

**IDENTIFICATION FORM
PARTNERSHIPS & PARTNERS**

GUIDE TO COMPLETING THIS FORM

- o Complete all applicable sections of this form in BLOCK LETTERS.
- o Contact your licensee if you have any queries.

SECTION 1A: PARTNERSHIP DETAILS

1.1 General Information

Full name of partnership

Registered business name of partnership (if any)

Country where partnership established

1.2 Type of Partnership (select ✓ only one of the following partnership types and provide the information requested)

Is the partnership regulated by a professional association?

Yes Provide name of association

Provide membership details

(Go to Section 1B)

No How many partners are there? provide full name & address of each partner below

1.3 Partnership Details (only complete for Partnerships NOT regulated by a professional association)

Partner 1

Full given name(s) Surname

Residential Address (PO Box is NOT acceptable)

Suburb State Postcode Country

Partner 2

Full given name(s) Surname

Residential Address (PO Box is NOT acceptable)

Suburb State Postcode Country

Partner 3

Full given name(s) Surname

Residential Address (PO Box is NOT acceptable)

Suburb State Postcode Country

If there are more partners, provide details on a separate sheet.

SECTION 1B: PARTNERSHIP VERIFICATION PROCEDURE

Verify the following:

- o Complete Part I (for all partnerships) and
- o Complete Part II (if the partnership is regulated by a professional association).

PART I – ACCEPTABLE ID DOCUMENTS – to verify partnership name

Tick ✓	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	An original, a certified copy or certified extract of the partnership agreement.
<input type="checkbox"/>	A certified copy or a certified extract of minutes of a partnership meeting.
<input type="checkbox"/>	An original current membership certificate (or equivalent) of a professional association.
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association.
<input type="checkbox"/>	A search of the relevant ASIC or other regulator's database.
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months eg Notice of Assessment. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

PART II – ACCEPTABLE ID DOCUMENTS – to verify membership of a professional association

Tick ✓	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	An original current membership certificate (or equivalent).
<input type="checkbox"/>	Membership details independently sourced from the relevant 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 Partnership (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

Verified From	<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	

SECTION 1 D: FINANCIAL PLANNER DETAILS – identification and verification conducted by:

Date Verified (dd/mm/yyyy)

Financial Planner's Name

Phone No.

AFS Licensee Name

AFSL No.

Complete the following section to collect the additional information about the identity of ONLY ONE of the partners

SECTION 2A: INDIVIDUAL DETAILS (to be completed for ONE partner)

Full Given Name(s)

Surname

Date of Birth (dd/mm/yyyy)

Residential Address (PO Box is NOT acceptable) **Only provide address details if not provided in Section 1A**

Suburb

State

Postcode

Country

SECTION 2B: INDIVIDUAL PARTNER VERIFICATION PROCEDUREVerify the **Partner's** full name; and **EITHER** their date of birth or residential address:

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

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick ✓	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

Tick ✓	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
Tick ✓	AND ONE 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. Block out the TFN before scanning, copying or storing this document.
<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

Tick ✓	BOTH 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 partner (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