IDENTIFICATION FORM
VERIFYING OFFICER

FINANCIAL ADVICE ASSOCIATION AUSTRALIA

GUIDE TO COMPLETING THIS FORM

- *This form is for non-individual customers (e.g. a company, trust etc) who appoint a verifying officer to identify the customer's agents/signatories. This form is to be completed each time the customer appoints a new verifying officer. The product issuer will identify each verifying officer, who will in turn be responsible for identifying the customer's agents/signatories.*
- *Complete all applicable sections of the form in BLOCK LETTERS.*
- *Contact your licensee if you have any queries.*

SECTION 1: CUSTOMER DETAILS

Name of Company, Trust, Partnership, Association, Registered Co-Operative or Government Body

SECTION 2: VERIFYING OFFICER IDENTIFICATION PROCEDURE

Surname

Date of Birth dd/mm/yyyy

Full Given Name(s)

Residential Address *(PO Box is NOT acceptable)*

Street

Suburb

State

Postcode

Country

SECTION 3: CUSTOMER AUTHORISATION OF VERIFYING OFFICER

I/we declare that the above verifying officer is an employee, agent or contractor of the customer (listed in Section 1 of this form) and is duly authorised to act as a verifying officer for this customer.

Signature of Director/Secretary/ Trustee/ Partner or other person authorised to sign on behalf of the Customer

Date dd/mm/yyyy

Signature of Director/Secretary/ Trustee/ Partner or other person authorised to sign on behalf of the Customer

Date dd/mm/yyyy

SECTION 4: DECLARATION BY VERIFYING OFFICER

I agree to:

a) identify the agents or signatories of the above customer in accordance with requirements of the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act and Rules and will provide the product issuer with the full name and signature of each agent or signatory.

b) collect the following details from each agent or signatory:

   (1) Full name of agent/signatory;

   (2) Title of the position/role held by the agent/signatory with the customer;

   (3) A copy of the agent/signatory's signature; and

   (4) Evidence of the agent/signatory's authorisation to act on behalf of the customer.

c) make a record of the above details for each agent/signatory which will be retained by the customer.

Signature of Verifying Officer

Date dd/mm/yyyy

SECTION 5: VERIFYING OFFICER VERIFICATION PROCEDURE

*Verify the verifying officer's full name; and **EITHER** their date of birth or residential address.*

- *Complete Part **I** (or if the verifying officer does not own a document from Part I, then complete either Part II or III.)*
- *Contact your licensee if the verifying officer is unable to provide the required documents.*

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick ✓	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*

Tick ✓	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)
Tick ✓	**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)

PART III – ACCEPTABLE FOREIGN 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 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 verifying officer (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 6: RECORD OF VERIFICATION PROCEDURE

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

By completing and signing this Record of Verification Procedure I declare that I have verified the identity of the Customer as required by AML/CTF Rules and that this identification procedure has been performed by an AFSL holder or an authorised representative of an AFSL holder.

AFS Licensee Name		AFSL No.	
Representative/ employee name		Phone No.	
Signature		Date Verification Completed	

FSC FINANCIAL SERVICES COUNCIL

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SECTION 7: AUTHORISED AGENTS/SIGNATORIES

- *The Verifying Officer can use this section of the form to provide the product issuer with the details of the authorised agents/signatories. Alternatively, if agreed with the product issuer, the Verifying Officer can provide all of the details comprised in this section using another method.*
- *The Verifying Officer is to provide the product issuer with a new list comprising of the agents/signatories details, as and when required.*

The following individuals are authorised to act on behalf of the above customer:

	Surname	Given Name(s)	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If there are more agents/signatories, please attach a separate sheet including all of the details comprised in this section.

Signature of Verifying Officer	Date dd/mm/yyyy