Identification Form - Individuals & Sole Traders

INSTRUCTIONS

- · Complete one form for each individual.
- Tax information must be collected from the individual.
- Contact your licensee if you have any queries.
- · Black or blue pen please.



- · Please use BLOCK letters.
- If you have any questions about this form please contact us on 1300 133451

ı	ISS	U	Е	R	D	E٦	Μ	IL	S
П	133	u	ш	IV.	$\boldsymbol{\nu}$	ы т		ш	

1.				me:

- Security Code:
- HIN/SRN/Investor Number:

SECTI	ON	1.	DED	SON	ΛI	DET	·VII	C
SEC II	UIV		PER	SUIV	AL	UEI	AIL	_3

Full given name(s) Surname Date of Birth (dd/mm/yyyy) Residential Address (PO Box is not acceptable) Street Suburb State Postcode Country COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER ABN (if any) Full Business Name (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.

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 TIN If no TIN, list reason A, B or C 2. Country TIN If no TIN, list reason A, B or C 3. Country TIN If no TIN, list reason A, B or C

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.

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

Part I - Acceptable Primary Photographic Id Documents

Select ONE valid option from this section only

Australian State / Territory driver's licence containing a photograph of the person

Australian passport (a passport that has expired within the preceding 2 years is acceptable)

Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person

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

Select ONE valid option from this section

Australian birth certificate

Australian citizenship certificate

Pension card issued by Department of Human Services (previously known as Centrelink)

AND ONE valid option from this section

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

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. Block out the TFN before scanning, copying or storing this document.

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)

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

Select ONE valid option from this section only

Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*

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 next and DO NOT attach copies of the ID Documents

SECTION 4: RECORD OF VERIFICATION PROCEDURE

ID DOCUMENT Document 1 Document 2 (if required)

Verified From Original Certified copy Original Certified copy

Document Issuer

Issue Date

Expiry Date

Document Number

Accredited English Translation N/A Sighted N/A 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