

Diners Club Business Card Application



Please provide **ALL** information requested to avoid delays in processing the application.

Please complete this form in **BLACK** pen and **BLOCK CAPITALS**.

Before completing this application please consider whether the business and each Applicant complies with the following minimum criteria:

- The business has been trading for 2 or more years
- Each Applicant is aged 18 years or over, earns a minimum of \$35,000 p.a. and has a sound credit rating.

Diners Club may need to call you to obtain further information to assist in assessing your application.

BUSINESS	
Joint & Several Liability	
Central Billing	
21 day payment terms	
\$77 Rewards fee	
Main Card DC Only:	XB000050
Main Card DC+MC:	XD000014
Supp Card DC Only:	XB000045
Supp Card DC+MC:	XDA00005

Completed application forms should be returned to:
e: **corporatenewapps@dinersclub.com.au** Mail: **Diners Club International, GPO BOX 40, Sydney, NSW 2001**
For further information call Diners Club Customer Service 24 hours a day on **1300 360 060**

Business Information – Company

IMPORTANT: Please select the structure of the business: ☐ Sole Trader ☐ Partnership ☐ Private Company ☐ Trust ☐ Association
Please refer to the AML Identification Forms page for the appropriate Identification Form(s) that need to be completed for your application.

Registered business name	ACN
<input type="text"/>	<input type="text"/>
Trading name	ABN/ARBN
<input type="text"/>	<input type="text"/>

Business name to appear on Corporate Card (maximum of 21 characters including spaces)	Email address (mandatory) – We will use this address to send you statements and notices in relation to your account
<input type="text"/>	<input type="text"/>

Trading address	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered office address	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred mailing address	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Industry or nature of business	No. of employees	Yrs in business	Current sales volume/mth	Expected Diners Club expenditure per month
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Contact person	Phone	If business accepts payment by Diners Club, Diners Club Establishment number
<input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>

Business Reference

Accountants/Auditors	Contact name at Accountants/Auditors
<input type="text"/>	<input type="text"/>
Phone of Accountants/Auditors	Fax of Accountants/Auditors
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>

Diners Club Card Program

As part of my Business Policy, I authorise employees, should they apply, to be issued with:
(Please choose ONE of the following and note that this will apply to Applicants ONE and TWO on this application)

- ☐ Diners Club Business Card ONLY OR ☐ Diners Club Business Card AND Companion MasterCard Card

Rewards

I would like to enrol in Diners Club Rewards ☐ Yes ☐ No

Do you wish to have Reward Points earned on Diners Club Business Cards allocated to:

- ☐ Individual Cardholder OR ☐ A nominated Cardholder (who must be Applicant ONE)*

*All Reward points earned on Business Card(s) issued will be pooled to the nominated Cardholder, who will legally own the Reward points.

Billing Cycle

Please nominate a day of the month between 2nd and 28th on which you would like your Diners Club Monthly statement to cut: /of every month.

Applicant ONE must be a Director, Partner or Principal of the business

If pooling Diners Club Reward points, Applicant ONE must be the nominated Cardholder.

Applicant ONE - Personal Information

Title

Surname

Given names

☐ Male ☐ Female

Preferred name and title on your Diners Club
Personal Card (maximum of 21 characters including spaces)

Date of birth

Driver's licence no.

Marital status

Nationality

Residential address (PO Box or hotel address not acceptable)

State

Postcode

Yrs/Mnths there

Home address is:

☐ Permanent ☐ Temporary

Preferred email address (Mandatory - we will use this email to send you statements and notices in relation to your account)

Mobile phone

Previous residential address (if at current address less than 2 years)

State

Postcode

Yrs/Mnths there

Preferred mailing address

State

Postcode

Home phone

()

☐ Own home outright ☐ Buying home (mortgage) ☐ Renting ☐ Living with parents ☐ Other

Mother's maiden name

Name of relative or friend in Australia not living with you

Relationship

Residential address of relative or friend in Australia

State

Postcode

Home phone

()

Current employment: Position/Title (Applicant)

Yrs/Mnths there

Occupation

Your gross annual income:

☐ \$35,000-\$50,000 ☐ \$50,001-\$75,000 ☐ \$75,001-\$100,000 ☐ \$100,000+

Other cards held:

☐ Amex ☐ Visa ☐ MasterCard ☐ Others

Do you currently have or have
you ever held a Diners Club Card?

☐ Yes ☐ No

If Yes, your account number

3 6

Applicant TWO must be a Director, Partner or Principal of the business

Applicant TWO - Personal Information

Title

Surname

Given names

☐ Male ☐ Female

Preferred name and title on your Diners Club
Personal Card (maximum of 21 characters including spaces)

Date of birth

Driver's licence no.

Marital status

Nationality

Residential address (PO Box or hotel address not acceptable)

State

Postcode

Yrs/Mnths there

Home address is:

☐ Permanent ☐ Temporary

Preferred email address (Mandatory - we will use this email to send you statements and notices in relation to your account)

Mobile phone

Previous residential address (if at current address less than 2 years)

State

Postcode

Yrs/Mnths there

Preferred mailing address

State

Postcode

Home phone

()

☐ Own home outright ☐ Buying home (mortgage) ☐ Renting ☐ Living with parents ☐ Other

Mother's maiden name

Name of relative or friend in Australia not living with you

Relationship

Residential address of relative or friend in Australia

State

Postcode

Home phone

()

Current employment: Position/Title (Applicant)

Yrs/Mnths there

Occupation

Your gross annual income:

☐ \$35,000-\$50,000 ☐ \$50,001-\$75,000 ☐ \$75,001-\$100,000 ☐ \$100,000+

Other cards held:

☐ Amex ☐ Visa ☐ MasterCard ☐ Others

Do you currently have or have
you ever held a Diners Club Card?

☐ Yes ☐ No

If Yes, your account number

3 6

▼ Privacy Consents and Notifications

By applying for this product, you consent as follows:

In this section 'we/us' means Diners Club Pty Limited ("Diners Club") and our related companies that assist us to provide our services and 'you/your' means all borrowers named in this application.

Purposes for which we collect, use and disclose your personal information

- 1) We collect, use and disclose your personal information:
 - to assess this application and future applications and to administer your credit facilities and related services;
 - to conduct reviews of your facility;
 - to comply with applicable laws both in Australia and overseas, including:
 - a) the National Consumer Credit Protection Act;
 - b) the Anti-Money Laundering and Counter-Terrorism Financing Act;
 - c) State and Territory property legislation and other property-related laws (for example, to register and search for security interests); and
 - for other purposes as listed in our Privacy Policy and our Credit Reporting Policy.If you do not provide us with the information we may not be able to assess your application or administer the products or services that you are seeking.
- 2) We usually collect your personal information directly from you. However, we may need to collect personal information about you from third parties for example, in order to assist us to process your application or to locate or communicate with you.
- 3) Where you have provided information about another individual, you must make them aware of that fact and the contents of this Privacy Consent and Notification, and have obtained their consent to make this disclosure to us.
- 4) Your telephone calls and conversations with a Diners Club representative may be recorded and monitored for quality, training and verification purposes.

Disclosures of your personal information

- 5) We may disclose to, and obtain personal information about you from:
 - Our affiliates, sales agents and organisations that carry out functions on our behalf including card schemes, mailing houses, data processors and collection agents;
 - reward providers including Airline partners and their service providers;
 - other credit providers;
 - any signatory or guarantor to the facility for which you are applying;
 - any broker, introducer, financial, legal or other adviser acting in connection with your facility or application;
 - regulatory and tax authorities in Australia and overseas;
 - credit reporting bodies (see 'Exchange of information with credit reporting bodies' below);
 - any insurer relating to your facility;
 - organisations wishing to acquire an interest in any part of our business; and
 - as further set out in our Privacy Policy and Credit Reporting Policy.

Disclosures to overseas recipients

- 6) Some of the recipients to whom we disclose your personal information may be based overseas. It is not practicable to list every country in which such recipients are located but it is likely that such countries will include the United States of America, India, the Philippines, Malaysia, Hong Kong and Singapore.

Exchange of information with credit reporting bodies and other information services

- 7) If you have made an application for consumer or commercial credit, or have obtained consumer or commercial credit from us, you agree that we can obtain credit reporting information about you from a credit reporting body (CRB) for the purposes of assessing any application for consumer or commercial credit and collecting payments that are overdue in relation to consumer or commercial credit. You also agree that we can obtain, from any business providing information about commercial credit-worthiness, commercial credit reports about you for the purposes of assessing applications for consumer or commercial credit.
- 8) We may disclose personal information about you (including credit information, such as details about the credit that we provide to you, your repayment history and any repayment defaults) to, and obtain credit reporting information about you from, CRBs. Our Credit Reporting Policy contains information about credit reporting, including the CRBs with which we may share your personal information, their contact details, the type of credit reporting information we share, and your rights in relation to them.

Our Policies (including how to access and correct information and make a complaint)

- 9) You can view our Privacy Policy or Credit Reporting Policy on our website at dinersclub.com.au/privacy or obtain copies by calling us. These policies include information as to how you can access and/or seek correction of the personal information we hold about you. Our Privacy Policy and Credit Reporting Policy also contain information as to how you can complain about a breach by us of the Privacy Act (including the credit reporting provisions in Part IIIA and the Credit Reporting Code) and how we will deal with such a complaint.

Your Marketing Communications Preferences

- 10) By completing this application you agree that we, our affiliate companies and their partners may use your personal information to keep you informed about offers relating to this product and other products, services and offers which may be of interest to you. They may do this by phone, mail, email and SMS or other electronic messages (without an unsubscribe facility). These consents operate indefinitely and shall remain in effect unless and until you notify us that you do not want to receive such communications. If you do not wish to receive these communications please notify us in writing or by calling us.

Note: If you have not told us that you do not wish to receive these communications by phone, you may be contacted even if you have registered your phone number on the national Do Not Call Register.

▼ Declarations and Authorisations

Interpretation: In these Declarations and Authorisations, any reference to a defined term has the same meaning as in the Business/Corporate Card Terms and Conditions unless the context otherwise requires. Any reference to the 'business' includes a reference to a company, partnership, joint venture, association, governmental agency, firm, body corporate, sole trader or other business entity.

Diners Club Card Application (*this section applies to you if you are the business or an Applicant*)

Application: By signing this form, the business and the Applicant: (A) request that a Diners Club Card(s) (Card) be issued to the Applicant; (B) warrant that all information in this application is true and correct and not misleading; (C) warrant that the Applicant is an employee of the business and has been identified; (D) agrees to provide Diners Club with current financial statements upon request (E) acknowledge that the business and the Applicant will be bound by the Business/Corporate Card Terms and Conditions (which will be provided to each on approval of this application) on first use of the Card or the Card account; (F) agree that information about you may be used as described in the Privacy section in the Business/Corporate Card Terms and Conditions, and that where you provide information about any other individual on this form or later, you will make that other individual aware of the provisions of that Privacy section; (G) agree that the Card(s) is issued at the direction of the business and may be cancelled by the business at any time by written notice to Diners Club; (H) acknowledges that a commission may be paid by Diners Club to the person (if any) named on this form for introducing you to Diners Club. The amount of any such commission will be based either on your expenditure or the number of introductions made by the person and is unascertainable at the time of this application. Diners Club reserves the right to amend the terms and conditions relating to the Card at any time by notice to the Applicant. (I) If acting as trustee, represents and warrants that the trust has been validly established that it has all the requisite powers to enter into an agreement with Diners Club relating to the Diners Club Corporate Card, that the beneficiaries of the trust of which it is a trustee will rank as unsecured creditors of any accrued and unpaid entitlements and will not receive any preferential treatment as against other creditors, in the absence of any mortgage, charge or other security and in the event of any inconsistency between the Diners Club Business/Corporate Card Terms and Conditions and the relevant trust deed, the Diners Club Business/Corporate Card Terms and Conditions shall prevail to the extent of the inconsistency. The business must use its best endeavours to ensure that the Applicant complies with his or her obligations under the Business/Corporate Card Terms and Conditions, including by notifying Diners Club of any loss, theft or fraudulent use of any Card, and the business must take all reasonable steps to recover the Card from the Applicant upon its cancellation by Diners Club. The business must also take all reasonable steps to recover a Card from the Applicant, and must advise Diners Club to cancel the Card, if the Applicant ceases to be employed with the business.

Liability: The business (and in the case of trusts, the trustee) and each Applicant agree to be jointly and severally liable for (A) all charges incurred by the Applicant arising from, or in relation to, the issuance or use of a Card (including any reissued or replacement Card); (B) any fees set out in the Diners Club Fee Schedule at the end of the Business/Corporate Card Terms and Conditions; (C) any fees or charges in relation to each Applicant's membership of Diners Club Rewards; (D) If your account is not paid in full within 21 days of your monthly issue date, a charge will apply which is the greater of \$30 or 3% of the overdue amount on your account each month. Any points accrued for that statement period will be forfeited and not allocated to your Diners Club Points Record; and (E) any goods and services tax which may be payable by Diners Club in respect of fees or charges charged by Diners Club on the Card account or in relation to any Applicant's membership of Diners Club Rewards (if applicable).

Diners Club Rewards (*this section applies to you, in addition to the section above, as the Applicant is automatically a member of the Diners Club Rewards program*)

Application: By signing this application, the Applicant indicates a wish to enrol as a member of the Diners Club Rewards program, you, the Applicant, acknowledge that you will be bound by the Diners Club Rewards Terms and Conditions provided to you with a Card, on first use of that Card.

Consent: In this section 'we/us/our' means Diners Club Pty Limited ("Diners Club") and our related companies that assist us to provide our services and 'you/your' means all borrowers named in this application. By signing this form, you acknowledge, confirm and agree to the following:

- That we will obtain a copy of your credit report from one or more credit reporting bodies.
- That we may provide your name, residential address and date of birth to a credit reporting body for the purpose of verifying your identity in accordance with the requirements of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 or other requirements it may have, and that we may request that the credit reporting body provide us with an assessment of whether the personal information you provide matches (in whole or part) personal information contained in a credit information file maintained by the credit reporting body.
- That we will collect, hold, use and disclose your personal information as reasonably necessary for our business purposes, which may include regulatory purposes, detecting and preventing fraud and other risks to us and our customers; responding to inquiries about applications, accounts or other products, services or arrangements, and in our dealing with complaints.
- That we will retain the information you provide in this application to also process any future applications made in your name or that of any other person, for the purpose of identifying any attempted fraudulent activity. We will do this, irrespective of whether or not your application is successful or you are a Diners Club customer at the time.
- That we may engage third parties to verify the authenticity of any identity documents you provide against official government records, and that if you don't wish us to use these methods to verify your identity, that you should not sign, and instead send a certified true copy of appropriate forms of identification to *New Applications, Diners Club International, GPO Box 3811, Sydney, NSW, 2001* in order for your identity to be verified.

This product is not marketed to or intended for residents of the European Union, European Economic Area, Switzerland, Guernsey and Jersey. This is not, and should not be construed as, a solicitation to apply for this product.

If you leave Australia or are a non-resident of Australia for taxation purposes, we may be restricted in the way that we are able to provide financial services including but not limited to financial product advice and the sending of promotional materials to you when you are residing offshore or are not physically in Australia.

Signature(s) MUST BE SUPPLIED by a person(s) on behalf of the business

If the person is also Applicant ONE or TWO then they must sign again in the Applicant Signature section below. By signing below, you warrant to Diners Club that you have authority to sign this form on behalf of the business. If the business is a partnership, you also undertake to advise Diners Club immediately if the partnership is dissolved or restructured. If the business is a trustee, you also undertake to advise Diners Club immediately if the trust is settled or wound up.

Where the business is a COMPANY/SOLE TRADER/PARTNERSHIP

Signature of Director/Partner/Principal
for and on behalf of the business

	Signature	Date
1.	X	
2.	X	

Where the business is a Trust and the Trustee is an INDIVIDUAL

Signature of Trustee or Partner
for and on behalf of the business

	Signature	Date
1.	X	

Where the business is a Trust and the Trustee is a COMPANY

Signature of Trustee for and on behalf of the business

	Signature	Date
1.	X	
2.	X	

Important notice to Applicant/Cardholder: Please read the Declarations and Authorisations on the previous page before signing below. It includes authorisations by you concerning the use and disclosure of personal information about you and certain terms concerning your Diners Club membership, your rights and obligations as a Cardholder and your Diners Club Rewards membership (if applicable).

Liability for the Business Card Account: In consideration of Diners Club, at your request, providing the Business Card Account to the business and issuing Cards linked to the Business Card Account from time to time, you agree: (1) to be liable, and indemnify Diners Club on demand, for all charges on the Business Card Account (which includes all charges in relation to the use of a Card and/or a Card account that is linked now or in the future to the Business Card Account). This liability applies whether or not any charge has been authorised by the business. (2) that your liability: (a) is a primary obligation and continues until all charges on the Business Card Account are fully and finally paid; (b) will not be released or discharged by any event, including the alteration of the composition of the business, any variation of the Business/Corporate Card Terms and Conditions, the release of the business or any other person from any liability or any Cardholder ceasing to be employed or engaged by, or otherwise connected with, the business; and (c) is independent of, and in addition to, any other of your obligations. If more than one Applicant signs below and/or any other person assumes liability for charges on the Business Card Account, each person is jointly and severally liable.

Each Applicant MUST SIGN below

Applicant ONE	Date
X	
Position	
Applicant TWO	Date
X	
Position	

Please complete the identification form(s) relevant for your business or organisation.

Identification forms are available on the following pages.

Forms:

- (a) Identification Form - Individual & Sole Traders
- (b) Identification Form - Partnerships
- (c) Identification Form - Australian Companies
- (d) Identification Form - Trusts & Trustees
- (e) Identification Form - Associations
- (f) Identification Form - Co-operatives

Are you a Sole Trader?

1. Complete Form (a).

Is your business a Partnership?

1. Complete Form (a), *Section 1*, for one Partner (Regulated Partnerships) or each Partner (Unregulated Partnerships). For more than one Partner, please attach additional copies of the form.
2. Complete Form (b).

Is your business an Australian Company?

1. Complete Form (a), *Section 1*, for each Beneficial Owner.
For more than one Beneficial Owner, please attach additional copies of the form.
2. Complete Form (c).
For more than four Directors / Beneficial Owners, please attach additional copies of the form.

Is your business a Trust?

1. Complete Form (a), *Section 1*, for each Beneficiary / Trustee.
For more than one Beneficiary / Trustee, please attach additional copies of the form.
2. Complete Form (d).
For more than four Directors / Beneficial Owners, please attach additional copies of the form.

Is your business an Association?

1. Complete Form (a) for persons signing on behalf of an Unincorporated Association / Beneficial Owners
2. Complete Form (e).

Is your business a Co-operative?

1. Complete Form (a) for Beneficial Owners
2. Complete Form (f).

If you have any queries, please contact us 24 hours a day, seven days a week on 1300 360 060.

Please ensure all applicable fields are completed in full

Section 1: Personal Details

Surname		Full Given Name(s)	
<input type="text"/>		<input type="text"/>	
Date of Birth (dd/mm/yy)	Nationality	Occupation	
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	
Residential Address including country (PO Box is not acceptable)			
Street			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2: Complete this part if individual is a sole trader

Full Business Name (if any)	ABN (if any)		
<input type="text"/>	<input type="text"/>		
Principal Place of Business (if any) (PO Box is not acceptable)			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section I: Partnership Identification Procedure

1.1 General Information

Full name of partnership

Registered business name of partnership (if any)

Country where partnership established

1.2 Partnership Type (select ✓ only ONE of the following categories)

☐ Regulated Partnership (Go to Section 1.3 below)

☐ Unregulated Partnership (Go to Section 1.4 below)

1.3 Regulated Partnership (do not complete for Unregulated Partnerships)

Provide name of professional association

Provide membership details (i.e. membership of professional association number)

Please complete the appropriate identification and verification form for one partner

1.4 Unregulated Partnership (do not complete for Regulated Partnerships)

How many partners are there?

	Full name of Partner	Role in relation to partnership (i.e. CEO, Owner)	Percentage ownership of the partnership
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Should there be more than three (3) Partners, please complete additional 'Identification Form Partnerships' for the additional partner(s) information.

Please complete the appropriate identification and verification form for each partner.

1.5 Beneficial Ownership Details

Only required if individual is not already listed in section 1.4 above.

Provide details of ALL individuals who are beneficial owners through control of 10% or more of the entity or more, where applicable.

	Full Given Name(s)	Surname	% control (if applicable)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are additional beneficial owners, please complete all details in section 1.5 in an additional form. It is noted that a full KYC form (Individuals) must be completed for all the persons listed in this section

Foreign companies, whether registered with ASIC or not, should use the FOREIGN COMPANIES IDENTIFICATION FORM. Companies incorporated in Australia should use this form. Please ensure all applicable fields are completed in full

Section I: Australian Company Identification

I.1 General Information

Full name as registered by ASIC

ACN

Date of Incorporation

Registered office address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

I.2 Regulatory/Listing Details

(If the company is regulated or listed, select the relevant category and provide the information requested)

☐

Regulated company A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'Regulated' means subject to supervision beyond that provided by ASIC as a company registration body.

For example: Australian Financial Services Licensees (AFSL); Australian Credit Licensees (ACL); or Registrable Superannuation Entity (RSE) Licensees.

Full name of regulator providing licence (e.g. ASIC)

Licence type (e.g. AFSL, ACL, RSE)

Licence number

☐

Australian listed company

Name of market/exchange

☐

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market/exchange

I.3 Company Type (select only ONE of the following categories)

☐

Private/Proprietary (companies whose name ends with Proprietary Limited, Pty Limited, Proprietary Ltd or Pty Ltd)

☐

Public (companies whose name does NOT include the word Pty or Proprietary; generally listed companies)

I.4 Directors (To be completed for Private/Proprietary companies only)

How many directors are there?

provide full name of each director below

Full given name(s)

Surname

1

2

3

4

If there are additional directors, please complete all details in section I.4 in an additional form.

I.5 Beneficial Ownership *(not required for Public companies as per section 1.5)*

Provide details of **ALL individuals** who are beneficial owners through shareholdings of 10% or effective control of the customer entity.

	Full given name(s)	Surname	Role/Relationship with the customer	% Holding / Control (if applicable)
1				
2				
3				
4				
5				

If there are additional beneficial owners (shareholders and/or controllers), please complete all details in section 1.5 in an additional form. It is noted that a full KYC form (Individuals) must be completed for all the persons listed in this section.

I.6 Foreign Entity Ownership *(To be completed for all companies, if any foreign entity ownership exists)*

Please provide details of ALL immediate entities any other entities in the customer's ownership chain that hold through one or more shareholdings, 10% or more of the company's issued capital and are located in a foreign jurisdiction. Please note the section is not applicable if the customer does not have any foreign jurisdiction entities in its ownership chain or if the customer's entity ownership chain are Australian only.

	Full name of foreign entity ownership company	% Holding	Country of formation / incorporation / registration
1			
2			
3			
4			

If there are additional Foreign Entity Ownerships, please complete all details in section 1.6 in an additional form.

IDENTIFICATION FORM TRUSTS & TRUSTEES

Please ensure all applicable fields are completed in full

Section I: Trust & Trustee Identification

I.1 General Information

Full name of the Trust

Full business name of the Trustee in respect of the Trust (if any)

Country where Trust established

Government-issued identification number and description for the Trust (if any)

Registered Address (if any)

Street

Suburb

State

Postcode

Country

I.2 Type of Trust

Tick ✓ **Select ONE valid option from this section only**

☐ Family Trust ☐ Unit Trust ☐ Hybrid Trust ☐ Charitable Trust ☐ Testamentary Trust

☐ Other type provide description

I.3 Trust Beneficiaries / Beneficial Ownership Details

Do the terms of the Trust identify the beneficiaries by reference to membership of a class?

☐ Yes Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable organisations/causes)

(Go to Section I.4)

☐ No How many beneficiaries are there?

Provide full name of each beneficiary of the trust and / or any Individuals that may directly or indirectly control the entity

Beneficiary 1	Beneficiary 2	Beneficiary 3	Beneficiary 4
Full given name(s)/Entity name	Full given name(s)/Entity name	Full given name(s)/Entity name	Full given name(s)/Entity name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Surname	Surname	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more beneficiaries, provide details on a separate sheet. For each beneficiary complete the Diners Club Identification Form for that beneficiary's entity type.

I.4 Trustee Details

How many Trustees are there?

provide full name of all Trustees below

Trustee 1	Trustee 2	Trustee 3	Trustee 4
Full given name(s)/Company name	Full given name(s)/Company name	Full given name(s)/Company name	Full given name(s)/Company name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Surname	Surname	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are more Trustees, provide details on a separate sheet. For each Trustee complete the Diners Club Identification Form for that Trustee's entity type.

1.5 Settlor Information

Full name of the Settlor of the Trust *

**Information not required in the following circumstances:*

- *Material asset contribution to the Trust by the Settlor at the time the trust was established was less than \$10,000; OR*
- *The Settlor is deceased; OR*
- *The Trust is:*
 - a managed investment scheme registered with ASIC; or
 - a managed investment scheme not registered with ASIC and only has wholesale clients and does not make small scale offerings to which section 1012E of the Corporations Act 2001 applies; or
 - registered and subject to the regulatory oversight of a Commonwealth statutory regulator in relation to its activities as a trust; or
 - a government superfund

Section I: Association Identification Procedure

I.1 General Information

Full name of Association

Full name of the following (or equivalent in each case):

Full given name(s) of officer (if applicable)

Surname

Chairman

Secretary

Treasurer

Provide an ID number issued on incorporation (eg. registration/incorporation number) (if any)

I.2 Association Type (select ✓ only ONE of the following categories)

Incorporated Association

Go to Section 1.3 below.

Unincorporated Association

Go to Section 1.4 below.

I.3 Incorporated Association (select ✓ and provide ONE of the following)

Principal place of administration

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Registered office

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Name & residential address of the Public Officer (or President, Secretary or Treasurer if there is no Public Officer)

Full given name(s) of officer (if applicable)

Surname

Position

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

1.4 Unincorporated Association

Principal place of administration (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

For the member who is signing on behalf of an unincorporated Association fill out the Identification and Verification Form-Individuals.

1.5 Beneficial Ownership Details

Only required if individual is not already listed in sections 1.1 and 1.3 above.

Provide details of ALL individuals who are beneficial owners through control of 10% or more of the entity, including voting rights and power of veto, where applicable.

	Full Given Name(s)	Surname	% control (if applicable)
1			
2			
3			
4			
5			

If there are additional beneficial owners, please complete all details in section 1.5 in an additional form. It is noted that a full KYC form (Individuals) must be completed for all the persons listed in this section

Section 1: Registered Co-operative Identification Procedure

1.1 General Information

Full name of registered co-operative

Provide ID number issued by relevant registration body (if any)

Full name of the following (or equivalent in each case):

Full given name(s) of officer (if applicable)

Surname

Chairman

Secretary

Treasurer

1.2 Address Information (select✓ and provide ONE of the following)

☐ Principal place of operations

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

If a principal place of operations is provided go to Section 2: Registered Co-operative Verification Procedure.

☐ Registered office

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

If a registered office is provided go to Section 2: Registered Co-operative Verification Procedure.

☐ Name & Residential address of the Secretary (or President or Treasurer if there is no Secretary)

Full given name(s) of officer (if applicable)

Surname

Position

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

I.3 Beneficial Ownership Details

Only required if individual is not already listed in sections 1.1 and 1.2 above.
Provide details of ALL individuals who are beneficial owners through control of 10% or more of the entity, including voting rights and power of veto, where applicable.

	Full Given Name(s)	Surname	% control (if applicable)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are additional beneficial owners, please complete all details in section 1.3 in an additional form. It is noted that a full KYC form (Individuals) must be completed for all the persons listed in this section

FOR FATCA/CRS**FATCA/CRS ENTITY SELF-CERTIFICATION FORM
(FOR USE BY AN ACTIVE NFFE, A PUBLICLY TRADED NFFE OR AFFILIATE OF A PUBLICLY TRADED NFFE
HAVING ONLY A DEPOSITORY ACCOUNT OUTSIDE OF THE UNITED STATES)****For accounts opened in Model 1 and Model 2 and NON-IGA Jurisdictions**

To comply with tax information reporting requirements of governmental authorities such as Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standard ("CRS"), Diners Club must obtain certain information about each account holder's tax residency and tax classification status. In certain circumstances, Diners Club may be required to share this information with relevant tax authorities.

By completing and signing this Form, you are self-certifying that the entity is an Active Non-Financial Foreign Entity (Active NFFE) by reason of income/assets, a publicly traded NFFE or an NFFE related to a publicly traded corporation and has only a depository account outside of the United States. If you need assistance in determining the entity's FATCA status or in completing this Form, please contact your tax or legal advisor.

Part 1 – Entity/Organisation Details

- (1) Name of Entity or Organisation _____
- (2) Country of Incorporation or Organisation _____
- (3) US Tax Identification Number (TIN) (or foreign TIN if no US TIN) _____
- (4) Permanent Residence Address (Do not use a PO Box or an in-care-of address (other than a registered address)) _____

- (5) Country _____
- (6) Postal/ZIP Code _____
- (7) Mailing Address (if different from above) _____

- (8) Country _____
- (9) Postal/ZIP Code _____

(10) Country of Tax Residence and related Taxpayer Identification Number (TIN) or equivalent

Please complete the following table indicating the Account Holder's tax residence country or countries (*i.e. where the entity is treated as a resident of the country for purposes of that country's income tax*) and the Account Holder's TIN (if any) for each country indicated. If the Account Holder is tax resident in more than three countries, please use a separate sheet. If the Account Holder is not tax resident in any jurisdiction (*e.g., because it is fiscally transparent*), please provide its place of effective management or the country in which its principal office is located on line 1.

If a TIN is unavailable, please provide the appropriate reason **A**, **B** or **C** as defined below:

Reason A - The country where the Account Holder is liable to pay tax does not issue TINs to its residents

Reason B - The Account Holder is unable to obtain a TIN or equivalent number (If this reason is selected, please explain why the Account Holder is unable to obtain a TIN in the below table)

Reason C - No TIN is required because the tax residence jurisdiction that issued the TIN does not require a Financial Institution to collect and report the TIN.

Country of tax residence		TIN	If no TIN available, enter Reason A, B or C
1			
2			
3			

Please explain in the following boxes why the Account Holder is unable to obtain a TIN if you selected Reason **B** above.

1	
2	
3	

Is the organisation a disregarded entity, partnership or other fiscally transparent entity for US tax purposes? If yes, please complete the appropriate IRS Form W-8 or W-9. You cannot complete this Form.

Yes _____

No _____

Part 2A – FATCA Status

- _____ Active NFFE (complete part 3)
- _____ Publicly Traded NFFE or Affiliate of a Publicly Traded NFFE (complete part 4)
- _____ Active NFFE having a custodial account for holding securities (must complete appropriate Form W-8)
- _____ Passive NFFE (must complete appropriate Form W-8)
- _____ Non-participating FFI (must complete appropriate Form W-8)
- _____ Participating FFI (must complete appropriate Form W-8)
- _____ Reporting Model 1 FFI (must complete appropriate Form W-8)
- _____ US entity (must complete Form W-9)

If the entity has any FATCA status other than Active NFFE or publicly traded NFFE or affiliate of a publicly traded NFFE, you should not complete this Form. You should complete the appropriate IRS Form W-8 or Form W-9 (if a US entity) and a CRS Self-Certification.

CRS Self-Certification documents can be located at <https://www.dinersclub.com.au/forms.htm>

IRS Forms W-8BEN-E, W-8IMY, W-8EXP, W-8ECI and W-9 and their corresponding instructions can be found at <http://www.irs.gov/forms>

Part 2B – Beneficial Owner Status

Please indicate your entity's US tax classification status by checking the appropriate status below:

- | | | |
|-------------------------------|---------------------|-----------------------------|
| _____ Corporation | _____ Estate | _____ Central Bank of Issue |
| _____ Private Foundation | _____ Complex Trust | _____ Government |
| _____ Tax-Exempt Organisation | | |

Part 3 – Active NFFE

Certification

_____ I certify that:

- The entity identified in Part 1 is a non-US entity that is not a financial institution; **and**
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; **and**
- Less than 50% of the assets held by such entity during the preceding calendar year were assets that produce or are held for the production of passive income (See Guidelines for an explanation of passive income);

Part 4 – Publicly Traded NFFE or Affiliate of a Publicly Traded NFFE

Certification

A. _____ I certify that:

- The entity identified in Part 1 is a non-US corporation that is not a financial institution; **and**
- The stock of such corporation is regularly traded on one or more established securities markets, including _____ (name one securities exchange upon which the stock is regularly traded).

B. _____ I certify that:

- The entity identified in Part 1 is a non-US corporation that is not a financial institution;
- The entity identified in Part 1 is a Related Entity to an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is _____; **and**
- The name of the securities market on which the stock is regularly traded is _____

Part 5 – Consent to Information and Document Sharing

I authorise Diners Club to provide, directly or indirectly, to any relevant tax or other governmental authorities, a copy of this Form and to disclose to such party any additional information that Diners Club may have in its possession that is relevant to the entity's claims on this Form. I acknowledge and agree that information contained on this Form and information regarding income paid or credited to or for the benefit of the account(s) to which this Form relates may be reported to tax or other governmental authorities and that those parties may provide the information to the country or countries in which the entity is resident for tax purposes.

Under penalties of perjury, I declare that I have examined the information on this Self-Certification and to the best of my knowledge and belief, it is true, correct and complete. I further certify under penalties of perjury that:

- a. The entity identified on line 1 of this Self-Certification is the beneficial owner of all the income to which this Form relates and is using this Form to certify its status for Chapter 4 purposes;**
- b. The entity identified on line 1 of this Self-Certification is not a US Person;**
- c. I am authorised to sign for the entity identified on line 1.**

I agree that the entity identified on line 1 of this Self-Certification will submit a new Self-Certification within 30 days if any certification on this Form becomes incorrect.

Signature:* _____

Print Name: _____

Date: _____
(DD-MM-YYYY)

Note: Please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a copy of the power of attorney.

Capacity* _____