

Instruction sheet

Completing the identification form for a registered co-operatives

Identification and Verification

Anti-Money Laundering & Counter-Terrorism Financing laws require Colonial First State Investments Limited (CFSIL) to establish the identity of its clients (and other persons associated with a client's account). **To do this, you need to complete the attached form and this instruction sheet will assist you in doing so.**

Verifying the information

All documents are required to be verified; there are a number of ways this can occur:

- If you have an adviser they are able to verify documents on our behalf and will need to complete section 4 of the form.
- If you **do not** have an adviser, you will need to get the documents stated in section 3 of the form correctly certified (see section 'How do I get a document certified?') in order for CFSIL to verify them on your behalf. Please then send the certified documents along with your completed identification form to us.

What do I need to complete?

The below table provides you with a guide to which sections you need to complete as identified by a tick (✓) and also provides a brief explanation of each of the sections. Where a cross (×) appears you do not need to complete this section.

How do I get a document certified?

To be correctly certified, we need the document(s) to be certified as 'True copy of the original document' and signed by a:

- Justice of the Peace
- Solicitor
- Police Officer
- Magistrate
- Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- Employee of Australia Post (with two or more years of continuous service)

- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.

The party certifying the ID document(s) will also need to state what position they hold and sign and date the document(s). If the certification does not appear on the document(s), you may be asked to send in new certified documents. There are additional persons who can certify documents. A full list of the persons who can certify documents is available from our forms library at www.cfs.com.au.

Section	Registered Co-operative
1 Registered Co-operative identification procedure	
1.1 General Information	✓
1.2 Address information	✓
1.3 Beneficial Ownership	✓
	A separate Individual identification form will need to be completed for each individual.
2 Tax information	✓
3 Registered Co-operative verification procedure	×
	Colonial First State Investments Limited (CFSIL) will perform the Registered Co-Operative identification procedure. However if we cannot access the information to complete this procedure we may ask you to provide us with further information. Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.
4 Record of verification procedure	✓
	If you have an adviser they will need to complete this section on your behalf. If you do not have an adviser, CFSIL will complete this section on your behalf once we have verified your certified documents.

GUIDE TO COMPLETING THIS FORM

- This form is for REGISTERED CO-OPERATIVES.
- Provide details for the registered cooperatives Beneficial Owners (Section 1.3) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- Tax information must be collected from an authorised representative of the Registered Co-operative
- Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE

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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Secretary	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Treasurer	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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

If a principal place of operations provided go to Section 1.3.

Registered office

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

If a registered office is provided go to Section 1.3.

Name & Residential address of the Secretary (or president or treasurer if there is no secretary)

Full Given Name(s) of officer (if applicable)	Surname	Position
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

Go to Section 1.3.

1.3 Beneficial Ownership

Provide the names of the individuals that directly or indirectly control the Registered Co-operative, such as the Chairman, President, Treasurer or Secretary.

Complete separate individual customer ID Forms for each of these individuals.

Full given name(s)	Surname	Role (such as Chairman, President, etc.)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Please Note: Beneficial Owner/s must be listed above and individual ID Forms completed for all Beneficial Owners.

If there are more Beneficial Owners, provide details on a separate sheet and tick this box .

SECTION 2: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Is the Registered Co-operative a tax resident of a country other than Australia? Yes No

(A Registered Co-operative created or established under the laws of a country other than Australia)

If Yes, please provide the Registered Co-operative's country of tax residence and tax identification number (TIN) or equivalent below. If the Registered Co-operative is a tax resident of more than one other country, please list all relevant countries below.

If No, proceed to section 3.

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 an Employee Identification 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 type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input 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 Registered Co-operative has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: REGISTERED CO-OPERATIVE VERIFICATION PROCEDURE**Registered Co-operative Verification procedure**

Information to be verified:

- Full name of the Registered Co-operative
- 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 Registered Co-operative. *
<input type="checkbox"/>	An original or certified copy or certified extract of the register maintained by the Registered Co-operative. *
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the Registered Co-operative. *
<input type="checkbox"/>	A search of the relevant ASIC, government or other regulator's database (such as ABN lookup).

* 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:

- Ensure that individual customer ID Forms have been provided for the registered cooperative's Beneficial Owners as per 1.3 AND
- Attach a legible certified copy of the ID documentation used to verify the Registered Co-operative (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"/> 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		
Document Type		
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

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;
- individual customer ID Forms have been provided for the registered cooperative's Beneficial Owners 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