

Know Your Customer (KYC) Refresh Form – Company

May 2025

Complete this form for companies (custodians, platforms, dealer groups or Australian/New Zealand companies only)

To comply with Australian law and ensure your account remains safe and secure, we need your help to keep your personal details up to date.

Why are we asking you to complete this form?

Under the Anti-Money Laundering and Counter-Terrorism Financing Act (AML/CTF Act), all financial institutions in Australia are required to collect and maintain accurate and up-to-date client records. This is to help ensure your account is kept safe and secure, protected from fraud, and not used for improper purposes.

Please note that you will need to supply identification documents to support the information provided on this form.

This form is issued by Vanguard Investments Australia Ltd ABN 72 072 881 086, AFSL 227263 (Vanguard).

We kindly ask that you please complete the form and return to us, together with your identification documents, within 30 days of receipt.



How to return this form?

Please mail your completed form to:
Vanguard Investments Australia Ltd
C/- MUFG Corporate Markets
Locked Bag 5038
Parramatta NSW 2124

Privacy Notice

Vanguard is committed to respecting the privacy of your personal information. We collect, use and disclose the personal information you provide in order to comply with our legal obligations. If you do not provide all of the information requested, we may not be able to continue to provide you with products and services.

Our [Privacy Policy](http://www.vanguard.com.au/privacy) at www.vanguard.com.au/privacy sets out more details about how and why we collect, use and disclose personal information, how to correct any information which is inaccurate or out of date, and our privacy complaints process.

Contact us

Mail Vanguard Investments Australia Ltd
C/- MUFG Corporate Markets
Locked Bag 5038
Parramatta NSW 2124

Phone **1300 655 102** (8:30am–5:30pm,
Monday to Friday, AET)

Email vanguard@cm.mpms.mufg.com



Need help?

If you need any help completing this form or would like any further information please call Client Services on **1300 655 102**, 8:30am to 5:30pm, Monday to Friday (Melbourne time).

How to complete this form

Investor type	Complete sections
Proprietary company	
<ul style="list-style-type: none"> If regulated in Australia (other than by ASIC as a company registration body) or majority owned subsidiary of an Australian public listed company 	1.1, 1.2, 1.3, 1.4, 2, all following sections
<ul style="list-style-type: none"> Custodian/nominee of a custodian 	1.1, 1.2, 1.3, 1.4, 1.5, 2, all following sections
<ul style="list-style-type: none"> All other proprietary companies 	1.1, 1.2, 1.3, 1.6, 2, all following sections
Public company	
<ul style="list-style-type: none"> If listed or regulated in Australia (other than by ASIC as a company registration body) or majority owned subsidiary of an Australian public listed company 	1.1, 1.2, 1.4, 2, all following sections
<ul style="list-style-type: none"> Custodian/nominee of a custodian 	1.1, 1.2, 1.4, 1.5, 2, all following sections
<ul style="list-style-type: none"> All other public companies 	1.1, 1.2, 1.6, 2, all following sections

Section 1. Company

1.1 Company details

Security Holder Reference Number

Full legal name of company (must match ASIC for registered domestic/foreign companies)

Country in which the company is formed (if not Australia)

ACN

ABN (if any)

Nature of business activity

ARBN (if registered foreign company)

Name of foreign registration body and identification number (if foreign company)

Account name (for custodian/nominees only e.g. ABC Ltd ACF XYZ Pty Ltd)

Full registered address (must match ASIC for registered domestic/foreign companies)

Address

Suburb

State

Postcode

Country

Principal place of business (must match ASIC for registered domestic/foreign companies)

<input type="checkbox"/> Same as registered address			
Address			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address

<input type="checkbox"/> Same as registered address			
Address			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details for the account

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business phone		Mobile phone	
<input type="text"/>		<input type="text"/>	
Email address (required to view statements)			
<input type="text"/>			
Role in the company			
<input type="text"/>			

1.2 Company type (select only **one** of the following categories)

<input type="checkbox"/> Proprietary/Private – proceed to section 1.3
<input type="checkbox"/> Public – proceed to section 1.4

1.3 Directors (required for all Proprietary companies as outlined in section 1.2, **NOT** required for Public companies)

Please attach a separate page if you require more space.

Director 1

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 15)			Date of birth (DDMMYYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director 2

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 15)			Date of birth (DDMMYYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director 3

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 15)			Date of birth (DDMMYYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1.4 Listing and Regulatory Details (select any of the following categories **if applicable**, otherwise, **proceed to section 1.6**)

<input type="checkbox"/>	Public listed	Proceed to Section 2
	Name of exchange/ticker code	<input type="text"/>
	Country (if not Australia)	<input type="text"/>
<input type="checkbox"/>	Majority owned subsidiary of an Australian public listed company	Proceed to Section 2
	Listed company name	<input type="text"/>
	Name of exchange/ticker code	<input type="text"/>
<input type="checkbox"/>	Regulated in Australia (subject to the supervision of an Australian Commonwealth, State or Territory statutory regulator (other than by ASIC as a company registration body).	Proceed to Section 2
	Regulator name	<input type="text"/>
	Licence details (e.g. AFSL, ACL, RSE)	<input type="text"/>
<input type="checkbox"/>	Custodian/nominee of a custodian	Proceed to Section 1.5

1.5 Custodian/Nominee of a Custodian (please complete sections 1.5.1 and 1.5.2 below and **then proceed to section 2**)

1.5.1 Custodian Certification (If you are the Nominee of a Custodian, the certification below applies to the appointing Custodian)

The company is acting in the capacity of a trustee and provides a custodial or depository service of the kind described in item 46 of table 1 in subsection 6(2) of the AML/CTF Act 2006 (Cth) (i.e. to the underlying investor, not to a related body corporate).	<input type="checkbox"/> Yes <input type="checkbox"/> No
The company holds an AFSL or is exempt from the requirement to hold such licence. Please specify grounds for exemption: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
The company is enrolled as a reporting entity with AUSTRAC, or satisfies one of the 'geographical link' tests in subsection 6(6) of the AML/CTF Act 2006 (Cth).	<input type="checkbox"/> Yes <input type="checkbox"/> No
The company has carried out all applicable customer identification procedures (ACIP) and ongoing customer due diligence (OCDD) requirements in accordance with chapter 15 of the AML/CTF Rules in relation to its underlying customers, prior to, or at the time of, becoming a customer of Vanguard Australia	<input type="checkbox"/> Yes <input type="checkbox"/> No
The company agrees and understands that Vanguard Australia will rely upon the customer due diligence conducted by the company on the underlying account holder. If requested to do so at any time the company agrees to provide, within a reasonable timeframe, information or evidence about the underlying account holder in order to allow Vanguard Australia to meet its enhanced due diligence procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: if you answered **NO** to any of the above questions, you are required to provide full KYC details of the underlying account holder. **Please complete the Trust Form.**

1.5.2 Type of Custodian or Nominee

<input type="checkbox"/> Australian Custodian	Provide the Australian Financial Services Licence number (AFSL) <input type="text"/>
<input type="checkbox"/> Authorised Representative of an Australian Regulated Custodian	Provide the Australian Financial Services Representative number <input type="text"/>
<input type="checkbox"/> Foreign Corporate Custodian (that satisfies the geographical link test)	Provide Australian Registered Body Number (ARBN) <input type="text"/>
<input type="checkbox"/> Nominee of a Custodian (whose parent company satisfies the custodian certification above)	Name of Related Body Corporate that appointed you <input type="text"/>
	AFSL of custodian that appointed you as their nominee <input type="text"/>

Custodians/Nominees – please **proceed to Section 2**

1.6 Beneficial Owners/Senior Managing Official (Note: This section is to be completed for all companies that are **not** public listed companies, majority owned by an Australian public listed company, regulated companies or Custodians/nominees as outlined in section 1.4)

Important: Please provide details for all beneficial owners. A beneficial owner is any **individual** who ultimately owns or controls 25% or more of a company. **Ownership** can be direct (e.g. through shareholdings) or indirect (e.g. through another company's ownership). **Control** means having control through agreements, trusts or other arrangements (e.g. Appointor of a trust).

(A) Are there any individuals who ultimately own 25% or more of the company's issued share capital? For example, ABC Pty Ltd is equally owned by John Smith and XYZ Pty Ltd. John Smith is a beneficial owner because he owns 50% of the shares. XYZ Pty Ltd is equally owned by Mary and Joseph. This means each of them ultimately own 25% of ABC Pty Ltd and are considered beneficial owners.

Yes – complete section 1.6.1 No

(B) Are there any individuals or companies holding 25% or more of the shares in the company non-beneficially? This is indicated in the members shareholding section in the company's ASIC report.

Yes – complete section 1.6.2 No

If you answered **Yes** to both **(A) and (B)**, complete **sections 1.6.1 and 1.6.2**
 If you answered **No** to both **(A) and (B)**, complete **section 1.6.3**

1.6.1 Beneficial Owners (complete if you answered **Yes** to section 1.6 (A). Please attach a separate page if you require more space.)

Beneficial Owner 1

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 15)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

Savings/salary
 Inheritance/gift
 Proceeds from asset sale
 Other (please specify below)

Beneficial Owner 2

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 15)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

Beneficial Owner 3

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 15)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

Beneficial Owner 4

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 15)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

1.6.2 Appointor (Ensure details are provided for all individuals or entities holding 25% or more of the company shares non-beneficially if you answered **Yes** to section 1.6 (B))

Note: The company's ASIC report indicates where shares are held **non-beneficially** by an individual or entity. This means that the shares are being held on behalf of another person as trustee of a trust. In this case, the **Appointor** of the relevant trusts (i.e., those individuals who have the power to appoint the trustees) is also considered a beneficial owner.

For example, ABC Pty Ltd is equally owned by John Smith and XYZ Pty Ltd. Each holds 50% of the shares **non-beneficially**. John Smith is holding the shares on behalf of the Smith Discretionary Trust. XYZ Pty Ltd is holding the shares on behalf of the XYZ Family Trust.

We must collect the details of the **Appointors** of the Smith Discretionary Trust and XYZ Family Trust.

Please attach a separate page if you require more space.

Appointor 1

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 15)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

Appointor 2

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 15)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

1.6.3 Senior Managing Official (Complete this section if you answered **No** to both sections 1.6 (A) and 1.6 (B)).

Where no individual directly or indirectly holds or controls 25% or more of a company, a nomination for the **Senior Managing Official (SMO)** of the company is required. This is an individual that makes, or participates in making, decisions that affect the whole, or a substantial part of the business of the organisation, or who has the capacity to significantly affect the financial standing of the organisation (e.g. CEO). Please nominate only **one** SMO.

Title	First name	Middle name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (please select from Appendix A – Occupations – refer to page 15)			Date of birth (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>
Role/Position within the company			
<input type="text"/>			
Full residential address (must not be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Source of funds

<input type="checkbox"/> Savings/ salary	<input type="checkbox"/> Inheritance/ gift	<input type="checkbox"/> Proceeds from asset sale	<input type="checkbox"/> Other (please specify below)
<input type="text"/>			

Section 2. Declarations and signatures (must be completed)

Declarations



- I/we understand that the information supplied is covered by the Product Disclosure Statement (PDS) for the Vanguard Wholesale Fund/s;
- I/We declare that all information provided in this form is true and correct;
- I/we declare I am authorised to provide information on this form and consent to the handling and disclosure of my personal information as described in the [Privacy Policy](#) and for the purposes and in the manner described in this form.

2.1 Signatures

Each signatory below confirms that they have been duly authorised to execute this form on behalf of the investor(s) and that the signing authorities have also been duly authorised.

For multiple directors: please provide signatures and details of at least two directors.

For sole directors: please also provide signature and details of the company secretary (if any).

Authorised signatory 1	Authorised signatory 2
Signature (please use BLACK pen)  We will not accept stamped signatures.	Signature (please use BLACK pen)  We will not accept stamped signatures.
Full name <input type="text"/>	Full name <input type="text"/>
Role <input type="text"/>	Role <input type="text"/>
Date (DD/MM/YYYY) <input type="text"/>	Date (DD/MM/YYYY) <input type="text"/>



Before you submit

Checklist




Before you submit your form, please ensure:

- You have signed and dated the declaration.
- You have attached the necessary identification documents as specified in the 'Forms of identification required' section below.

Forms of identification required






This section outlines the types of identification documents that we will collect from you. You must provide these along with this form, however, we may request additional information at a later date. If you do not provide the documents we request, we may not be able to process your account information update. Alternative forms of identification may be acceptable under circumstances permitted by law. Non-English documents must be accompanied with a translation prepared by an accredited translator.

Identification required for Custodian/Nominee applying for their client

Investor type	Type of ID to submit	ID requirements
Custodian/ Nominee* with an existing relationship with Vanquard	Account signing authorities	 Certified copy of signatories list
Custodian/ Nominee* without an existing relationship with Vanquard	Identification required for the company	 Refer to document requirements for relevant company type in the tables below
	Account signing authorities	 Certified copy of signatories list





* Custodian* means a company that meets the requirements as set out in Part 4.4.19 of the Anti-Money Laundering and Counter-Terrorism Financing Rules Instrument 2007 (No. 1)

Identification required for a proprietary company

Investor type	Type of ID to submit (select one)	ID requirements
Proprietary company	Company extract/ Annual ASIC statement	 A copy of the most current company extract/statement from the ASIC database (or foreign equivalent), displaying the company's name, registration number, registered office address, company officers (e.g. directors, company secretary) and beneficial owners
	Trust Deed Extract(s) – applies only to non- beneficially held shares	 A certified copy of the trust deed extract containing name of the trust, full name of all trustee(s), beneficiaries, name of settlor and appointor, asset contribution and the signatories page(s)
Related parties: Beneficial owners, Appointors, Senior Managing Official, Signatories	Option 1: Driver's licence	 A certified copy of a current Australian driver's licence (front and back), displaying your current residential address
		OR
	Option 2: Passport & Utility Bill	 A certified copy of your current passport* AND  A certified copy of a utilities bill (gas, water or electricity, mobile phone, internet provider account or Local Government rates account), issued in the last 3 months, displaying your name and the current residential address stated on this Form

* Australian passport may be expired up to two years – a foreign passport must not be expired.

Identification required for a public company

Investor type	Type of ID to submit (select one)	ID requirements
Public company	Company extract/ Annual ASIC statement	 A copy of the most current company extract/statement from the ASIC database (or foreign equivalent), displaying the company's name, registration number, registered office address, company officers (e.g. directors, company secretary) and beneficial owners
Related parties: Signatories	Option 1: Driver's licence	 A certified copy of a current Australian driver's licence (front and back), displaying your current residential address
		OR
	Option 2: Passport & Utility Bill	 A certified copy of your current passport* AND  A certified copy of a utilities bill (gas, water or electricity, mobile phone, internet provider account or Local Government rates account), issued in the last 3 months, displaying your name and the current residential address stated on this Form

* Australian passport may be expired up to two years – a foreign passport must not be expired.

Certification requirements

The certification of your documents must be completed in Australia by a person in one of the positions below and who is not related to you (i.e. a parent, spouse, de facto partner or child).

When having copies of documents certified, you should show both the original document and copy to the eligible certifier. For a more detailed list of eligible certifiers, please refer to the Certification Guide on our website at https://fund-docs.vanguard.com/AU-Vanguard_Certification_guide.pdf or contact Client Services.

Eligible certifiers include:

- Lawyer
- Pharmacist
- Police Officer
- Accountant
- Post Office
- Justice of the Peace

Document type	Sample wording	Certification requirements
Single page	I, [full name], certify that this is a true and correct copy of the original.	<ul style="list-style-type: none">• Certified within the last 12 months• Signed and dated
Multiple page document (with certification on every page)	I, [full name], certify that this is a true and correct copy of the original.	<ul style="list-style-type: none">• Includes name, occupation and any licence number of the certifier
Multiple page document (with certification on front page only)	I, [full name], certify that this page and the following 'x pages' are a true and correct copy of the original.	

Appendix A. Occupations

Please select from the occupations listed below when completing the relevant section(s) in the form:

- Accountant
- Admin
- Engineer
- Government official
- Home duties
- Labourer
- Lawyer
- Machine operator
- Medical professional
- Other professional
- Real estate agent
- Retired
- Sales person
- Scientist
- Sports person
- Student
- Teacher
- Trades person
- Unemployed



Please mail your completed form to:
Vanguard Investments Australia Ltd
C/- MUFG Corporate Markets
Locked Bag 5038
Parramatta NSW 2124

Connect with Vanguard™

vanguard.com.au