

GUIDE TO COMPLETING THIS FORM

- This form is for REGISTERED CO-OPERATIVES.
- Complete all applicable sections of this form in BLOCK LETTERS.
- Contact your licensee 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)

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

	Full given name(s)	Surname
Chairman	<input style="width: 95%; border: 1px solid black;" type="text"/>	<input style="width: 95%; border: 1px solid black;" type="text"/>
Secretary	<input style="width: 95%; border: 1px solid black;" type="text"/>	<input style="width: 95%; border: 1px solid black;" type="text"/>
Treasurer	<input style="width: 95%; border: 1px solid black;" type="text"/>	<input style="width: 95%; border: 1px solid black;" type="text"/>

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 2.

Registered office

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

If a registered office is provided go to section 2.

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
<input style="width: 95%; border: 1px solid black;" type="text"/>	<input style="width: 95%; border: 1px solid black;" type="text"/>	<input style="width: 95%; border: 1px solid black;" type="text"/>

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

SECTION 2: REGISTERED CO-OPERATIVE VERIFICATION PROCEDURE

Registered Co-operative Verification procedure

Information to be verified:

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

Tick ✓	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. *

* 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 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

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

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

AFSL No.

Representative/ employee name

Phone No.

Signature

Date
Verification
Completed