

GUIDE TO COMPLETING THIS FORM

- o Complete the following in BLOCK LETTERS:
 - * Section 1 (all parts) – all Associations.
- AND for Unincorporated Associations complete the following section:
 - * Section 2 – Individual Member ID procedure

SECTION 1A: ASSOCIATION DETAILS

1.1 General Information

Full name of Association

Full name of the following (or equivalent in each case):

	Full Given Name(s) of officer (if applicable)	Surname
Chairman	<input type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>
Treasurer	<input type="text"/>	<input type="text"/>

Provide an ID number issued on incorporation (eg. an ACN) (if any)

1.2 Association Type (select **P** only ONE of the following categories)

- * **Incorporated Association** *Go to Section 1.3 below.*
- * **Unincorporated Association** *Go to Section 1.4 below.*

1.3 Incorporated Association (select **P** and provide ONE of the following)

* Principal place of administration

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

Go to Section 1B. You do not need to complete Section 1.4.

* Registered office

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

Go to Section 1B. You do not need to complete Section 1.4.

* Name & Residential address of the public officer (or president, secretary or treasurer if there is no public officer)

Full Given Name(s) of officer (if applicable)	Surname	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

Go to Section 1B. You do not need to complete Section 1.4.

1.4 Unincorporated Association

Principal place of administration (PO Box is NOT acceptable)

Street
 Suburb State Postcode Country

Go to Section 1B.
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SECTION 1B: ASSOCIATION VERIFICATION PROCEDURE

INCORPORATED ASSOCIATION SELECT FROM THE BELOW

Tick P	Verification options (please provide one of the following)
*	Information provided by ASIC or the government responsible for the incorporation of the association.
*	An original, certified copy or certified extract of the Constitution or Rules of the association.

UNINCORPORATED ASSOCIATION SELECT FROM THE BELOW

Tick P	Verification options (please provide the following)
*	An original, certified copy or certified extract of the Constitution or Rules of the association.

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

If an Unincorporated Association Complete Section 2

If an Incorporated Association, the form is now COMPLETE.

SECTION 2A: INDIVIDUAL MEMBER IDENTIFICATION PROCEDURE (Unincorporated Association only)

Name & residential address of the member who is signing on behalf of the Association

Full given name(s)

Surname

Date of Birth (dd/mm/yyyy)

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Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

SECTION 2B: INDIVIDUAL MEMBER VERIFICATION PROCEDURE

If "Unincorporated Association" is selected in Section 1.2 above, in relation the selected Member:

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

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick P	Provide 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

Tick P	Provide ONE valid option from this section
*	Australian birth certificate.
*	Australian citizenship certificate.
*	Pension card issued by Centrelink.
*	Health card issued by Centrelink.
Tick P	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. <i>Block out the TFN before scanning, copying or storing this document.</i>
*	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 I

Tick P	BOTH documents from this section must be presented
*	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.