

IDENTIFICATION FORM AUSTRALIAN COMPANIES



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 COMPAN	Y IDENTIFICATION	PROCE	DURE				
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 r	egistered outside of Australia do not us	se this form but rather comple	te the FOR	EIGN COMPANIES I	IDENTIFICATION FORM.			
1.2 Regulato	ory/ Listing Details (If the compar	ny is regulated or listed, se	elect the r	elevant category a	and provide the informat	tion 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.								
Re	gulator name							
Lic	Licence details (e.g. AFSL, ACL, RSE)							
☐ Australia	Australian listed company							
Na	Name of market / exchange							
☐ Majority-owned subsidiary of an Australian listed company								
Australian listed company name								
Na	me 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 d	rectors are there?	provide full name of eac	h director					
	Full given name(s)			Surname				
1								
2								
3								

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

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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.								
Beneficia	al owner 1							
Full give	n name(s)			Sur	name			
Resident	tial address (PO Box is NOT acceptable)							
Street								
Suburb		State		Postcode		Country		
Beneficia	al owner 2							
Full give	Full given name(s) Surname							
Resident	tial address (PO Box is NOT acceptable)							
Street								
Suburb		State		Postcode	:	Country		
Beneficia	Il owner 3	1				_		
Full give	Full given name(s) Surname							
Resident	tial address (PO Box is NOT acceptable)							
Street								
Suburb		State		Postcode)	Country		
SECTIO	ON 2: AUSTRALIAN COMPAN	IY VERI	FICATION	PROCE	DURE			
Identificati	ion documentation is to be provided to	verify the regulated	information li	sted in the	standard or alte		cation procedure described below. The this form. All other companies are to be	
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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	☐ Performed search ☐ Original ☐ Certified copy	☐ Performed search ☐ Original ☐ Certified copy
Document Issuer / Website		
Public Document Type		
Issue date / Search date		
	is Record of Verification Procedure I declare that I have verifocedure has been performed by an AFSL holder or an author	ied the identity of the Customer as required by AML/CTF Rules ised representative of an AFSL holder.
AFS Licensee Name		AFSL No.
Representative/ Employee N	ame	Phone No.
Signature		Date Verification Completed



