financial Markets

☐ Savings

☐ Protection

☐ Correspondent Banking

☐ Short Term Borrowing

☐ Wealth

☐ Additional information (please specify)

Source of Funds: This refers to the origin of the funds that are the subject of the business relationship between you and us. Please note that many customers have multiple sources of funds. Please indicate all sources of funds below.

☐ Salary/Wages

☐ Superannuation/pension

☐ Redundancy

☐ Commission

☐ Loan

☐ Inheritance

☐ Bonus

☐ Insurance payment

☐ Gift/Donation

☐ Business income/earnings

☐ Compensation payment

☐ Windfall

☐ Business profits

☐ Government benefits

☐ Tax refund

☐ Investment income/earnings

☐ Sale of assets

☐ Additional Sources (please specify)

☐ Rental income

☐ Liquidation of assets

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Source of Wealth: This refers to the origin of your total net assets/total net worth. Please note that many customers will have multiple sources of wealth. Please indicate all sources of wealth below.

- | | | |
|---|--|--|
| <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Superannuation/pension | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Redundancy | <input type="checkbox"/> Insurance payment | <input type="checkbox"/> Gift/Donation |
| <input type="checkbox"/> Business income/earnings | <input type="checkbox"/> Compensation payment | <input type="checkbox"/> Windfall |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Government Benefits | <input type="checkbox"/> None |
| <input type="checkbox"/> Investment income/earnings | <input type="checkbox"/> Owns real estate/property | <input type="checkbox"/> Additional Sources (please specify) |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Sale of assets | |
| | <input type="checkbox"/> Liquidation of assets | |

Section 2

Details to be completed by Sole Traders only

Full Business/Trading Name

ABN (if any)

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

Business Classification (ANZSIC)