

# IDENTIFICATION FORM: GOVERNMENT BODY

## GUIDE TO COMPLETING THIS FORM

- o This form is for GOVERNMENT BODIES
- o Provide details for the Beneficial Owners of Foreign Government Bodies (Section 1.3) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners
- o Complete all applicable sections of this form in BLOCK LETTERS
- o Contact your Licencee if you have any queries

## SECTION 1: GOVERNMENT BODY IDENTIFICATION PROCEDURE

### 1.1 General Information

Full name of Government Body

Principal place of operations (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

Nature of Business Activity

### 1.2 Government Information (select only ONE of the following categories and provide the information requested)

Commonwealth of Australia Government Body

Australian State or Territory Government Body *please specify State or Territory*

Foreign (Non-Australian) Government Body *please specify Foreign Country*

If the Government Body is Australian, proceed to Section 2 (no need to provide Beneficial Ownership information).

### 1.3 Beneficial Ownership

For Foreign Government Bodies, provide the names of the individuals that directly or indirectly control the Government Body, such as the Chairman, President, Treasurer or Secretary of the Government Body.

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: GOVERNMENT BODY VERIFICATION PROCEDURE

### Government Body Verification procedure

Information to be verified:

- o Full name of the government body
- o Full address of the government body's principal place of operations
- o That the government body is a body of the Commonwealth of Australia, a State or Territory of Australia or a foreign country

Tick <input checked="" type="checkbox"/>	Verification options (select one or more of the following options used to verify the Government Body)
<input type="checkbox"/>	Search of the relevant Commonwealth, State, Territory or Foreign government website for confirmation of the body's existence. *
<input type="checkbox"/>	Search of the relevant Commonwealth, State, Territory or Foreign Country register of government bodies. *
<input type="checkbox"/>	A copy or extract of the legislation establishing the body obtained from a reliable and independent source, such as a government website.*

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

## GOVERNMENT BODY

**IMPORTANT NOTE:**

- Ensure that individual customer ID Forms have been provided for Foreign Government Bodies as per 1.3 AND
- Attach a legible certified copy of the ID documentation used to verify the government body (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 3: RECORD OF VERIFICATION PROCEDURE BY LICENCEE

ID DOCUMENT DETAILS	
Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Copy of legislation sighted
URL link / Full name of legislation	
Search date	
Date Verified	
Accredited English Translation	<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 Beneficial Owners (for Foreign Government Bodies)
- 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	<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"/>