

**GUIDE TO COMPLETING THIS FORM**

- o Complete the following in **BLOCK LETTERS**:
  - Section 1 (all parts) – all Associations.
- AND** for Unincorporated Associations complete the following section:
  - Section 2 – Individual Member ID procedure
- o Only send the **completed sections** of this form with the application form.
- o Contact your licensee if you have any queries.

**SECTION 1A: ASSOCIATION DETAILS**

**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"/>

Provide an ID number issued on incorporation (eg. an ACN) (if any)

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

- Incorporated Association** Go to Section 1.3 below.
- Unincorporated Association** Go to Section 1.4 below.

**1.3 Incorporated Association** (select ✓ and provide ONE of the following)

**Principal place of administration**

Address (PO Box is NOT acceptable)

Street   
 Suburb  State  Postcode  Country

**Go to Section 1B. You do not need to complete Section 1.4.**

**Registered office**

Address (PO Box is NOT acceptable)

Street   
 Suburb  State  Postcode  Country

**Go to Section 1B. You do not need to complete 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

**Go to Section 1B. You do not need to complete Section 1.4.**

**1.4 Unincorporated Association**

Principal place of administration (PO Box is NOT acceptable)

Street   
 Suburb  State  Postcode  Country

**Go to Section 1B.**

**SECTION 1B: ASSOCIATION VERIFICATION PROCEDURE**

If "Incorporated Association" is selected in section 1.2 above, verify:

- 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 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.

If "Unincorporated Association" is selected in section 1.2 above, verify:

- The full name of the association.

Tick ✓	Verification options (use the following to verify the Unincorporated Association)
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules 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

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

- **Attach** a legible copy of the ID documentation used to verify the Association.
- **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)	<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"/>

**If an Unincorporated Association Complete Section 2**

**If an Incorporated Association, the form is now COMPLETE.**

**SECTION 2A: INDIVIDUAL MEMBER IDENTIFICATION PROCEDURE (Unincorporated Association only)**

Name &amp; residential address of the member who is signing on behalf of the Association

Full given name(s)

Surname

Date of Birth (dd/mm/yyyy)

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

**SECTION 2B: INDIVIDUAL MEMBER VERIFICATION PROCEDURE**

If "Unincorporated Association" is selected in Section 1.2 above, verify the Member's full name; and EITHER their date of birth OR residential address.

- o Complete Part I (or if the member does not own a document from Part I, then complete either Part II or III).

**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 2C: RECORD OF VERIFICATION PROCEDURE****IMPORTANT:**

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