

AUSTRALIAN PARTNERSHIP DISCLOSURE & DECLARATION FORM

FULL NAME OF PARTNERSHIP:

FULL NAMES OF ALL PARTNERS:

ADDRESS OF ALL PARTNERS:

Partnership declaration:

I, ______, declare that I am a partner in the above recorded partnership, and verify that the above information is a complete, true and accurate representation of the business. I additionally declare that information is not reasonably available through a partnership agreement, minutes of a partnership meeting, or other reliable and independent information relating to the business. As such, this disclosure certificate is made under the provisions of the AML/CTF Rules for verification purposes.

Full name (please print)

Signature

/__/_ Date

Airwallex Pty Ltd Level 7, 15 William Street Melbourne, VIC, 3000, Australia

+61 3 8583 0915 www.airwallex.com