

GUIDE TO COMPLETING THIS FORM

- Complete one form for each individual. Complete all applicable sections of this form in **BLOCK LETTERS**.
- Contact your licensee if you have any queries.

SECTION 1A: PERSONAL DETAILS

Surname

Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address (PO Box is not acceptable)

Street

Suburb

State

Postcode

Country

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any)

ABN (if any)

Principal Place of Business (if any) (PO Box is not acceptable)

Street

Suburb

State

Postcode

Country

SECTION 1B: 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 ID DOCUMENTS

| | |
|--------------------------|--|
| Tick ✓ | 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

| | |
|--------------------------|--|
| Tick ✓ | 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 |
| Tick ✓ | AND ONE 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 individuals 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 individuals name and residential address. <i>Block out the TFN and numbers that include 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 individuals name and residential address) |
| <input type="checkbox"/> | If under the age of 18, a notice that: <ul style="list-style-type: none"> ○ was issued to the customer by a school principal within the preceding 3 months; and ○ contains the customers name and residential address; and ○ records the period of time that the customer attended at that school |

PART III – ACCEPTABLE FOREIGN ID DOCUMENTS – should only be completed if the individual does not own a document from Part I

| | |
|--------------------------|--|
| Tick ✓ | BOTH 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 individuals date of birth* |
| <input type="checkbox"/> | National identity 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 1C: RECORD OF VERIFICATION PROCEDURE**IMPORTANT:**

- **Attach** a legible copy of the ID documentation used to verify the individual (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 RECORD | 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 |

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. | |