

Mainstream Fund Services

Identification Form - Registered Co-operative



Instructions

- This form is for REGISTERED CO-OPERATIVES
- Provide details for the registered cooperatives Beneficial Owners (Section 1.3) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners, page 4
- Tax information must be collected from an authorised representative of the Registered Co-operative
- Black or blue pen please
- Please use BLOCK letters
- Print ✓ in the appropriate boxes
- If you have any questions about this form please contact us on 1300 133451

Issuer details

Issuer/Fund Name

Security Code

HIN/SRN/Investor Number

Section 1: Registered Co-operative Identification Procedure

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 and provide ONE of the following)

Principal place of operations (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Registered office (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Name & Residential address of the Secretary (PO Box is NOT acceptable)

Full Given Name(s) of officer (if applicable) Surname

Position

Street

Suburb

State

Postcode

Country

Go to Section 1.3.

Section 3: Verification Procedure (continued)

IMPORTANT NOTE:

- ▶ **Ensure that individual customer ID Forms have been provided for the registered cooperative's Beneficial Owners as per 1.3**
- ▶ **AND Attach a legible certified copy of the ID documentation used to verify the Registered Co-operative (and any required translation) OR**
- ▶ **Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below, 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	Performed search	Original	Certified copy	Performed search	Original	Certified copy
Document Issuer / Website						
Document Type						
Issue date / Search date						
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;
- individual customer ID Forms have been provided for the registered co-operative's Beneficial Owners (where applicable)
- the tax information provided is reasonable considering the documentation provided

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date Verification Completed

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)	
	Original	Certified copy	Original	Certified copy
Verified From				
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