



Please complete the Individual and Joint Data Collection form in order to initiate your application in Olivia123. This process is essential for AUSTRAC security screening. We are required by law to confirm the legal identity of all investors (and their entities), as part of the Australian Government's protection measures against money laundering and anti-terrorism funding.

Full Name	Applicant 1	
Date	Applicant 2	

1. Investors	Applicant 1	Applicant 2
Full Name (Mr/Mrs/Ms/Miss)		
Date of birth		
Country of birth		
Residential Address		
Postal Address		
Occupation		
Phone		
Email		

2. Tax information						
TFN	Applicant 1			Applicant 2		
Is this individual a US citizen or US resident for tax purposes?						
	Applicant 1	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Applicant 2	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Applicant 1	If yes, please provide the Taxpayer Identification Number (TIN):					
Applicant 2	If yes, please provide the Taxpayer Identification Number (TIN):					
Is this individual tax resident of other countries (i.e. not Australia or the US) ?						
	Applicant 1	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Applicant 2	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please list the countries and highlight the country which your Primary Residence for Tax Purposes?						
Applicant 1						
Applicant 2						

3. Politically exposed persons (PEPs)							
To comply with AML/CTF Law we require you to disclose whether you are or have an association with a politically exposed person (PEP).							
Is this individual a PEP?		Applicant 1	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Applicant 2	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>A PEP is an individual who holds a prominent public position or function in a Government body or an international organisation in Australia or overseas, such as a Head of State, or Head of a Country or Government, or a Government Minister, or equivalent senior politician. A PEP can also be an immediate family member of a person referred to above, including spouse, de-facto partner, child and a child's spouse or a parent. A close associate of a PEP, i.e. any individual who is known to have joint beneficial ownership of a legal arrangement or entity is also considered to be a PEP. Where you identify as, or have an association with a PEP, we may request additional information from you.</p>							
Please provide description of PEP's position.							
Applicant 1							
Applicant 2							

DFM - Data Collection form - Individual and Joint

4. Investment Amount

The minimum investment amount for the Diogenes Disability Housing Fund No.1 is \$50,000.	
Your investment amount \$	

5. Source of Funds

Please select the origin and source of funds being invested - tick all that apply			
<i>AUSTRAC and AML/CTF regulations require you to provide the following information regarding your investment. Please select at least one of the options to the questions below:</i>			
<input type="checkbox"/> savings	<input type="checkbox"/> super contributions	<input type="checkbox"/> donation/gift	<input type="checkbox"/> normal course of business
<input type="checkbox"/> investment	<input type="checkbox"/> commissions	<input type="checkbox"/> inheritance	<input type="checkbox"/> asset sale
other:			
What is the purpose of this investment?			
<input type="checkbox"/> savings	<input type="checkbox"/> retirement	<input type="checkbox"/> income	
<input type="checkbox"/> growth	<input type="checkbox"/> business account		

6. Bank Account Details

You must provide current bank account details for distribution (if applicable) and redemption payments. The bank account must be held in the same name as the Applicant / Investing Entity.			
Please provide Australian Bank Account Details			
BSB		Account Name	
Branch Name		Account Number	
Bank Name / Institution			

7. Statements and Reporting

The ANNUAL financial report for the Fund will be published on the Diogenes Funds Management Ltd website, and available by email.			
Please indicate the method by which you will receive the ANNUAL report:			
<input type="checkbox"/> via email to the email address/es below			
<input type="checkbox"/> no thanks, I will obtain the annual report from the website			
MONTHLY performance reports will be sent to the email address nominated below:			
Full Name			
Email			
Would you like a copy to be sent to another person or a second email address?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<i>If yes, please provide the 2nd recipients details</i>			
Full Name			
Email			

8. Further Instructions

Please elect and list who has account signing authority for this investment.			
<input type="checkbox"/> Applicant 1		<input type="checkbox"/> Applicant 2	
Other			
<i>If there are multiple people with account signing authority, please select whether any listed signatory can execute transactions on the account, or if all signatories must sign before transactions are executed. If you do not select an option, all future instructions must be signed by all signatories or as otherwise permitted by law.</i>			
Who must sign to transact?			
<input type="checkbox"/> All signatories	<input type="checkbox"/> Only Applicant 1 / Signatory 1		
<input type="checkbox"/> Any signatory	<input type="checkbox"/> Only Applicant 2 / Signatory 2		

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9. Financial Advisor/Agent

Do you wish to nominate a Financial Advisor or Agent who should receive information about your application?		<input type="checkbox"/> _YES	<input type="checkbox"/> _NO
<i>If yes, please complete the below</i>			
Name			
Authority Level	<input type="checkbox"/> _Information Only	<input type="checkbox"/> _Transaction & Information	
Is the Advisor/Agent part of a dealer group or company with an ABN, or an individual?			
<input type="checkbox"/> _Dealer group or company		<input type="checkbox"/> _Individual	
<i>If Dealer group or company, provide the below:</i>			
Dealer group or company name			
Does the company have an ABN/ACN?		<input type="checkbox"/> _YES	<input type="checkbox"/> _NO
ABN/ACN:		Company Name:	
Advisors Address			
Business Phone			
Mobile Phone			
Email Address			

Please return the completed form to support@diogenesfm.com.au

One of our team will be in contact you in the next few days to finalise your application.

If you have any questions, please call us on 07 3473 0176