

**GUIDE TO COMPLETING THIS FORM**

- o This form is to be used for non-individual customers (eg company, trust etc) who appoint a verifying officer to identify the customer's agents/signatories. This form is to be completed each time the customer appoints a new verifying officer. The product issuer will identify each verifying officer, who will in turn be responsible for identifying the customer's agents/signatories.
- o Complete all sections of the form in BLOCK LETTERS.

**SECTION 1: CUSTOMER DETAILS**

Name of Company, Trust, Partnership, Association, Registered Co-Operative or Government Body

**SECTION 2: VERIFYING OFFICER DETAILS**

Surname

Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

**SECTION 3: CUSTOMER AUTHORISATION OF VERIFYING OFFICER**

I/we declare that the above verifying officer is an employee, agent or contractor of the above customer and is duly authorised to act as a verifying officer for the customer.

Signature of Director/Secretary/ Trustee/ Partner or other person authorised to sign on behalf of the Customer

Date dd/mm/yyyy

Signature of Director/Secretary/ Trustee/ Partner or other person authorised to sign on behalf of the Customer

Date dd/mm/yyyy

**SECTION 4: DECLARATION BY VERIFYING OFFICER**

I agree to:

- a) identify the agents or signatories of the above customer in accordance with requirements of the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and will provide the product issuer with the full name and signature of each agent or signatory.
- b) collect the following details from each agent or signatory:
  - (1) Full name of agent/signatory;
  - (2) Title of the position/role held by the agent/signatory with the customer;
  - (3) A copy of the agent/signatory's signature; and
  - (4) Evidence of the agent/signatory's authorisation to act on behalf of the customer.
- c) make a record of the above details for each agent/signatory which will be retained by the customer.

Signature of Verifying Officer

Date dd/mm/yyyy

**SECTION 5A: VERIFICATION PROCEDURE**

- If you have a financial adviser, they will verify your identity and complete Sections 5A, 5B and 5C. Your financial adviser will contact their licensee if you are unable to provide the required documents.
- If you do not have a financial adviser, complete Section 5A and provide original certified copies of identification documents. Contact the product issuer if you are unable to provide the required documents.

**PART I – ACCEPTABLE PRIMARY ID DOCUMENTS**

<b>Tick ✓</b>	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**

<b>Tick ✓</b>	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
<b>Tick ✓</b>	<b>AND ONE</b> 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**

<b>Tick ✓</b>	<b>BOTH</b> 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 5B: RECORD OF VERIFICATION PROCEDURE**

Verify the individual's full name; and EITHER their date of birth or residential address.

**IMPORTANT:**

- Attach a legible copy of the ID documentation used to verify the individual (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

**SECTION 5C: FINANCIAL PLANNER DETAILS – identification and verification conducted by:**

Date Verified (dd/mm/yyyy)	<input type="text"/>		
Financial Planner's Name	<input type="text"/>	Phone No.	<input type="text"/>
AFS Licensee Name	<input type="text"/>	AFSL No.	<input type="text"/>

**SECTION 6: AUTHORISED AGENTS/SIGNATORIES**

- o *The Verifying Officer can use this section of the form to provide the product issuer with the details of the authorised agents/signatories. Alternatively, if agreed with the product issuer, the Verifying Officer can provide all of the details comprised in this section using another method.*
- o *The Verifying Officer is to provide the product issuer with a new list comprising of the agents/signatories details, as and when required.*

**SECTION 6A: CUSTOMER DETAILS**

Name of Company, Trust, Partnership, Association, Registered Co-Operative or Government Body

**SECTION 6B: AGENTS/SIGNATORIES DETAILS**

The following individuals are authorised to act on behalf of the above customer:

	Surname	Given Name(s)	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

*If there are more agents/signatories, please attach a separate document including all of the details comprised in this section.*

Signature of Verifying Officer

Date dd/mm/yyyy