

GUIDE TO COMPLETING THIS FORM

- o This form is for GOVERNMENT BODIES. Complete all applicable sections of this form in BLOCK LETTERS.
- o Contact your licensee 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

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 Country Government Body *please specify Foreign Country*

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 ✓	Verification options (select one 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.

IMPORTANT NOTE:

- **Either 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

ID DOCUMENT DETAILS	
Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Copy of legislation sighted
URL link / Full name of legislation	<input style="width: 680px; height: 15px;" type="text"/>
Search date	<input style="width: 680px; height: 15px;" type="text"/>
Date Verified	<input style="width: 680px; height: 15px;" type="text"/>
Accredited English Translation	<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 style="width: 95%; height: 15px;" type="text"/>	AFSL No.	<input style="width: 95%; height: 15px;" type="text"/>
Representative/ Employee Name	<input style="width: 95%; height: 15px;" type="text"/>	Phone No.	<input style="width: 95%; height: 15px;" type="text"/>
Signature	<input style="width: 95%; height: 15px;" type="text"/>	Date Verification Completed	<input style="width: 95%; height: 15px;" type="text"/>