



Identity Protect – Customer Due Diligence Self-Attestation – Sole Trader

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 Account Name (Sole Trader)*
<input type="text"/>	<input type="text"/>

Sole Trader Australian Business Number (ABN), if you don't have an ABN write N/A or Not Applicable*

Principal Address of Business (can't be a PO Box)*

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

Section A Main activity of the business

Describe in a few words the main activity of the business (for example: cafe operation, childcare service or hairdressing service)*

Section B Nature and purpose of relationship with NAB

What is your business 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 C Source of Wealth

1. How did your business acquire all of its 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 business assets and money generated in Australia?*

- Yes No

3. Were any of your business 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 business assets and money were generated.

Section D Customer Declaration (To be completed by the Sole Trader or other authorised representative of the business)

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 Source of Wealth information and to provide NAB with an updated self-attestation within 30 days of such change in circumstances.

Representative name	Role (Sole Trader, Authorised Agent, etc)
<input type="text"/>	<input type="text"/>

Signature	Date
<input type="text"/>	<input type="text"/>

You can scan or take a photo of this form and send it to the email address in the letter or email we sent you. You can view a copy of the letter on Internet Banking via Profile & Settings > Letters.

For further information, please visit nab.com.au/identityprotect

NAB Use only

Documents collected for KYC must meet GAC 950 requirements.

I have:

- Ensured that all fields have been completed and Section C signed by the customer
- Checked Siebel activities for any additional requirements
- Attached this form, and other documents (if applicable), to Siebel
- Advised branches.cir@nab.com.au that documents have been attached in Siebel

Include in subject line:

- Customer number
- Entity's name
- Case reference number

Branch or Banking Relationship Manager/Associate name

Date collected/attested

I have collected this information from the customer and completed this form on their behalf.

Attesting Banking Relationship Manager/Associate signature
(if form completed by a Banker with information supplied by the customer)

Notes/Comments

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](#)