

IDENTIFICATION FORM REGISTERED CO-OPERATIVE

GUIDE TO COMPLETING THIS FORM

- This form is for REGISTERED CO-OPERATIVES.
- Provide details for the registered cooperatives Beneficial Owners (Section 1.3) and provide separate *INDIVIDUAL ID* Forms for each of these Beneficial Owners.
- Tax information must be collected from an authorised representative of the Registered Co-operative
- Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE

1.1 General Information

Full name of Registered Co-operative

Provide ID number issued by relevant registration body (if any)

ABN (if applicable)

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

	Full Given Name(s)	Surname
Chairman	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Secretary	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Treasurer	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Nature of Business Activity

1.2 Address Information (select ✓ and provide ONE of the following)

Principal place of operations

Address (*PO Box is NOT acceptable*)

Street

Suburb

State

Postcode

Country

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
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If a principal place of operations provided go to Section 1.3.

Registered office

Address (*PO Box is NOT acceptable*)

Street

Suburb

State

Postcode

Country

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
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If a registered office is provided go to Section 1.3.

Name & Residential address of the Secretary (or president or treasurer if there is no Secretary)

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

Surname

Position

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
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Address (*PO Box is NOT acceptable*)

Street

Suburb

State

Postcode

Country

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
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Go to Section 1.3.

1.3 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 Association (such as the CEO or Senior Managing Official)

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

Nature of Business or other Activity

ABN

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: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Is the Registered Co-operative a tax resident of a country other than Australia?

(A Registered Co-operative created or established under the laws of a country other than Australia)

Yes No

If **Yes**, please provide the Registered Co-operative's country of tax residence and tax identification number (TIN) or equivalent below. If the Registered Co-operative is a tax resident of more than one other country, please list all relevant countries below.

If **No**, proceed to section 3.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employee Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="checkbox"/>

If there are more countries, provide details on a separate sheet and tick this box.

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The Registered Co-operative has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: REGISTERED CO-OPERATIVE VERIFICATION PROCEDURE

Registered Co-operative Verification procedure

Information to be verified:

- Full name of the Registered Co-operative
- ID number issued by relevant registration body (if any)

TICK ✓ **Verification options** (select one or more of the following options used to verify the Registered Co-operative)

- Information provided by ASIC or the relevant registration body responsible for the registration of the Registered Co-operative.*
- An original or certified copy or certified extract of the register maintained by the Registered Co-operative.*
- An original, certified copy or certified extract of the minutes of a meeting of the Registered Co-operative.*
- A search of the relevant ASIC, government or other regulator's database (such as ABN lookup).

* 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 registered cooperative's Beneficial Owners as per 1.3 AND
- Attach a legible certified copy of the ID documentation used to verify the Registered Co-operative (and any required translation) 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.

SECTION 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT DETAILS	Document 1	Document 2 (if required)
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
- 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	<input type="text"/>	AFSL No.	<input type="text"/>
Representative/ Employee Name	<input type="text"/>	Phone No.	<input type="text"/>
Signature	<input type="text"/>	Date Verification Completed	<input type="text"/>