

**GUIDE TO COMPLETING THIS FORM**

- o This form is for ASSOCIATIONS. Complete the following in BLOCK LETTERS:
  - Section 1 (all parts) – all Associations.
- AND** for Unincorporated Associations complete the following section:
  - Section 2 – Individual Member ID procedure
- o Complete all applicable sections of this form in BLOCK LETTERS.
- o Contact your licensee if you have any queries.

**SECTION 1: ASSOCIATION IDENTIFICATION PROCEDURE**

**1.1 General Information**

Full name of Association

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

	Full Given Name(s) of officer (if applicable)	Surname
Chairman	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
Secretary	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
Treasurer	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

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

**1.2 Association Type** (select ✓ only ONE of the following categories)

- Incorporated Association**      Go to Section 1.3 below.
- Unincorporated Association**      Go to Section 1.4 below.

**1.3 Incorporated Association** (select ✓ and provide ONE of the following)

**Principal place of administration**

Address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

If a principal place of administration is provided go to Section 3 (no need to complete Section 1.4 or 2 for incorporated associations).

**Registered office**

Address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

If a registered office is provided go to Section 3 (no need to complete Section 1.4 or 2 for incorporated associations).

**Name & Residential address of the public officer** (or president, secretary or treasurer if there is no public officer)

Full Given Name(s) of officer (if applicable)	Surname	Position
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

Address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

If a public officer and their address is provided go to Section 3 (no need to complete Section 1.4 or 2 for incorporated associations).

**1.4 Unincorporated Association**

Principal place of administration (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**SECTION 2: INDIVIDUAL MEMBER IDENTIFICATION PROCEDURE (For unincorporated associations only)**

Provide the name & residential address of the member who is signing on behalf of an unincorporated association

Full given name(s)	Surname	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address (PO Box is NOT acceptable)		
Street	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country	<input type="text"/>

**SECTION 3: ASSOCIATION VERIFICATION PROCEDURE**

For incorporated associations, the procedure to verify the identity of the association is listed in section 3.1. For unincorporated associations, both sections 3.2 and 3.3 should be completed, 3.2 to verify the identity of the association and 3.3 to verify the identity of the member listed in section 2.

**SECTION 3.1: INCORPORATED ASSOCIATION VERIFICATION PROCEDURE****Incorporated Association Verification procedure**

Information to be verified:

- Full name of the Association
- ID number issued on Incorporation (if any).

Tick ✓	Verification options (select one or more of the following options used to verify the Incorporated Association)
<input type="checkbox"/>	Information provided by ASIC or the government responsible for the incorporation of the association.
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the association. *

OR

**SECTION 3.2: UNINCORPORATED ASSOCIATION VERIFICATION PROCEDURE****Unincorporated Association Verification procedure**

Information to be verified:

- Full name of the Association

Tick ✓	Verification options (use the following to verify the Unincorporated Association)
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the association. *

AND

**SECTION 3.3: MEMBER VERIFICATION PROCEDURE (for unincorporated associations only)****Member Verification procedure (only required for unincorporated associations)**

Information to be verified:

- The member's full name; and EITHER their date of birth OR residential address

Tick ✓	Verification options (select one of the following primary ID documents used to verify the individual trustee)
<input type="checkbox"/>	Australian State / Territory driver's licence 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. *

If one of the primary ID documents listed above is not available, refer to the IDENTIFICATION FORM INDIVIDUALS & SOLE TRADERS to determine which secondary or foreign ID documents should be used to verify the individual trustee and list these documents below.

Tick ✓	Verification options (list the secondary or foreign ID documents used to verify the individual trustee)
<input type="checkbox"/>	_____ *
<input type="checkbox"/>	_____ *

\* 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 association and selected member (where applicable), including any required translations 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****SECTION 4.1: Verify Association (as per Section 3.1 OR 3.2)**

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		
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

**SECTION 4.2: Verify Individual Member (only required for unincorporated associations as per section 3.3)**

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		
Date Verified		
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 declare that I have verified the identity of the Customer as required by AML/CTF Rules and that this identification procedure has been performed by an AFSL holder or an authorised representative of an AFSL holder.

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"/>