

# **KYC (Know Your Customer) Form**

Zerocap Pty Ltd ABN: 99 164 874 597 AUSTRAC Registration: 100635539 Digital Currency Exchange Registration: DCE100635539-001

Level 4/412 St Kilda Road Melbourne VIC 3004 Australia

# **Privacy Information**

Zerocap Pty Ltd will use the information collected from you on this form for identification and risk assessment purposes.

# **Submission Guidelines**

To ensure your application is processed in the quickest time possible please ensure:

- Your application is completed in English
- All required identification documents are included
- Send the completed application form along with identification documents to kyc@zerocap.com

Investor Type: Individual Corporation Trust

Do not fill Section B if you are investing as an individual.

## Section A: Individual Details

If you are registering a corporation or trust, this section must be filled by an authorised representative. If you are opening a joint account, two separate application forms must be submitted.

First Name

Last Name

Residential Address (No PO Box)

Suburb

State

Postcode

Country

### Nationality

Occupation (If a business owner, what are the business activities?)

Email address

Phone Number

Mobile Number

# Section B: Corporate/Trust Details

**Entity Name** 

Registration Number	Country of Incorpo	ration
Registered Address (No PO Box)		
Suburb	State	Postcode
Country		
Website/ URL		
Email address		

# Section B: Continued

Phone Number Mobile Number

Nature of Business (Please describe business activities)

Directors

Full Name/Entity Name	Position (Director/Secretary)

Authorized Representatives

Full Name/Entity Name	Position (Director/Secretary)

Shareholder/Beneficiary

Full Name/Entity Name	Ownership %

If more than 3 Office Holders, Shareholders or another entity, please use "Corporate Details" Appendix A.

Declaration of Jurisdiction (In which countries do you conduct business)

Trust type (Only complete if registering as a trust)

## **Section C:** Source of Funds/Source of Wealth

1. Please describe source of funds (origin of the funds that will be used for this investment) Example: Employment Income / Investment Income / Business Income / Savings / Inheritance, Trading etc.

2. Please describe source of wealth (when and how was your wealth accumulated)

## Section D: Trading Activities

Please describe purpose of exchange / transfer transactions Example: Speculative trading, Investing, etc.

# **Section E:** Identification Requirements

- Please provide ALL identification documents.
- If documents are in a language other than English, please ensure they are accompanied by a certified English translation.

#### **Individual Identification Documents**

- Passport or Drivers Licence (If you do not hold an Australian Passport, please provide a clear selfie with the proof of identity provided)
- Proof of Address (Utility Bill / Rates / Insurance / Bank Statement)

#### **Corporate/Trust Formation Documents**

For all shareholders that own over 25% of the entity, or are directors of the company:

- Passport or Drivers Licence (If they do not hold an Australian Passport, please provide a clear selfie with the proof of identity provided)
- Proof of Address (Utility Bill / Rates / Insurance / Bank Statement)

In addition, please provide:

- Certificate of Registration / Incorporation / Trust Deed
- Register of Directors
- Register of Shareholders showing the Ultimate Beneficial Owners, the individual(s) with 25% or more interest / Beneficiaries
- Register of Authorised Signatories (if there are other auth representative other than the directors)
- Proof of identity and proof of Address (Utility Bill / Rates / Insurance / Bank Statement)

#### **Attached Identification Documents**

Document Name	Document Number	Expiry Date

## Section F: Declaration

**IMPORTANT**: It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 Requirements to knowingly provide false or misleading information or knowingly produce a false or misleading document.

By completing and signing the form I declare that the information I have provided is true and correct.

Customer Signature	Date

# **Appendix A:** Corporate Details

**PLEASE NOTE:** This form is only required if you have more than 3 Office Holders, Shareholders or another entity is involved in your corporate structure.

#### **Office Holders**

Full Name/Entity Name	Position (Director/Secretary)

## Shareholder/Beneficiary

Full Name/Entity Name	Ownership %