

GUIDE TO COMPLETING THIS FORM

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

SECTION 1A: REGISTERED CO-OPERATIVE DETAILS
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: 400px; height: 18px;" type="text"/>	<input style="width: 380px; height: 18px;" type="text"/>
Secretary	<input style="width: 400px; height: 18px;" type="text"/>	<input style="width: 380px; height: 18px;" type="text"/>
Treasurer	<input style="width: 400px; height: 18px;" type="text"/>	<input style="width: 380px; height: 18px;" 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
Go to Section 1B
 Registered office

 Address *(PO Box is NOT acceptable)*

 Street

 Suburb State Postcode Country
Go to Section 1B
 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: 375px; height: 18px;" type="text"/>	<input style="width: 245px; height: 18px;" type="text"/>	<input style="width: 255px; height: 18px;" type="text"/>

 Address *(PO Box is NOT acceptable)*

 Street

 Suburb State Postcode Country
Go to Section 1B

SECTION 1B: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE

Verify the following:

- 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

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

- **Attach** a legible copy of the ID documentation used to verify the Registered Co-Operative.
- **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)

Financial Planner's Name

Phone No.

AFS Licensee Name

AFSL No.