

**GUIDE TO COMPLETING THIS FORM**

- o Complete the following in **BLOCK LETTERS**
- o Contact your licensee if you have any queries.

**SECTION 1A: REGISTERED CO-OPERATIVE DETAILS**

**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		
Secretary		
Treasurer		

**1.2 Address Information** (select **P** and provide **ONE** of the following)

**\* Principal place of operations**

Address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Go to Section 1B**

**\* Registered office**

Address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Go to Section 1B**

**\* 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

Address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Go to Section 1B**

**SECTION 1B: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE**

Verify the following:

- o Full name of the registered co-operative
- o ID number issued by relevant registration body (if any).

Tick P	Verification options (select one or more of the following options used to verify the Registered Co-Operative)
*	Information provided by ASIC or the relevant registration body responsible for the registration of the co-operative.
*	An original or certified copy or certified extract of the register maintained by the co-operative.

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 Registered Co-Operative.
- 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	* Performed search * Original * Certified copy	* Performed search * Original * Certified copy
Document Issuer / Website		
Issue date / Search date		
Accredited English Translation	* N/A * Sighted	* N/A * Sighted

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

Date Verified (dd/mm/yyyy)

Financial Planner's Name

Phone No.

AFS Licensee Name

AFSL No.