ausbil

Instructions: Identification Forms
Individuals

Copies or originals?	This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us.
Certifying copies	You must have someone certify the copies you send to us. The following people can be the certifier:
	You must certify the copies you send to us by one of the following certifiers:
	• a Justice of the Peace
	• a Notary public (for the purposes of the Statutory Declaration Regulations 1993)
	• an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
	• a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
	• an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees
	• an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
	• a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
	• a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership
	• a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)
	• a Judge of a court
	• a magistrate
	• a chief executive officer of a Commonwealth court
	• a registrar or deputy registrar of a court
	• a Police officer
	• an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).
What should the person certifying write?	"I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document." Each page should be initialled by the person certifying your documents.
Not in English?	Documents not in English must be accompanied by an English translation prepared by an accredited translator. Contact us if you need guidance on accredited translators.

ausbil

Ausbil Investment Management Limited

Client Services contact details

Phone
1800 287 245 or 02 9259 0200

Email
ausbil_transactions@unitregistry.com.au

Website
www.ausbil.com.au

Identification Form – Individuals

Complete this form if you have not previously invested in an Ausbil Investment Management fund. A separate form is required for each investor in the case of joint holdings. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.

If you are a trustee, do NOT complete this form. Complete the Identification form – Trusts and Trustees instead.

1. Please complete this identification form in BLOCK letters and using a black pen.

2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.

3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us.

1 Personal details

Title

Surname

Date of birth (DD/MM/YYYY)

D D / M M / Y Y Y Y

Usual occupation

Please provide a certified copy of one document from Group 1 or if you can't, a certified copy of two documents from Group 2 for each individual applicant.

Group 1

Provide an original certified copy of one of these:

- [ ] **current Australian driver's licence**

  showing your photo, and please copy the front and back

- [ ] **current foreign driver's licence**

  showing your date of birth, signature and photo

- [ ] **current Australian passport**

  a passport that has expired within the preceding two years is acceptable, and please copy the pages which identify you

- [ ] **current foreign passport**

  showing your signature and photo, and please copy the pages which identify you

- [ ] **current Australian State or Territory Government issued ID card**

  showing your date of birth, signature and photo

- [ ] **current foreign Government issued ID card**

  showing your date of birth, signature and photo.

Group 2

If you can't provide anything from Group 1, then provide an original certified copy of one of the following:

- [ ] **Australian or foreign government issued birth certificate**

- [ ] **Australian or foreign government issued citizenship certificate**

- [ ] **current Centrelink pension or health card**

  please copy the front and back.

PLUS provide a certified copy of one of the following:

- [ ] **a Government issued notice**

  one which shows your name and residential address, not more than 12 months old

- [ ] **a rates or utilities notice**

  one which shows your name and residential address, not more than 3 months old

- [ ] **ATO notice**

  one which shows any debt owing to the ATO, your name and residential address, not more than 12 months old.

Signature

Date (DD/MM/YYYY)

D D / M M / Y Y Y Y

2 Performance of client identification and verification procedures

Please confirm whether client identification and verification procedures have been performed:

Select on option

- [ ] Financial adviser has **NOT** performed identification and verification procedures **OR**

- [ ] Financial adviser has performed the required identification and verification procedures for the client and has provided duly completed Client ID Form(s) with this application.

Adviser Declaration

I represent and warrant to Ausbil that:

- I have undertaken the applicable identification and verification procedure in relation to the client;

- I will make available to Ausbil, on request, original verification and identification records in respect to the client and will keep those records for a period of seven years after my relationship with the client has ended;

- I will use reasonable efforts to obtain additional information from the client if Ausbil requests me to do so;

- I will not knowingly do anything to put Ausbil in breach of AML/CTF Laws; and

- I will notify Ausbil immediately if I become aware of anything that would put Ausbil in breach of AML/CTF Laws.

AFS Licensee name

Representative/Employee name

AFSL No

Phone No

Signature

3 Record of verification procedure by licensee

ID Document details	Document 1		Document 2 (if required)	
Verified From	☐ Original	☐ Certified Copy	☐ Original	☐ Certified Copy
Document Issuer				
Issue Date				
Expiry Date				
Document Number				
Accredited English	☐ N/A	☐ Sighted	☐ N/A	☐ Sighted

By completing and signing this Record of Verification Procedure I represent and warrant to Ausbil that:

- An identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative
- The tax information provided is reasonable considering the documentation provided
- I have followed the FSC/FPA Industry Guidance Note No. 24, Part 7.2 of the AML/CTF Rules and any other applicable guidelines and laws with respect to the AML/CTF Laws
- I will make available to Ausbil, on request, original verification and identification records obtained by me in respect of the client
- On request, I will provide of the customer identification procedures adopted by me in relation to the client
- I have kept a record of the clients identification and verification and will retain these in their files for a period of seven years after my relationship with the client has ended
- I will use reasonable efforts to obtain additional information from the client if Ausbil requests me to do so
- I will not knowingly do anything to put Ausbil in breach of AML/CTF Laws, and
- I will notify Ausbil immediately if I become aware of anything that would put Ausbil in breach of AML/CTF Laws.

AFS Licensee name

Representative/Employee name

AFSL No

Phone No

Signature

Date verification completed (DD/MM/YYYY)

D D / M M / Y Y Y Y