

**IDENTIFICATION FORM
AUSTRALIAN COMPANIES**



GUIDE TO COMPLETING THIS FORM

o Complete ONE of the following: Public Companies (Complete 1.1 to 1.3 and 1B) Proprietary Companies (Complete 1.1 to 1.5 and 1B)

SECTION 1A: AUSTRALIAN COMPANY DETAILS (completed if an Australian Company)

1.1 General Information

Full name on ASIC register			
A.C.N or A.B.N.			

Registered office address (PO Box is NOT acceptable)

Street			
Suburb	State	Postcode	Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street			
Suburb	State	Postcode	Country

1.2 Regulatory/ Listing Details (select ✓ the following categories which apply to the company and provide the information requested)

Regulated company (licensed by an Australian Commonwealth, State or Territory statutory regulator)

Regulator name			
Licence details			

Australian listed company

Name of market / exchange			
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Majority-owned subsidiary of an Australian listed company

Australian listed company name			
Name of market / exchange			

1.3 Company Type (select ✓ only ONE of the following categories)

Public Go to Section 1B below (see page 2).

Proprietary Go to Section 1.4 below (see page 1).

1.4 Directors (only needs to be completed for proprietary companies)

This section does NOT need to be completed for public and listed companies.

How many directors are there?		provide full name of each director
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	Full given name(s)	Surname
1		
2		
3		
4		

If there are more directors, provide details on a separate sheet

If the company is a regulated company (as selected in Section 1.2 above) go to Section 1B below. Otherwise, for all other proprietary companies continue to Section 1.5 below.

1.5 Shareholders (only needs to be completed for proprietary companies that are not regulated companies as selected in Section 1.2)

Provide details of **ALL individuals** who are beneficial owners through one or more shareholdings of more than 25% of the company's issued capital

Shareholder 1

Full given name(s)	Surname

Residential address (PO Box is NOT acceptable)					
Street					
Suburb	State	Postcode	Country		

Shareholder 2

Full given name(s)	Surname

Residential address (PO Box is NOT acceptable)					
Street					
Suburb	State	Postcode	Country		

Shareholder 3

Full given name(s)	Surname

Residential address (PO Box is NOT acceptable)					
Street					
Suburb	State	Postcode	Country		

SECTION 1B: AUSTRALIAN COMPANY VERIFICATION PROCEDURE**Standard verification procedure**

Verify:

- o The full name of the company as registered by ASIC
- o Whether the company is registered as a proprietary or a public company
- o The ACN issued to the company.

Tick ✓	Verification options (select one of the following options used to verify the Company)
<input type="checkbox"/>	Perform a search of the relevant ASIC database.
<input type="checkbox"/>	If the ASIC database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC.

Alternative verification procedure

For a company which is an Australian listed company, a majority owned subsidiary of an Australian listed company or is a regulated company (ie licensed by an Australian Commonwealth, State or Territory statutory regulator).

Verify:

- o That the company is an Australian listed company (if applicable)
- o That the company is a majority owned subsidiary of an Australian listed company (if applicable)
- o That the company is a regulated company (if applicable).

Tick ✓	Verification options (select one or more of the following options used to verify the Company)
<input type="checkbox"/>	Perform a search of the relevant market/exchange.
<input type="checkbox"/>	Perform a search of the relevant ASIC database.
<input type="checkbox"/>	Perform a search of the licence or other records of the relevant Commonwealth, State or Territory statutory regulator.
<input type="checkbox"/>	A public document issued by the relevant company.

SECTION 1C: RECORD OF VERIFICATION PROCEDURE**IMPORTANT:**

- **Attach** a legible copy of the ID documentation used to verify the Company.
- **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"/> Performed search	<input type="checkbox"/> Original	<input type="checkbox"/> Certified copy	<input type="checkbox"/> Performed search	<input type="checkbox"/> Original	<input type="checkbox"/> Certified copy
Document Issuer / Website						
Public Document Type						
Issue date / Search date						

INTERNAL USE ONLY**SECTION 1D: CERTIFIER DETAILS – identification and verification conducted by:**

Date Verified (dd/mm/yyyy)			
Certifier's Name		Phone No.	
AFS Licensee Name		AFSL No.	