

**Client Services contact details**

**Phone**

1800 287 245 or 02 9259 0200

**Email**

ausbil\_transactions@unitregistry.com.au

**Website**

www.ausbil.com.au

## Instructions: Identification Forms

### Government Body

<b>Copies or originals?</b>	This form asks you to send us certain documents. Please send us certified copies, not originals. We will keep what you send to us.
<b>Certifying copies</b>	<p>You must have someone certify the copies you send to us. The following people can be the certifier: You must certify the copies you send to us by one of the following certifiers:</p> <ul style="list-style-type: none"> <li>• a Justice of the Peace</li> <li>• a Notary public (for the purposes of the Statutory Declaration Regulations 1993)</li> <li>• an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li> <li>• a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public</li> <li>• an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees</li> <li>• an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)</li> <li>• a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)</li> <li>• a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership</li> <li>• a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described)</li> <li>• a Judge of a court</li> <li>• a magistrate</li> <li>• a chief executive officer of a Commonwealth court</li> <li>• a registrar or deputy registrar of a court</li> <li>• a Police officer</li> <li>• an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955).</li> </ul>
<b>What should the person certifying write?</b>	"I [name] of [address] being [capacity e.g. Justice of the Peace] certify this and the following [x] pages as a true copy of the original document." Each page should be initialled by the person certifying your documents.
<b>Not in English?</b>	Documents not in English must be accompanied by an English translation prepared by an accredited translator. Contact us if you need guidance on accredited translators.

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## Identification Form – Government Body

Complete this form if you have not previously invested in an Ausbil Investment Management fund.

1. Please complete this identification form in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid. Cross out your mistakes and initial your changes.
2. Make copies of your ID document(s) and arrange for them to be certified. Please refer to the 'Instructions' page for more information on getting your documents certified.
3. Include this identification form and certified copies of your ID documents with your initial application form when you send it to us.

Full name of Government body

**Principal place of operation** (A PO Box is not acceptable)

Property/Building name (if applicable)

Unit/Level

Street number



Street name

Suburb

State



Postcode

Country



Please select the type of government body by crossing one of the following options below:

Commonwealth of Australia

State of Territory (please specify)

Foreign Country (please specify)

Is the Government body a:

separate legal entity

agency

authority and/or

**Foreign Government body beneficial owner 1**

Chairperson

President

Treasurer

Secretary

Title

Full given names

Surname

Date of birth (DD/MM/YYYY)

Property/Building name (if applicable)

Unit/Level

Street number



Street name

Suburb

State



Postcode

Country



**Foreign Government body beneficial owner 2**

Chairperson

President

Treasurer

Secretary

Title

Full given names

Surname

Date of birth (DD/MM/YYYY)

Property/Building name (if applicable)

Unit/Level

Street number



Street name

Suburb

State



Postcode

Country

## 2 Performance of client identification and verification procedures

Please confirm whether client identification and verification procedures have been performed:

**Select on option**

- Financial adviser has **NOT** performed identification and verification procedures **OR**
- Financial adviser has performed the required identification and verification procedures for the client and has provided duly completed Client ID Form(s) with this application.

**Adviser Declaration**

I represent and warrant to Ausbil that:

- I have undertaken the applicable identification and verification procedure in relation to the client;
- I will make available to Ausbil, on request, original verification and identification records in respect to the client and will keep those records 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

Representative/Employee name

AFSL No

Phone No

**Signature**

## 3 Record of verification procedure by licensee

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 company's Beneficial Owners (where applicable)
- 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

Representative/Employee name

AFSL No

Phone No

**Signature**

Date verification completed (DD/MM/YYYY)

D	D	/	M	M	/	Y	Y	Y	Y
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