

**GUIDE TO COMPLETING THIS FORM**

- o This form is for REGISTERED CO-OPERATIVES.
- o Provide details for the registered cooperatives Beneficial Owners (Section 1.3) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- o Tax information must be collected from an authorised representative of the Registered Co-operative
- o 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 Registered 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"/>

**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: TAX INFORMATION**

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Is the Registered Co-operative a tax resident of a country other than Australia? Yes  No

(A Registered Co-operative created or established under the laws of a country other than Australia)

If Yes, please provide the Registered Co-operative's country of tax residence and tax identification number (TIN) or equivalent below. If the Registered Co-operative is a tax resident of more than one other country, please list all relevant countries below.

If No, proceed to section 3.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employee Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>

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

**Reason A** The country of tax residency does not issue TINs to tax residents

**Reason B** The Registered Co-operative has not been issued with a TIN

**Reason C** The country of tax residency does not require the TIN to be disclosed

**SECTION 3: REGISTERED CO-OPERATIVE VERIFICATION PROCEDURE****Registered Co-operative Verification procedure**

Information to be verified:

- o Full name of the Registered Co-operative
- o 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 Registered Co-operative. *
<input type="checkbox"/>	An original or certified copy or certified extract of the register maintained by the Registered Co-operative. *
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the Registered 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 4: 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 and
- the tax information provided is reasonable considering the documentation provided.

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"/>