

IDENTIFICATION FORM VERIFYING OFFICER

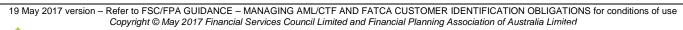


GUIDE TO COMPLETING THIS FORM

- This form is for non-individual customers (e.g. a 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 applicable sections of the form in BLOCK LETTERS.
- Contact your licensee if you have any queries.

SECTION 1. COSTOMER DETAILS				
Name of Company, Trust, Partnership, Association, Register	ered Co-Operative or G	overnment Body		
SECTION 2: VERIFYING OFFICER IDENTIFIC	CATION PROCED	URE		
				Date of Birth dd/mm/yyyy
Surname				Date of Bitti da/mm/yyyy
Full Given Name(s)				
Residential Address (PO Box is NOT acceptable)				
Street				
Suburb	State	Postcode	Country	
SECTION 3: CUSTOMER AUTHORISATION (OF VERIFYING O	FFICER		
I/we declare that the above verifying officer is an employee,	agent or contractor of	the customer (listed in Sec	tion 1 of this form	n) and is duly authorised
to act as a verifying officer for this customer.	ŭ	,		,
Signature of Director/Secretary/ Trustee/ Partner or other pe	erson authorised to sig	n on behalf of the Custome	er	Date dd/mm/yyyy
Signature of Director/Secretary/ Trustee/ Partner or other pe	er	Date dd/mm/yyyy		
SECTION 4: DECLARATION BY VERIFYING	OFFICER			
I agree to:				
a) identify the agents or signatories of the above customer				
Financing (AML/CTF) Act and Rules and will provide the		e full name and signature	of each agent or	signatory.
 b) collect the following details from each agent or signator; (1) Full name of agent/signatory; 	y.			
(2) Title of the position/role held by the agent/signato	ry with the customer;			
(3) A copy of the agent/signatory's signature; and(4) Evidence of the agent/signatory's authorisation to	act on bobalf of the cu	etomor		
c) make a record of the above details for each agent/signal				
,	,	,		
Signature of Verifying Officer				Date dd/mm/yyyy

IDENTIFICATION FORM VERIFYING OFFICE							
SECTION	ON 5: VERIFYING	OFFICER VEI	RIFICATION PROCEDU	JRE			
o Comp							
PART I -	- ACCEPTABLE PRIMA	RY ID DOCUMEN	ITS				
Tick ✓	Select ONE valid option		•				
	Australian State / Territ	tory driver's licenc	e containing a photograph of	the person			
	Australian passport (a	passport that has	expired within the preceding 2	2 years is acceptable	e)		
	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person						
	Foreign passport or sin	nilar travel docume	ent containing a photograph a	nd the signature of t	he person*		
PART II	– ACCEPTABLE SECO	NDARY ID DOCU	MENTS — should only be comple	ted if the individual does	not own a document fror	n Part I	
Tick ✓	Select ONE valid option						
	Australian birth certifica	ate					
	Australian citizenship c	ertificate					
	Pension card issued by	Department of H	uman Services (previously kn	own as Centrelink)			
Tick ✓	AND ONE valid option						
	benefits to the individua	al and which conta	th or a State or Territory within ains the individual's name and	residential address		•	
	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>						
	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 FORE	IGN ID DOCUME	NTS – should only be completed in	f the individual does not	own a document from Pa	nrt I	
Tick ✓	Select ONE valid option	n from this section	only				
	Foreign driver's licence	that contains a pl	notograph of the person in wh	ose name it issued	and the individual's o	date of birth*	
	National ID card issued	by a foreign gove	ernment containing a photogra	aph and a signature	of the person in who	se name the card was issued*	
*Documen	ts that are written in a languag	ge that is not English r	nust be accompanied by an English	translation prepared by	an accredited translator.		
 IMPORTANT NOTE: → Either attach a legible certified copy of the ID documentation used to verify the verifying officer (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	ON 6: RECORD O	F VERIFICATI	ON PROCEDURE				
ID DOCU	JMENT DETAILS	Document 1		Document 2	Document 2		
Verified From		☐ Original	☐ Certified Copy	☐ Original	☐ Certified	Сору	
Documer	nt Issuer						
Issue Date							
Expiry Date							
Document Number							
Accredited English Translation N/A		□ N/A	☐ Sighted	□ N/A	□ N/A □ Sighted		
			on Procedure I declare that I h ormed by an AFSL holder or a			as required by AML/CTF Rules holder.	
AFS Licensee Name					AFSL No.		
Representative/ employee name					Phone No.		
Signature					Date Verification Completed		





FSC FINANCIAL SERVICES

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SECTION 7: AUTHORISED AGENTS/SIGNATORIES

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.

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						
f there	there are more agents/signatories, please attach a separate sheet including all of the details comprised in this section.					
Signa	ture of Verifying Officer		Date dd/mm/yyyy			

