

GUIDE TO COMPLETING THIS FORM

- This form is for GOVERNMENT BODIES only. GOVERNMENT BODIES include governments of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country (including a state, province, county or municipality). To be considered a GOVERNMENT BODY, the earnings of any agency or authority must be credited to the account of the government, with no portion inuring to the benefit of any private person/s.
- Provide details for the Beneficial Owners of Foreign Government Bodies (Section 1.3) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: GOVERNMENT BODY IDENTIFICATION PROCEDURE

1.1 General Information

Full name of Government Body

Principal place of operations (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

1.2 Government Information (select ✓ only ONE of the following categories and provide the information requested)

Commonwealth of Australia Government Body

Australian State or Territory Government Body *please specify State or Territory*

Foreign (Non-Australian) Government Body *please specify Country*

If the Government Body is Australian, proceed to Section 2 (no need to provide Beneficial Ownership information).

1.3 Beneficial Ownership

For Foreign Government Bodies, provide the names of the individuals that directly or indirectly control the Government Body, such as the Chairman, President, Treasurer or Secretary of the Government Body.

Complete separate individual customer ID Forms for each of these individuals.

| Full given name(s) | Surname | Role (such as Chairman, President, etc.) |
|--|--|--|
| <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
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| <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |

Please Note: Beneficial Owner/s must be listed above and individual ID Forms completed for all Beneficial Owners.

If there are more Beneficial Owners, provide details on a separate sheet and tick this box .

Government Body Verification procedure

Information to be verified:

- Full name of the government body
- Full address of the government body's principal place of operations
- That the government body is a body of the Commonwealth of Australia, a State or Territory of Australia or a foreign country

| Tick ✓ | Verification options (select one or more of the following options used to verify the Government Body) |
|--------------------------|--|
| <input type="checkbox"/> | Search of the relevant Commonwealth, State, Territory or Foreign government website for confirmation of the body's existence. * |
| <input type="checkbox"/> | Search of the relevant Commonwealth, State, Territory or Foreign Country register of government bodies. * |
| <input type="checkbox"/> | A copy or extract of the legislation establishing the body obtained from a reliable and independent source, such as a government website.* |

* 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:

- Ensure that individual customer ID Forms have been provided for Foreign Government Bodies as per 1.3 AND
- Attach a legible certified copy of the ID documentation used to verify the government body (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 3: RECORD OF VERIFICATION PROCEDURE

| ID DOCUMENT DETAILS | |
|-------------------------------------|--|
| Verified From | <input type="checkbox"/> Performed search <input type="checkbox"/> Copy of legislation sighted |
| URL link / Full name of legislation | |
| Search date | |
| Date Verified | |
| Accredited English Translation | <input type="checkbox"/> N/A <input type="checkbox"/> 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 Beneficial Owners (for Foreign Government Bodies)

| | | | |
|-------------------------------|----------------------|-----------------------------|----------------------|
| AFS Licensee Name | <input type="text"/> | AFSL No. | <input type="text"/> |
| Representative/ Employee Name | <input type="text"/> | Phone No. | <input type="text"/> |
| Signature | <input type="text"/> | Date Verification Completed | <input type="text"/> |