

Instructions: Identification Forms

Partnership/Associations/Registered Cooperative

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	<p>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:</p> <ul style="list-style-type: none"> • 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.

Phone

1800 287 245 or 02 9259 0200

Email

ausbil_transactions@unitregistry.com.au

Website

www.ausbil.com.au

Identification Form – Partnership/Association/Registered Cooperative

Please complete this form if you have not previously invested in an Ausbil Investment Management Fund.

1. Please complete all sections in BLOCK letters, using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.
2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' on page 10 for more information on getting your documents certified.
3. Include this identification form and original certified copies of your ID documents with your initial application form when you send it to us.

Full name of Partnership/Association/Registered Cooperative

Country established, if not Australia

Business activity of Partnership/Association/Registered Cooperative

ABN (if applicable)

Principal place of administration

Property/Building name (if applicable)

Unit/Level Street number

Street name

Suburb State

Postcode Country

Partnerships only: Full business name (if any) and, if regulated, the name and membership details of the professional association

Incorporated associations/Registered co-operatives: Unique identifying number issued and the government body responsible for the incorporation or registration

Partnerships and unincorporated associations must complete the below details for ONE partner/member signing the form and supply identification documents for this person.

Unregulated partnerships must provide the full name and residential address details for ALL partners.

Please provide details on a separate page if necessary.

Partner 1/Unincorporated association officer

Full given names

Surname

Date of birth (DD/MM/YYYY)

Nature of business

Company title

Residential address

A PO Box is not acceptable.

Property/Building name (if applicable)

Unit/Level Street number

Street name

Suburb State

Postcode Country

Postal address (if different to residential address)

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Partner 2

Title Full given names

Surname

Date of birth (DD/MM/YYYY)

Nature of business

Company title

Residential address

A PO Box is not acceptable.

Property/Building name (if applicable)

Unit/Level Street number

Street name

Suburb State

Postcode Country

Postal address (if different to residential address)

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Associations and Cooperatives must provide the full names of the officers below:

Officer 1

Chairperson President Treasurer Secretary

Full given names

Surname

Date of birth (DD/MM/YYYY)

Nature of business

Company title

Residential address (A PO Box is not acceptable)

Property/Building name (if applicable)

Unit/Level Street number

Street name

Suburb State

Postcode Country

Postal address (if different to residential address)

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Officer 2

Chairperson President Treasurer Secretary

Full given names

Surname

Date of birth (DD/MM/YYYY)

Nature of business

Company title

Residential address (A PO Box is not acceptable)

Property/Building name (if applicable)

Unit/Level Street number

Street name

Suburb State

Postcode Country

Postal address (if different to residential address)

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Officer 3

Chairperson President Treasurer Secretary

Full given names

Surname

Date of birth (DD/MM/YYYY)

Nature of business

Company title

Residential address (A PO Box is not acceptable)

Property/Building name (if applicable)

Unit/Level Street number

Street name

Suburb State

Postcode Country

Postal address (if different to residential address)

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Officer 4

Chairperson President Treasurer Secretary

Full given names

Surname

Date of birth (DD/MM/YYYY)

/ /

Nature of business

Company title

Residential address (A PO Box is not acceptable)

Property/Building name (if applicable)

Unit/Level Street number

Street name

Suburb State

Postcode Country

Postal address (if different to residential address)

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Individual/joint investors must provide their residential address and sole traders their principal business address (if different). Company, corporate trustee, cooperative, association or government body investors must provide their principal business address and registered office address (if different).

Investor 1/Sole Trader/Company/Association/Cooperative/ Government body

Residential address (A PO Box is not acceptable)

Property/Building name (if applicable)

Unit/Level Street number

Street name

Suburb State

Postcode Country

Postal address (if different to residential address)

Property/Building name (if applicable)

Unit Street number

Street name

Suburb State

Postcode Country

Investor 2/Sole Trader/Company/Association/Cooperative/ Government body

Residential address (A PO Box is not acceptable)

Property/Building name (if applicable)

Unit/Level Street number

Street name

Suburb	State	Suburb	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	Country	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address (if different to residential address)

Property/Building name (if applicable)

Unit Street number

Street name

Provide the names of the individuals who ultimately own 25% or more of the Partnership; or are entitled (either indirectly or directly) to exercise 25% or more of the voting rights, including power of veto.

Provide the names of the individual members that directly or indirectly "control" the Association or Partnership, such as the Chairman, President, Treasurer or Secretary of the Association.

* "control" includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, understanding and practices. If no such person can be identified then the most senior managing official/s of the Association (such as the CEO or Senior Managing Official).

Complete separate individual customer ID Forms for each of these individuals.

Full given name(s)	Surname	Role (such as Chairman, President, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note: Beneficial Owner/s must be listed above and individual ID Forms completed for all Beneficial Owners.

If there are more Beneficial Owners, provided details on a separate sheet and tick this box.

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 Form	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Issuer/ Website		
Issue date		
Document number		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> 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
- Individual customer ID Forms have been provided for the Association's Beneficial Owners
- Customer ID Forms have been provided for one of the Partners the tax information 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 details 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)

4 Signing instructions

Where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

Signature of director 1

Please print full name

Date (DD/MM/YYYY)

Company officer (please indicate company capacity)

Director

Sole director and company secretary

Signature of director 2/company secretary

Please print full name

Date (DD/MM/YYYY)

Company officer (please indicate company capacity)

Director

Company secretary