

IDENTIFICATION FORM: ASSOCIATIONS

GUIDE TO COMPLETING THIS FORM

- This form is for ASSOCIATIONS
- Provide details for the Association's Beneficial Owners (Section 1.4) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners
- Complete all applicable sections of this form in BLOCK LETTERS
- Contact your Licencee if you have any queries

SECTION 1: ASSOCIATION IDENTIFICATION PROCEDURE

1.1 General Information

Full name of Association

Full name of the following (or equivalent in each case):

	Full Given Name(s) of officer (if applicable)	Surname
Chairman / President	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
Secretary	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
Treasurer	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>

Provide an ID number issued on incorporation (e.g. registration/ incorporation number) (if any)

Nature of Business or other Activity

ABN

Registered with Australian Charities + Not for Profit Commission Yes No

1.2 Association Type (select ✓ only ONE of the following categories)

- Incorporated Association**
- Unincorporated Association**

1.3 All Associations (select ✓ and provide ONE of the following)

Provide the address of the principal place of administration of the Association. If there is no principal place of administration, provide the address of registered office or the address of an office holder of the Association

- Principal place of administration address (PO Box is NOT acceptable)**

Street

Suburb

State

Postcode

Country

If a principal place of administration is provided go to Section 1.4

- Registered office address (PO Box is NOT acceptable)**

Street

Suburb

State

Postcode

Country

If a registered office is provided go to Section 1.4

- Name & Residential address of the public officer (or president, secretary or treasurer if there is no public officer)**

Full Given Name(s) of officer (if applicable)

Surname

Position

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Proceed to Section 1.4

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1.4 Beneficial Ownership

Provide the names of the individual members that directly or indirectly control* the Association, 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, arrangements, understanding and practices. If no such person can be identified then the most senior managing official/s of the partnership (such as the Managing Partner 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, provide details on a separate sheet and tick this box

SECTION 2: ASSOCIATION VERIFICATION PROCEDURE

The procedure to verify the identity of the association is set out in 2.1 (for incorporated associations) and 2.2 (for unincorporated associations).

SECTION 2.1: INCORPORATED ASSOCIATION VERIFICATION PROCEDURE

Incorporated Association Verification procedure

Information to be verified:

- Full name of the Association
- ID number issued on Incorporation (if any).

Tick ✓	Verification options (select one or more of the following options used to verify the Incorporated Association)
<input type="checkbox"/>	Information provided by ASIC or the government body responsible for the incorporation of the association.
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the association. *
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the association. *

OR

SECTION 2.2: UNINCORPORATED ASSOCIATION VERIFICATION PROCEDURE

Unincorporated Association Verification procedure

Information to be verified:

- Full name of the Association

Tick ✓	Verification options (use the following to verify the Unincorporated Association)
<input type="checkbox"/>	A search of a relevant government or regulator database (such as ABN lookup).
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the association. *
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the association. *

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

IMPORTANT NOTE:

- Ensure that individual customer ID Forms have been provided for the Association's Beneficial Owners as per 1.4 AND
- Attach a legible certified copy of the ID documentation used to verify the association and selected member (where applicable), including any required translations OR
- Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below, and DO NOT attach copies of the ID Documents

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SECTION 3: RECORD OF VERIFICATION PROCEDURE BY LICENCEE

ID DOCUMENT DETAILS	Document 1	Document 2
Verified From	<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		
Document Type		
Issue date / Search date		
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
- I have followed the FSC/FPA Industry Guidance Note No.24, Part 7.2 of the AML/CTF Rules and any other application 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		AFSL No.	
Representative/ Employee Name		Phone No.	
Signature		Date Verification Completed	