

GUIDE TO COMPLETING THIS FORM

- This form is for REGISTERED CO-OPERATIVES.
- Provide details for the registered cooperatives Beneficial Owners (Section 1.3) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE

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: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Secretary	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Treasurer	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" 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

If a principal place of operations provided go to Section 1.3.

Registered office

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

If a registered office is provided go to Section 1.3.

Name & Residential address of the Secretary (or president or treasurer if there is no secretary)

Full Given Name(s) of officer (if applicable)	Surname	Position
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

Go to Section 1.3.

1.3 Beneficial Ownership

Provide the names of the individuals that directly or indirectly control the co-operative, such as the Chairman, President, Treasurer or Secretary. Complete separate individual customer ID Forms for each of these individuals.

Full given name(s)	Surname	Role (such as Chairman, President, etc.)
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" 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: REGISTERED CO-OPERATIVE VERIFICATION PROCEDURE**Registered Co-operative Verification procedure**

Information to be verified:

- 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. *
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the co-operative. *
<input type="checkbox"/>	A search of the relevant ASIC, government or other regulator's database (such as ABN lookup).

* 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 registered cooperative's Beneficial Owners as per 1.3 AND
- Attach a legible certified copy of the ID documentation used to verify the registered co-operative (and any required translation) 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 registered cooperative'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"/>