

**IDENTIFICATION FORM
REGISTERED CO-OPERATIVE**

GUIDE TO COMPLETING THIS FORM

- o Complete the following in **BLOCK LETTERS**
- o Contact your licensee if you have any queries.

SECTION 1A: REGISTERED CO-OPERATIVE DETAILS

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 type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>
Treasurer	<input type="text"/>	<input 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

Go to Section 1B

Registered office

Address(PO Box is NOT acceptable)

Street
Suburb State Postcode Country

Go to Section 1B

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 type="text"/>	<input type="text"/>	<input type="text"/>

Address(PO Box is NOT acceptable)

Street
Suburb State Postcode Country

Go to Section 1B

SECTION 1B: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE

Verify the following:

- 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 co-operative.
<input type="checkbox"/>	An original or certified copy or certified extract of the register maintained by the co-operative.

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 Registered Co-Operative.
- **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 style="width: 100%;" type="text"/>		
Financial Planner's Name	<input style="width: 80%;" type="text"/>	Phone No.	<input style="width: 20%;" type="text"/>
AFS Licensee Name	<input style="width: 80%;" type="text"/>	AFSL No.	<input style="width: 20%;" type="text"/>