

# Instruction sheet

## Completing the identification form for associations

### Identification and Verification

Anti-Money Laundering & Counter-Terrorism Financing laws require Colonial First State Investments Limited (CFSIL) to establish the identity of its clients (and other persons associated with a client's account). **To do this, you need to complete the attached form and this instruction sheet will assist you in doing so.**

### Verifying the information

All documents are required to be verified; there are a number of ways this can occur:

- If you have an adviser they are able to verify documents on our behalf and will need to complete section 4 of the form.
- If you **do not** have an adviser, you will need to get the documents stated in section 3 of the form correctly certified (see section 'How do I get a document certified?') in order for CFSIL to verify them on your behalf. Please then send the certified documents along with your completed identification form to us.

### What do I need to complete?

The sections you complete of the attached form depend on whether the association type is an Incorporated Association or an Unincorporated Association. The below table provides you with a guide to which sections you need to complete as identified by a tick (✓) and also provides a brief explanation of each of the sections. Where a cross (✗) appears you do not need to complete this section.

### What other identification can I provide?

If you are an individual and do not own a primary identification document (listed in the table headed Section 3.3 of this form), you must provide two forms of acceptable certified secondary identification. For example, you can provide an Australian Birth certificate and a document issued by the Australian Taxation Office in the last twelve months or a utilities notice (eg electricity or water bill) containing your full name and residential address.

Alternatively, you may wish to provide your foreign driver's licence that contains your photo and your date of birth, or a national ID card issued by a foreign government containing your photo and your signature.

### Will documents in a language other than English be accepted?

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

### How do I get a document certified?

To be correctly certified, we need the document(s) to be certified as 'True copy of the original document' and signed by a:

- Justice of the Peace
- Solicitor
- Police Officer
- Magistrate
- Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- Employee of Australia Post (with two or more years of continuous service)
- Your financial adviser (provided they have two or more years of continuous service)
- Your accountant (provided they hold a current membership to a professional accounting body)
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.

The party certifying the ID document(s) will also need to state what position they hold and sign and date the document(s). If the certification does not appear on the document(s), you may be asked to send in new certified documents. There are additional persons who can certify documents. A full list of the persons who can certify documents is available from our forms library at [www.cfs.com.au](http://www.cfs.com.au).

Section	Incorporated Association	Unincorporated Association
<b>1 Association identification procedure</b>		
1.1 General information	✓	✓
1.2 Association Type	✓	✓
1.3 All associations	✓	✓
1.4 Beneficial ownership		✓
		A separate Individual identification form will need to be completed for each individual.
<b>2 Tax information</b>	✓	✓
<b>3 Association verification procedure</b>		✓
		Colonial First State Investments Limited (CFSIL) will perform the Association verification procedure. However if we cannot access the information to complete this procedure we may ask you to provide us with further information.
<b>4 Record of verification procedure</b>		✓
		If you have an adviser they will need to complete this section on your behalf. If you <b>do not</b> have an adviser, CFSIL will complete this section on your behalf once we have verified your certified documents.

**GUIDE TO COMPLETING THIS FORM**

- This form is for ASSOCIATIONS. Complete the following in BLOCK LETTERS:
- Provide details for the Association's Beneficial Owners (Section 1.4) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- Tax information must be collected from an authorised representative of the Association
- Complete all applicable sections of this form in BLOCK LETTERS.

**SECTION 1: ASSOCIATION IDENTIFICATION PROCEDURE**

**1.1 General Information**

Full name of Association

Full name of the following (or equivalent in each case):

	Full Given Name(s) of officer (if applicable)	Surname
Chairman	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
Secretary	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
Treasurer	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

**1.2 Association Type** (select ✓ only ONE of the following categories)

**Incorporated Association**

Provide any ID number issued on incorporation (e.g. registration/ incorporation number)

**Unincorporated Association**

**1.3 All Associations** (select ✓ and provide ONE of the following)

Provide the address of the principal place of administration of the Association. If there is no principal place of administration, provide the address of registered office or the address of an office holder of the Association.

**Principal place of administration**

Address (PO Box is NOT acceptable)

Street   
 Suburb  State  Postcode  Country

If a principal place of administration is provided go to Section 1.4.

**Registered office**

Address (PO Box is NOT acceptable)

Street   
 Suburb  State  Postcode  Country

If a registered office is provided go to Section 1.4.

**Name & Residential address of the public officer** (or president, secretary or treasurer if there is no public officer)

Full Given Name(s) of officer (if applicable)	Surname	Position
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>

Address (PO Box is NOT acceptable)

Street   
 Suburb  State  Postcode  Country

Proceed to Section 1.4.

**1.4 Beneficial Ownership**

Provide the names of the individual members that directly or indirectly control the Association, such as the Chairman, President, Treasurer or Secretary of the Association.

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

Full given name(s)	Surname	Role (such as Chairman, President, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input 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 .

**SECTION 2: TAX INFORMATION**

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Is the Association a tax resident of a country other than Australia? Yes  No

(An Association created or established under the laws of a country other than Australia)

If Yes, please provide the Association's country of tax residence and tax identification number (TIN) or equivalent below. If the Association is a tax resident of more than one other country, please list all relevant countries below.

If No, proceed to section 3.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employee Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>

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

- Reason A** The country of tax residency does not issue TINs to tax residents
- Reason B** The Association has not been issued with a TIN
- Reason C** The country of tax residency does not require the TIN to be disclosed

**SECTION 3: ASSOCIATION VERIFICATION PROCEDURE**

The procedure to verify the identity of the Association is set out in 2.1 (for incorporated Associations) and 2.2 (for unincorporated Associations).

**SECTION 3.1: INCORPORATED ASSOCIATION VERIFICATION PROCEDURE**

**Incorporated Association Verification procedure**

Information to be verified:

- Full name of the Association
- ID number issued on Incorporation (if any).

Tick ✓	Verification options (select one or more of the following options used to verify the Incorporated Association)
<input type="checkbox"/>	Information provided by ASIC or the government body responsible for the incorporation of the Association.
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the Association. *
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the Association. *

**OR**

**SECTION 3.2: UNINCORPORATED ASSOCIATION VERIFICATION PROCEDURE****Unincorporated Association Verification procedure**

Information to be verified:

- Full name of the Association

Tick ✓	Verification options (use the following to verify the Unincorporated Association)
<input type="checkbox"/>	A search of a relevant government or regulator database (such as ABN lookup).
<input type="checkbox"/>	An original, certified copy or certified extract of the Constitution or Rules of the Association. *
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the Association. *

\* 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 the Association's Beneficial Owners as per 1.4 AND
- Attach a legible certified copy of the ID documentation used to verify the Association and selected member (where applicable), including any required translations 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 4: RECORD OF VERIFICATION PROCEDURE**

ID DOCUMENT DETAILS	Document 1	Document 2 (if required)
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		
Document Type		
Issue date / Search date		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<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 Association's Beneficial Owners and
- the tax information provided is reasonable considering the documentation provided.

AFS Licensee Name

AFSL No.

Representative/ Employee Name

Phone No.

Signature

Date  
Verification  
Completed