

GUIDE TO COMPLETING THIS FORM

- o Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.
- o Tax information must be collected from the individual
- o Contact your licensee if you have any queries.

SECTION 1: PERSONAL DETAILS

Surname Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address (PO Box is NOT acceptable)
Street

Suburb State Postcode Country

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any) ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)
Street

Suburb State Postcode Country

SECTION 2: TAX INFORMATION

Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia? Yes No

Is the individual a tax resident of another Country? Yes No

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

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 a Social Security 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 style="width: 90%;" type="text"/> | TIN | <input style="width: 90%;" type="text"/> | If no TIN, list reason A, B or C | <input style="width: 90%;" type="text"/> |
| 2. | Country <input style="width: 90%;" type="text"/> | TIN | <input style="width: 90%;" type="text"/> | If no TIN, list reason A, B or C | <input style="width: 90%;" type="text"/> |
| 3. | Country <input style="width: 90%;" type="text"/> | TIN | <input style="width: 90%;" type="text"/> | If no TIN, list reason A, B or C | <input style="width: 90%;" 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 individual has not been issued with a TIN
Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: VERIFICATION PROCEDURE

Verify the **individual's** full name; and **EITHER** their date of birth or residential address.

- o Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- o Contact your licensee if the individual is unable to provide the required documents.

PART I – ACCEPTABLE PRIMARY PHOTOGRAPHIC 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 Department of Human Services (previously known as 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. <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) |
| <input type="checkbox"/> | If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school |

PART III – ACCEPTABLE FOREIGN PHOTOGRAPHIC 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 only |
| <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.

IMPORTANT NOTE:

- **Either attach a legible certified copy of the ID documentation used to verify the individual (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"/> 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 |

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 and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date
Verification
Completed