

GUIDE TO COMPLETING THIS FORM

- o This form is for ASSOCIATIONS. Complete the following in BLOCK LETTERS:
- o Provide details for the Association's Beneficial Owners (Section 1.4) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- o Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: ASSOCIATION IDENTIFICATION PROCEDURE

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%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
Secretary	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
Treasurer	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

1.2 Association Type (select ✓ only ONE of the following categories)

Incorporated Association

Provide any ID number issued on incorporation (e.g. registration/ incorporation number)

Unincorporated Association

1.3 All Associations (select ✓ and provide ONE of the following)

Provide the address of the principal place of administration of the Association. If there is no principal place of administration, provide the address of registered office or the address of an office holder of the Association.

Principal place of administration

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

If a principal place of administration is provided go to Section 1.4.

Registered office

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

If a registered office is provided go to 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%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

Proceed to Section 1.4.

1.4 Beneficial Ownership

Provide the names of the individual members that directly or indirectly control the Association, such as the Chairman, President, Treasurer or Secretary of the association.

Complete separate individual customer ID Forms for each of these individuals.

Full given name(s)	Surname	Role (such as Chairman, President, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Note: Beneficial Owner/s must be listed above and individual ID Forms completed for all Beneficial Owners.

If there are more Beneficial Owners, provide details on a separate sheet and tick this box .

SECTION 2: ASSOCIATION VERIFICATION PROCEDURE

The procedure to verify the identity of the association is set out in 2.1 (for incorporated associations) and 2.2 (for unincorporated associations).

SECTION 2.1: INCORPORATED ASSOCIATION VERIFICATION PROCEDURE**Incorporated Association Verification procedure**

Information to be verified:

- 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 body 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. *
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the association. *

OR

SECTION 2.2: UNINCORPORATED ASSOCIATION VERIFICATION PROCEDURE**Unincorporated Association Verification procedure**

Information to be verified:

- Full name of the Association

Tick ✓	Verification options (use the following to verify the Unincorporated Association)
<input type="checkbox"/>	A search of a relevant government or regulator database (such as ABN lookup).
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the association. *
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting 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.

IMPORTANT NOTE:

- **Ensure that individual customer ID Forms have been provided for the Association's Beneficial Owners as per 1.4 AND**
- **Attach a legible certified copy of the ID documentation used to verify the association and selected member (where applicable), including any required translations 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		
Document Type		
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:

- an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative;
- individual customer ID Forms have been provided for the Association's Beneficial Owners

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 Completed	<input type="text"/>