

# IDENTIFICATION FORM: REGISTERED CO-OPERATIVES

## GUIDE TO COMPLETING THIS FORM

- o This form is for REGISTERED CO-OPERATIVES
- o Provide details for the registered cooperatives Beneficial Owners (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: 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 type="text"/> | <input type="text"/> |
| Secretary | <input type="text"/> | <input type="text"/> |
| Treasurer | <input type="text"/> | <input 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

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

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

Address *(PO Box is NOT acceptable)*

Street

Suburb  State  Postcode  Country

Go to Section 1.3

## REGISTERED CO-OPERATIVES

### 1.3 Beneficial Ownership

Provide the names of the individuals that directly or indirectly control the co-operative, such as the Chairman, President, Treasurer or Secretary.

\* "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: REGISTERED CO-OPERATIVE VERIFICATION PROCEDURE

### Registered Co-operative Verification procedure

Information to be verified:

- o Full name of the registered co-operative
- o ID number issued by relevant registration body (if any)

| Tick <input checked="" type="checkbox"/> | Verification options (select one or more of the following options used to verify the Registered Co-Operative)          |
|--|--|
| <input type="checkbox"/>                 | Information provided by ASIC or the relevant registration body responsible for the registration of the co-operative. * |
| <input type="checkbox"/>                 | An original or certified copy or certified extract of the register maintained by the co-operative. *                   |
| <input type="checkbox"/>                 | An original, certified copy or certified extract of the minutes of a meeting of the co-operative. *                    |
| <input type="checkbox"/>                 | 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 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   |

## REGISTERED CO-OPERATIVES

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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 registered cooperative'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