

# IDENTIFICATION FORM: PARTNERSHIPS & PARTNERS



## GUIDE TO COMPLETING THIS FORM

- o Complete all applicable sections of this form in BLOCK LETTERS.
- o Contact your licensee if you have any queries.

## SECTION 1A: PARTNERSHIP DETAILS

### 1.1 General Information

|  |                      |
|--|----------------------|
| Full name of partnership                         | <input type="text"/> |
| Registered business name of partnership (if any) | <input type="text"/> |
| Country where partnership established            | <input type="text"/> |

### 1.2 Type of Partnership (select **P** only one of the following partnership 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 & 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) | <input type="text"/> | Surname | <input type="text"/> |
|--------------------|----------------------|---------|----------------------|

Residential Address (PO Box is NOT acceptable)

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Suburb               | State                | Postcode             | Country              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

#### Partner 2

|                    |                      |         |                      |
|--------------------|----------------------|---------|----------------------|
| Full given name(s) | <input type="text"/> | Surname | <input type="text"/> |
|--------------------|----------------------|---------|----------------------|

Residential Address (PO Box is NOT acceptable)

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Suburb               | State                | Postcode             | Country              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

#### Partner 3

|                    |                      |         |                      |
|--------------------|----------------------|---------|----------------------|
| Full given name(s) | <input type="text"/> | Surname | <input type="text"/> |
|--------------------|----------------------|---------|----------------------|

Residential Address (PO Box is NOT acceptable)

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Suburb               | State                | Postcode             | Country              |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

**SECTION 1B: PARTNERSHIP VERIFICATION PROCEDURE**

Verify the following:

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

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

| Tick P | Verification options (select one of the following options used to verify the Partnership)  |
|--------|--|
| *      | An original, a certified copy or certified extract of the partnership agreement.   |
| *      | A certified copy or a certified extract of minutes of a partnership meeting.   |
| *      | An original current membership certificate (or equivalent) of a professional association.  |
| *      | Membership details independently sourced from the relevant professional association.   |
| *      | A search of the relevant ASIC or other regulator's database.   |
| *      | 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> |
| *      | 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 P | Verification options (select one of the following options used to verify the Partnership) |
|--------|---|
| *      | An original current membership certificate (or equivalent).                               |
| *      | 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:**

- à **Attach** a legible copy of the ID documentation used to verify the Partnership (and any required translation).
- à **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            |                    |            |                  |
|--------------------------------|--------------------|------------|------------------|
| Verified From                  | * Performed search | * Original | * Certified Copy |
| Document Issuer / Website      |                    |            |                  |
| Issue date / Search date       |                    |            |                  |
| Accredited English Translation | * N/A              | * Sighted  |                  |

**SECTION 1 D: FINANCIAL PLANNER DETAILS – identification and verification conducted by:**

Date Verified (dd/mm/yyyy)

Financial Planner's Name

Phone No.

AFS Licensee Name

AFSL No.

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) |                      |
| <input type="text"/>   | <input type="text"/> | <input type="text"/>       |                      |
| Residential Address (PO Box is NOT acceptable) <b>Only provide address details if not provided in Section 1A</b> |                      |                            |                      |
| <input type="text"/>   |                      |                            |                      |
| Suburb   | State                | Postcode                   | Country              |
| <input type="text"/>   | <input type="text"/> | <input type="text"/>       | <input type="text"/> |

**SECTION 2B: INDIVIDUAL PARTNER VERIFICATION PROCEDURE**

Verify the Partner's full name; and EITHER their date of birth or residential address:

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

**PART I – ACCEPTABLE PRIMARY ID DOCUMENTS**

|               |  |
|---------------|--|
| <b>Tick P</b> | 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**

|               |  |
|---------------|--|
| <b>Tick P</b> | Select ONE valid option from this section  |
| *             | Australian birth certificate   |
| *             | Australian citizenship certificate   |
| *             | Pension card issued by Centrelink  |
| *             | Health card issued by Centrelink   |
| <b>Tick P</b> | <b>AND ONE</b> 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**

|               |  |
|---------------|--|
| <b>Tick P</b> | <b>BOTH</b> 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.

**SECTION 2C: RECORD OF VERIFICATION PROCEDURE****IMPORTANT:**

à **Attach** a legible copy of the ID documentation used to verify the individual partner (and any required translation).

à **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                  | * Original | * Certified Copy | * Original | * Certified Copy |
| Document Issuer                |            |                  |            |                  |
| Issue Date                     |            |                  |            |                  |
| Expiry Date                    |            |                  |            |                  |
| Document Number                |            |                  |            |                  |
| Accredited English Translation | * N/A      | * Sighted        | * N/A      | * Sighted        |