

GUIDE TO COMPLETING THIS FORM

- o Complete the following in **BLOCK LETTERS**
- o Contact your licensee if you have any queries.

SECTION 1A: GOVERNMENT BODY DETAILS
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 1B: GOVERNMENT BODY IDENTIFICATION PROCEDURE

Verify the following:

- o Full name of the government body
- o Full address of the government body's principal place of operations
- o Whether the government body is:
 - A body of the Commonwealth of Australia; or
 - A body of a State or Territory of Australia (and, if so which one); or
 - A body of a foreign country (and, if so which 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.

SECTION 1C: RECORD OF VERIFICATION PROCEDURE
IMPORTANT:

- **Attach** a legible copy of the ID documentation used to identify the Government Body (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	
Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Copy of legislation sighted
URL link / Full name of legislation	<input type="text"/>
Search date	<input type="text"/>
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

SECTION 1D: FINANCIAL PLANNER DETAILS – identification and verification conducted by:

Date Verified (dd/mm/yyyy)

Financial Planner's Name Phone No.

AFS Licensee Name AFSL No.