

GUIDE TO COMPLETING THIS FORM

- o This form is for AUSTRALIAN COMPANIES only. For companies incorporated outside of Australia use the FOREIGN COMPANIES IDENTIFICATION FORM.
- o Complete one form for each company. Complete all applicable sections of this form in BLOCK LETTERS.
- o Contact your licensee if you have any queries.

SECTION 1: AUSTRALIAN COMPANY IDENTIFICATION PROCEDURE

1.1 General Information

Full name as registered by ASIC

ACN

Registered office address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

For companies registered outside of Australia do not use this form but rather complete the **FOREIGN COMPANIES IDENTIFICATION FORM**.

1.2 Regulatory/ Listing Details (If the company is regulated or listed, select the relevant category and provide the information requested)

- ☐ **Regulated company** A company whose activities are subject to the oversight of a Commonwealth, State or Territory statutory regulator. In this context 'Regulated' means subject to supervision beyond that provided by ASIC as a company registration body.

Examples include:

- Australian Financial Services Licensees (AFSL);
- Australian Credit Licensees (ACL); or
- Registrable Superannuation Entity (RSE) Licensees.

Regulator name

Licence details (e.g. AFSL, ACL, RSE)

- ☐ **Australian listed company**

Name of market / exchange

- ☐ **Majority-owned subsidiary of an Australian listed company**

Australian listed company name

Name of market / exchange

1.3 Company Type (select ✓ only ONE of the following categories)

- ☐ **Public** (companies whose name does NOT include the word Pty or proprietary; generally listed companies) Go to Section 2
- ☐ **Proprietary** (companies whose name ends with Proprietary Ltd or Pty Ltd; also known as private companies) Go to Section 1.4 below

1.4 Directors (To be completed for proprietary companies, not required for public companies as per 1.3)

How many directors are there? provide full name of each director

Full given name(s)

Surname

1

2

3

4

If there are more directors, provide details on a separate sheet

1.5 Beneficial owners (To be completed for proprietary companies, not required for public companies as per 1.3)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital.

Beneficial owner 1

| | | | | | | | |
|--|--|-------|--|----------|---------|---------|--|
| Full given name(s) | | | | | Surname | | |
| Residential address (PO Box is NOT acceptable) | | | | | | | |
| Street | | | | | | | |
| Suburb | | State | | Postcode | | Country | |

Beneficial owner 2

| | | | | | | | |
|--|--|-------|--|----------|---------|---------|--|
| Full given name(s) | | | | | Surname | | |
| Residential address (PO Box is NOT acceptable) | | | | | | | |
| Street | | | | | | | |
| Suburb | | State | | Postcode | | Country | |

Beneficial owner 3

| | | | | | | | |
|--|--|-------|--|----------|---------|---------|--|
| Full given name(s) | | | | | Surname | | |
| Residential address (PO Box is NOT acceptable) | | | | | | | |
| Street | | | | | | | |
| Suburb | | State | | Postcode | | Country | |

SECTION 2: AUSTRALIAN COMPANY VERIFICATION PROCEDURE

Identification documentation is to be provided to verify the information listed in the standard or alternate verification procedure described below. The alternate verification procedure is to be used for regulated or listed companies as described in section 1.2 of this form. All other companies are to be verified according to the standard verification procedure.

Standard verification procedure

Information to be verified:

- The full name of the company as registered by ASIC
- Whether the company is registered as a proprietary or a public company
- The ACN issued to the company.

| Tick ✓ | Verification options (select one of the following options used to verify the Company) |
|--------------------------|--|
| <input type="checkbox"/> | Perform a search of the relevant ASIC database. |
| <input type="checkbox"/> | If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC. |

Alternative verification procedure for a regulated company, an Australian listed company or a majority owned subsidiary of an Australian listed company (as described in section 1.2 of this form)

Information to be verified:

- The full name of the company
- That the company is a regulated company, an Australian listed company or a majority owned subsidiary of an Australian listed company (whichever is applicable).

| Tick ✓ | Verification options (select one or more of the following options used to verify the Company) |
|--------------------------|--|
| <input type="checkbox"/> | Perform a search of the relevant market/exchange. |
| <input type="checkbox"/> | Perform a search of the relevant ASIC database. |
| <input type="checkbox"/> | Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator. |
| <input type="checkbox"/> | A public document issued by the relevant company. |

IMPORTANT NOTE:

- **Either attach a legible certified copy of the ID documentation used to verify the company 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 3: 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 | | |
| Public Document Type | | |
| Issue date / Search date | | |

By completing and signing this Record of Verification Procedure I declare that I have verified the identity of the Customer as required by AML/CTF Rules and that this identification procedure has been performed by an AFSL holder or an authorised representative of an AFSL holder.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date
Verification
Completed