

### GUIDE TO COMPLETING THIS FORM

- Complete all applicable sections of this form in BLOCK LETTERS.
- Contact your broker/solicitor if you have any queries.

### SECTION 1A: PARTNERSHIP DETAILS

#### 1.1 General Information

Full name of partnership

Full business name of partnership (if any)

Country where partnership established

#### 1.2 Type of Partnership (select only one of the following trust types and provide the information requested)

Is the partnership regulated by a professional association?

**Yes** Provide name of association

Provide membership details

(Go to Section 1B)

**No** How many partners are there?

Provide full name and address of each partner below

#### 1.3 Partnership details (only complete for partnerships NOT regulated by a professional association)

##### Partner 1

Full given name(s)

Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

##### Partner 2

Full given name(s)

Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

##### Partner 3

Full given name(s)

Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

##### Partner 4

Full given name(s)

Surname

Residential address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

If there are more partners, provide details on a separate sheet.

## SECTION 1B: PARTNERSHIP VERIFICATION PROCEDURE

Verify the following

- Complete Part 1 (for all partnerships) and
- Complete Part II (if the partnership is regulated by a professional association).

### PART I – ACCEPTABLE ID DOCUMENTS – to verify partnership name

Tick <input type="checkbox"/>	Verification options (select one of the following options used to verify the partnership)
<input type="checkbox"/>	An original, a certified copy or certified extract of the partnership agreement.
<input type="checkbox"/>	A certified copy or a certified extract of minutes of a partnership meeting.
<input type="checkbox"/>	An original current membership certificate (or equivalent) of a professional association
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association.
<input type="checkbox"/>	A search of the relevant ASIC or other regulator's database.
<input type="checkbox"/>	A notice issued by the Australian Taxation Office within the last 12 months eg Notice of Assessment. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

### PART II – ACCEPTABLE ID DOCUMENTS – to verify membership of a professional association

Tick <input type="checkbox"/>	Verification options (select one of the following options used to verify the partnership)
<input type="checkbox"/>	An original current membership certificate (or equivalent)
<input type="checkbox"/>	Membership details independently sourced from the relevant association).

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

## SECTION 1C: RECORD OF VERIFICATION PROCEDURE

### IMPORTANT:

- **Attach** a legible copy of the ID documentation used to verify the partnership (and any required translation).
- **Alternatively**, if agreed between your licensee and the product issuer, complete the ID document details below, and **DO NOT** attach copies of the ID documents

ID DOCUMENT DETAILS	Document 1
Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document Issuer / Website	
Issue date / Search date	
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

## SECTION 1D: IDENTIFYING OFFICER DETAILS – identification and verification conducted by:

I certify that I have sighted the original document/s and this is a true copy of the original.

Date Verified (dd/mm/yyyy)

Solicitor/Mortgage Broker name

Phone No.

FBAA or MIAA accreditation attached (if not already provided, for Mortgage brokers only)

**Complete the following section to collect the additional information about the identity of ONLY ONE of the partners**

## SECTION 2A: INDIVIDUAL DETAILS (to be completed for ONE partner)

Full given name(s)  Surname  Date of birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable) Only provide address details if not provided in Section 1A

Street

Suburb  State  Postcode  Country

## SECTION 2B: INDIVIDUAL PARTNER VERIFICATION PROCEDURE

Verify the **partner's** full name, and **EITHER** their date of birth **OR** residential address

- Complete Part 1 (or if the partner does not own a document from Part 1, then complete either Part II or III)

### PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick <input type="checkbox"/>	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 <input type="checkbox"/>	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 Centrelink
<input type="checkbox"/>	Health card issued by Centrelink.
Tick <input type="checkbox"/>	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).

### PART III – ACCEPTABLE FOREIGN ID DOCUMENTS – should only be completed if the individual does not own a document from part 1

Tick <input type="checkbox"/>	BOTH documents from this section must be presented
<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.

## SECTION 2C: RECORD OF VERIFICATION PROCEDURE

### IMPORTANT:

- **Attach** a legible copy of the ID documentation used to verify the trust (and any required translation).
- **Alternatively, if agreed** between your licensee and the product issuer, complete the ID Document Details below, and **DO NOT** attach copies of the ID Documents.

ID DOCUMENT DETAILS	Document 1		Document 2	
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