



Company and Trust Appendix

This form is to be completed by all company and trust borrowers.



Applicant(s)

Section 1 Registered Address of Company Borrower/Trustee/Guarantor

Unit number	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

Section 2 Trust Information

To be completed for all trust accounts.

Full Name of Trustee

Full Name of Trust

Type of Trust:

Unit Discretionary Other (specify)

ABN of Trustee (if any): **Country of Establishment:**

Full Business Name (if any):

Address of Principal Place of Business (if any):

Unit Number	Street Number	Street Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>

Section 3 Director / Shareholder / Beneficiary Information

To be completed by all private and proprietary companies and trusts.

Please complete with:

- Full Name of each Director
- Full Name and address of Shareholder (if shareholding is 25% or more)
- Full Name of Beneficiary (address is not required)

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Director	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Beneficiary

Residential address

Unit No.	Street No.	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb		State Postcode
<input type="text"/>		<input type="text"/> <input type="text"/>

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Director	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Beneficiary

Residential address

Unit No.	Street No.	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb		State Postcode
<input type="text"/>		<input type="text"/> <input type="text"/>

Title First Name Surname

Director Shareholder Beneficiary

Residential address

Unit No. Street No. Street Name

Suburb State Postcode

Title First Name Surname

Director Shareholder Beneficiary

Residential address

Unit No. Street No. Street Name

Suburb State Postcode

Title First Name Surname

Director Shareholder Beneficiary

Residential address

Unit No. Street No. Street Name

Suburb State Postcode

Title First Name Surname

Director Shareholder Beneficiary

Residential address

Unit No. Street No. Street Name

Suburb State Postcode

Title First Name Surname

Director Shareholder Beneficiary

Residential address

Unit No. Street No. Street Name

Suburb State Postcode

Title First Name Surname

Director Shareholder Beneficiary

Residential address

Unit No. Street No. Street Name

Suburb State Postcode

Company Name Shareholder Beneficiary

Registered address

Unit No. Street No. Street Name

Suburb State Postcode

Company Name Shareholder Beneficiary

Registered address

Unit No. Street No. Street Name

Suburb State Postcode

If you have more beneficiaries, directors or shareholders that you need to list here, please mark this box and use a separate sheet of paper listing additional names.

Section 4 Declaration

To the best of my knowledge and belief, all information given in this form, including any annexure, is true and correct.

Full Name (Print) Signature Date

Position (Director, Trustee)

Note: It is an offence under the Anti-Money Laundering / Counter-Terrorism Financing Act 2006 to provide a false or misleading statement, produce a false or misleading document, to receive an ING DIRECT product in a false name or to fail to disclose any other name or names you are commonly known by.