

**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

Registered business name of partnership (if any)

Country where partnership established

**1.2 Type of Partnership** (select ✓ 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)  Surname

Residential Address (PO Box is NOT acceptable)

Suburb  State  Postcode  Country

**Partner 2**

Full given name(s)  Surname

Residential Address (PO Box is NOT acceptable)

Suburb  State  Postcode  Country

**Partner 3**

Full given name(s)  Surname

Residential Address (PO Box is NOT acceptable)

Suburb  State  Postcode  Country

*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 ✓	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 ✓	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			
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 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 ✓</b>	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**

<b>Tick ✓</b>	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
<b>Tick ✓</b>	<b>AND ONE</b> 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 I**

<b>Tick ✓</b>	<b>BOTH</b> 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 individual partner (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