Client Identification form

G

Form G: Government Body

Section G1: All Government Bodies

Name of the government body

Address of principal place of operations

City

State **Postcode**

Does the body emanate from, or is it formed under:

The Commonwealth of Australia ☐

A State or Territory government (please provide the name of the State of Territory below) ☐

A foreign government (please provide the name of the foreign government below) ☐

The name of the State, Territory, or foreign government

The name of any legislation that the body is formed under

Section G2: Declaration

I declare that the above information is true and correct;

Name

Signature

Date / /

Invesco Australia Ltd
Reply Paid 4986
Melbourne, Victoria 8060

Email; info@au.invesco.com
Tel; freecall 1800 813 500

(ABN 48 001 693 232)
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