

# IDENTIFICATION FORM: INDIVIDUALS & SOLE TRADERS

## GUIDE TO COMPLETING THIS FORM

- Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS
- Contact your Licencee if you have any queries

## SECTION 1: PERSONAL DETAILS

Surname  Date of Birth (dd/mm/yyyy)

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country  Occupation

## COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any)  ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country  Nature of Business Activity

## SECTION 2: FATCA INFORMATION (US FOREIGN ACCOUNT TAX COMPLIANCE ACT)

Is the individual a US citizen or resident of the US for tax purposes?

Yes  If yes, provide the individual's US Taxpayer Identification Number (TIN):

No

## SECTION 3: VERIFICATION PROCEDURE

Verify the individual's full name; and EITHER their date of birth or residential address.

- Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- Contact your Licencee if the individual is unable to provide the required documents.

## PART I – ACCEPTABLE PRIMARY PHOTOGRAPHIC ID DOCUMENTS

Tick ✓	Select ONE valid option from this section only
<input type="checkbox"/>	Australian State / Territory driver's license containing a photograph of the person
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person*

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

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### PART II – ACCEPTABLE SECONDARY ID DOCUMENTS

*– should only be completed if the individual does not own a document from Part I*

Tick ✓	Select ONE valid option from this section
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Department of Human Services (previously known as Centrelink)
Tick ✓	<b>AND ONE valid option from this section</b>
<input type="checkbox"/>	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
<input type="checkbox"/>	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. <i>Block out the TFN before scanning, copying or storing this document</i>
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
<input type="checkbox"/>	If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

### PART III – ACCEPTABLE FOREIGN PHOTOGRAPHIC ID DOCUMENTS

*– should only be completed if the individual does not own a document from Part I*

Tick ✓	Select ONE valid option from this section only
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

*\*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:

- *Either attach a legible certified copy of the ID documentation used to verify the individual (and any required translation) OR*
- *Alternatively, if agreed between your Licencee 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 BY LICENCEE

ID DOCUMENT DETAILS	Document 1	Document 2 (If required)
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Issuer		
Issue Date		
Expiry 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
- the FATCA 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 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

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- 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 Licencee Name		AFSL No.	
Representative/ Employee Name		Phone No.	
Signature		Date Verification Completed	