



PMCP APPLICATION FORM

Section One - ACCOUNT DETAILS

Account Name	
<input type="text"/>	
<input type="text"/>	
Street Address	
<input type="text"/>	
<input type="text"/>	
City/Town	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>
Postal Code	<input type="text"/>

Telephone Number	<input type="text"/>	Facsimile Number	<input type="text"/>
E-mail Address	<input type="text"/>		
	<input type="text"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section Two – OPERATING AUTHORITIES

Please supply the names and specimen signatures of the persons authorised to operate this Account. For an Account in the name of any other type of Owner (eg: trust, corporation, limited liability company), please supply a notarised copy of the entity's Certificate of Incorporation or Certificate of Registration and a list of authorised signatories.

Title (Mr, Mrs, etc)	<input type="text"/>
First/Given Name	<input type="text"/>
Middle Name/Initial	<input type="text"/>
Last/Family Name	<input type="text"/>
Specimen Signature	<input type="text"/>

For Accounts with more than one operating authority, attach the names and specimen signatures of the additional operating authorities and please indicate whether the Account is to be operated by an:

Individual signature or Joint signatures

Section Three - IDENTIFICATION

Please supply copies of the identification documents indicated below for each operating authority.

Applicants must have their identification documents Certified.

Certification means that an authorised person acknowledges that the photocopies of the identification documents are true and accurate copies of the original documents that they have sighted.

Document	Date of Issue/ Expiry	Document Number	Country/State of Issue
Passport or Birth Certificate and Driver's License or other Government issued license	_____	_____	_____
	_____	_____	_____

Section Four– APPLICANT DECLARATION

I declare that by lodging this Application Form, I represent and acknowledge that I have read and understood the terms and conditions of the PERTH MINT CERTIFICATE PROGRAM AGREEMENT and agree to be bound by those terms and conditions.

SIGNATURE:

DATE:



CERTIFICATION – FOR TRUE COPIES OF IDENTIFICATION DOCUMENTS

Certified copy means a document that has been certified as a true copy of an original document by one of the following persons:

A person who is currently licensed or registered to practice in the following occupations:

- Legal practitioner
- Medical practitioner
- Pharmacist
- Justice of the Peace
- Commissioner for Declarations
- Commissioner for Affidavits
- Notary public
- Police officer
- Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants
- Australian Consular Officer or Australian Diplomatic Officer (*within the meaning of the Consular Fees Act 1955*)



What should the Certifier do?

- Write the following statement on the photocopy:
'This is a true copy of the original documents
sighted by me'
- Sign and print their name
- Provide an address and a contact telephone
number
- State their profession or occupation
- Write on the copy the date certified
- Affix an official stamp or seal if applicable

In addition, if the certifying officer is a Justice of The Peace, the certifying officer must:

- List registration number and state/territory of
registration.
- NOTE: ALL photocopies of documents should be
certified, including company documents.