

REMITTANCES THAT ARE 10K & ABOVE

6 Peledora Place, Lyndhurst, Victoria 3975 | ABN NO. 48 034 600 599 | Website: <u>www.jandjexpress.com.au</u> | Tel: (03) 8768 7341 | <u>Email: jjexpress@bigpond.com</u>

REMITTER'S DETAILS

Your personal information will be kept private and will not be divulged to anyone other than yourself in compliance to the Privacy Act. It is important that your account information is accurate, current and updated. Any changes, please contact our office as soon as possible.

FIRST NAME:				
MIDDLE NAME:				
SURNAME:				
STREET ADDRESS:				
SUBURB:				
STATE:	POSTCODE:			
COUNTRY: AUSTRALIA				
D.O.B. / /				
HOME NO:	МОВ:			
OCCUPATION:	_			
EMAIL:				
GENDER: MALE OR FEMALE				
NATIONALITY:	CIVIL STATUS:			
AUTHORISED RELATIVE & D.O.B.				

RECIPIENT'S DETAILS

FIRST NAME:		
MIDDLE NAME:		
LAST NAME:		
ADDRESS:		
SUBURB:		
STATE:	POSTCODE:	
COUNTRY:		
D.O.B. / /		
HOME NO:	MOBILE:	
RELATIONSHIP TO THIS PERSON:		
EMAIL:	_	
IF FOR DEPOSIT INTO BANK ACCOUNT, PLEASE P	PROVIDE DETAILS:	
BANK INSTITUTION:		
ACCOUNT NAME:		
ACCOUNT NO:		

BRANCH:

- 1. WHAT IS THE REASON FOR YOUR REMITTANCE?
- 2. WHAT IS YOUR SOURCE OF INCOME?
- 3. IS YOUR REMITTANCE OVER 10K OR ABOVE? (Please circle) YES or NO
- 4. HOW DID YOU HEAR ABOUT J & J EXPRESS?

PLEASE ATTACH THREE (3) VALID IDENTIFICATION

Please attach three (3) Coloured (black & white will not be accepted) and certified identification to this Registration Form. Your identifications attached must total to 100 points in compliance to the Anti-Money Laundering & Counter Terrorism Financing Act 2006 of the Australian Government. You may contact J & J Express to confirm point value of each document you attach. (Ex. Valid Passport, Driver's Licence, Medicare Card, Billing Statements etc.)

1st IDENTIFICA	TION TYPE:		
			I.D. NO:
EXPIRY DATE:	/	1	
	,	1	
2nd IDENTIFIC	ATION TYPE:		
			I.D. NO:
EXPIRY DATE:	,	,	
	/	/	
3rd IDENTIFIC	ATION TYPE:		
			I.D. NO:
EXPIRY DATE:	1	1	
	/	1	

PLEASE READ CAREFULLY: (AML/CTF PROGRAM)

The **AML/CTF** Act introduces the concept of a designated business group, which facilitates the sharing of customer identification information and to allow that designated business group to adopt a group-wide compliance program. Reporting entities can enter into a joint AML/CTF Program with other members of a designated business group. Members of a designated business group can, in some circumstances, share suspicious matter information and can rely on other members of the designated business group to discharge their ongoing customer due diligence obligations, record keeping and compliance reporting obligation.

J & J Express has implemented a joint AML/CTF Program to minimize risk of engaging with customers involved in money laundering and terrorism financing, and reporting suspicious matters as they are identified.

The AML/CTF Act requires parties providing certain types of services to collect and verify certain information about its customers, known as the **KYC** process.

I, ______ declare that the information I have provided above is true, complete and accurate.

SIGNATURE:

Dated this _____ day of _____ , 20