

GUIDE TO COMPLETING THIS FORM

- o This form is for PARTNERSHIPS & PARTNERS.
- o Complete all applicable sections of this form in BLOCK LETTERS.
- o Contact your licensee if you have any queries.

SECTION 1: PARTNERSHIP IDENTIFICATION PROCEDURE

1.1 General Information

Full name of partnership

Registered business name of partnership (if any)

Country where partnership established

1.2 Type of Partnership (select ✓ only one of the following partnership types and provide the information requested)

Is the partnership regulated by a professional association?

Yes Provide name of association

Provide membership details

Go to Section 2

No How many partners are there? Provide full name & address of each partner below.

1.3 Partnership Details (only complete 1.3 for Partnerships NOT regulated by a professional association)

Partner 1

Full given name(s) Surname

Residential Address (PO Box is NOT acceptable)

Suburb State Postcode Country

Partner 2

Full given name(s) Surname

Residential Address (PO Box is NOT acceptable)

Suburb State Postcode Country

Partner 3

Full given name(s) Surname

Residential Address (PO Box is NOT acceptable)

Suburb State Postcode Country

If there are more partners, provide details on a separate sheet.

SECTION 2: PARTNER IDENTIFICATION PROCEDURE (to be completed for ONE partner)

Full Given Name(s)

Surname

Date of Birth (dd/mm/yyyy)

Residential Address (PO Box is NOT acceptable) **Only provide address details if not provided in Section 1.3**

Suburb

State

Postcode

Country

SECTION 3: PARTNERSHIP AND PARTNER VERIFICATION PROCEDURE

Identification documentation is to be provided to verify the identity of the partnership and one of the partners.

SECTION 3.1: PARTNERSHIP VERIFICATION PROCEDURE**Partnership verification procedure**

Information to be verified:

- Complete Part I (for all partnerships) and
- Complete Part II (if the partnership is regulated by a professional association).

PART I – ACCEPTABLE ID DOCUMENTS – to verify partnership name

Tick ✓	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	An original, a certified copy or certified extract of the partnership agreement. *
<input type="checkbox"/>	A certified copy or a certified extract of minutes of a partnership meeting. *
<input type="checkbox"/>	An original current membership certificate (or equivalent) of a professional association. *
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association. *
<input type="checkbox"/>	A search of the relevant ASIC or other regulator's database.
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months eg Notice of Assessment. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia. *

PART II – ACCEPTABLE ID DOCUMENTS – to verify membership of a professional association

Tick ✓	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	An original current membership certificate (or equivalent). *
<input type="checkbox"/>	Membership details independently sourced from the relevant association. *

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

AND**SECTION 3.2: PARTNER VERIFICATION PROCEDURE****Individual Verification Procedure (to be completed for the partner listed in Section 2)**

Information to be verified:

The partner'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 partner)
<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 partner)
<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 partnership and selected partner (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 4: RECORD OF VERIFICATION PROCEDURE**SECTION 4.1: Verify Partnership (as per Section 3.1)**

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		
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

AND

SECTION 4.2: Verify Individual Partner (as per section 3.2)

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 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 Complete	<input type="text"/>