

GUIDE TO COMPLETING THIS FORM

- o 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 Only send the **completed sections** of this form with the application form.
- o Contact your licensee if you have any queries.

SECTION 1A: ASSOCIATION DETAILS
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%;" type="text"/>	<input style="width: 95%;" type="text"/>
Secretary	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Treasurer	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

 Provide an ID number issued on incorporation (eg. an ACN) (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
Go to Section 1B. You do not need to complete Section 1.4.
 Registered office

Address (PO Box is NOT acceptable)

 Street
 Suburb State Postcode Country
Go to Section 1B. You do not need to complete Section 1.4.
 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%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address (PO Box is NOT acceptable)

 Street
 Suburb State Postcode Country
Go to Section 1B. You do not need to complete Section 1.4.
1.4 Unincorporated Association

Principal place of administration (PO Box is NOT acceptable)

 Street
 Suburb State Postcode Country
Go to Section 1B.

SECTION 1B: ASSOCIATION VERIFICATION PROCEDURE

If "Incorporated Association" is selected in section 1.2 above, verify:

- 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.

If "Unincorporated Association" is selected in section 1.2 above, verify:

- The 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.

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

SECTION 1C: RECORD OF VERIFICATION PROCEDURE**IMPORTANT:**

- **Attach** a legible copy of the ID documentation used to verify the Association.
- **Alternatively, if agreed** between your licensee and the product issuer, complete the ID Document Details below, and **DO NOT** attach copies of the ID Documents.

ID DOCUMENT DETAILS	Document 1	Document 2
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 1D: FINANCIAL PLANNER DETAILS – identification and verification conducted by:

Date Verified (dd/mm/yyyy)	<input style="width: 100%;" type="text"/>		
Financial Planner's Name	<input style="width: 80%;" type="text"/>	Phone No.	<input style="width: 20%;" type="text"/>
AFS Licensee Name	<input style="width: 80%;" type="text"/>	AFSL No.	<input style="width: 20%;" type="text"/>

If an Unincorporated Association Complete Section 2

If an Incorporated Association, the form is now COMPLETE.

SECTION 2A: INDIVIDUAL MEMBER IDENTIFICATION PROCEDURE (Unincorporated Association only)

Name & residential address of the member who is signing on behalf of the Association

Full given name(s)

Surname

Date of Birth (dd/mm/yyyy)

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

SECTION 2B: INDIVIDUAL MEMBER VERIFICATION PROCEDURE

If "Unincorporated Association" is selected in Section 1.2 above, verify the Member's full name; and EITHER their date of birth OR residential address.

- o Complete Part I (or if the member does not own a document from Part I, then complete either Part II or III).

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick ✓	Select ONE valid option from this section only
<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*.

PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

Tick ✓	Select ONE valid option from this section
<input type="checkbox"/>	Australian birth certificate.
<input type="checkbox"/>	Australian citizenship certificate.
<input type="checkbox"/>	Pension card issued by Centrelink.
<input type="checkbox"/>	Health card issued by Centrelink.
Tick ✓	AND ONE valid option from this section
<input type="checkbox"/>	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
<input type="checkbox"/>	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).

PART III – ACCEPTABLE FOREIGN ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

Tick ✓	BOTH documents from this section must be presented
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth.*
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

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

SECTION 2C: RECORD OF VERIFICATION PROCEDURE**IMPORTANT:**

- Attach a legible copy of the ID documentation used to verify the individual member (and any required translation).
- Alternatively, if agreed between your licensee and the product issuer, complete the ID Document Details below, and DO NOT attach copies of the ID Documents.

ID DOCUMENT DETAILS	Document 1	Document 2
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