



# Identity Protect – Customer Due Diligence Self-Attestation – Individual

Please complete form in full in black or blue pen using CAPITAL LETTERS and X where appropriate.

ALL SECTIONS of this form need to be completed. If a box or section does not apply, please place N/A or NOT APPLICABLE in that box rather than leave it blank. All questions marked \* are mandatory.

Reference number\*

Customer Name\*

Residential address (can't be a PO Box)\*

<input type="text"/>		
State	Postcode	Country

My Occupation\*

We are required to ask the following questions to meet regulatory obligations.

## Section A Nature and purpose of relationship with NAB

What are you using NAB's products and services for?\* Select as many as apply, you must select at least one.

- |  |  |
|--|--|
| <input type="checkbox"/> Receive wages and/or investment income          | <input type="checkbox"/> Cover short term cash flow shortfalls         |
| <input type="checkbox"/> Pay for purchases, utilities, family or friends | <input type="checkbox"/> Receive business earnings and make payments   |
| <input type="checkbox"/> Borrow money for purchases or asset investments | <input type="checkbox"/> Pay for overseas purchases, family or friends |
| <input type="checkbox"/> Borrow money for personal real estate           | <input type="checkbox"/> Pay/receive money from trade (import/export)  |
| <input type="checkbox"/> Build up savings and wealth                     | <input type="checkbox"/> Transact in financial instruments             |

## Section B Source of Wealth

1. How did you acquire all of your assets and money?\* Select as many as apply, you must select at least one.

- |   |   |
|---|---|
| <input type="checkbox"/> Income (e.g. salary, redundancy)               | <input type="checkbox"/> Family (e.g. inheritance, spouse, trust) |
| <input type="checkbox"/> Income from business                           | <input type="checkbox"/> Gift/donation or windfall                |
| <input type="checkbox"/> Investment (e.g. property, shares, currencies) | <input type="checkbox"/> Government grant                         |
| <input type="checkbox"/> Assets (e.g. savings, sale of an asset)        | <input type="checkbox"/> Investor/owner funds                     |
| <input type="checkbox"/> Superannuation/pension                         | <input type="checkbox"/> Loan                                     |
| <input type="checkbox"/> Benefits, compensation or settlements          | <input type="checkbox"/> Tax refund                               |

2. Were any of your assets and money generated in Australia?\*

- Yes  No

3. Were any of your assets and money generated in any other country outside of Australia?\*

- Yes  No

If you answered yes to question 3, please list all the countries where your assets and money were generated.

## Section C Citizenship

1. Are you a citizen of Australia?\*

- Yes  No

2. Are you a citizen of any country outside of Australia?\*

- Yes  No

If you answered yes to question 2, please list all the countries where you are a citizen.

**Section D Foreign Tax Status**

**1. Are you a U.S. citizen or a U.S. resident for tax purposes?\***

Yes  No

If yes, please provide your U.S. Taxpayer Identification Number (TIN):

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**2. Are you a resident of any other country for tax purposes (excluding Australia and the U.S.)?\***

Yes  No

If you answered Yes to question 2, please provide the name of each country and your Taxpayer Identification Number (TIN) or equivalent for each country below:

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you cannot provide the TIN, please provide a reason:

Country	Reason
<input type="text"/>	<input type="text"/>

Reason codes:

- A** - Country doesn't issue TINs
- B** - I don't have a TIN (please provide explanation)
- C** - It is not mandatory to disclose a TIN for this country

**Section E Customer Declaration**

I acknowledge that the declarations I made above are true and correct. I undertake to advise NAB within 30 days of any change in circumstance that affects my Customer Due Diligence information.

Full account name

Signature

Date

 /  / 

Take this form into your nearest branch with your identification documents and any Taxpayer Identification Numbers (if applicable). For further information, please visit [nab.com.au/identityprotect](http://nab.com.au/identityprotect)

**NAB Use only**

Documents collected for KYC must meet GAC 950 and GAU 300 requirements.

I have:

- Completed ID&V using reverification in nabONE and updated customer details in nabONE/eBOBS, including occupation, citizenship, nature of relationship with NAB and Source of Wealth
- Collected FATCA/CRS information as per Section D
- Uploaded all pages of this form, and other documents (if applicable) to Siebel
- Checked Siebel activities for any additional requirements
- Advised [branches.cir@nab.com.au](mailto:branches.cir@nab.com.au) that the individual has completed verification

Include in subject line:

- Customer number
- Customer name
- Case reference number

**Need help?**

Contact the Customer Identity Remediation (CIR) team. CIR contact details can be found on the customer's Siebel activity, letter or email. For additional information and FAQs, visit [go/cirhub](http://go/cirhub)