

**GUIDE TO COMPLETING THIS FORM**

- o Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.
- o Tax information must be collected from the individual
- o Contact your licensee if you have any queries.

**SECTION 1: 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 2: TAX INFORMATION**

*Tax Residency rules differ by country. Whether an individual is tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.*

Please answer **both** tax residency questions:

Is the individual a tax resident of Australia? Yes  No

Is the individual a tax resident of another Country? Yes  No

**If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.**

*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 a Social Security 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 individual has not been issued with a TIN
- Reason C** The country of tax residency does not require the TIN to be disclosed

**SECTION 3: 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 PHOTOGRAPHIC ID DOCUMENTS**

<b>Tick ✓</b>	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**

<b>Tick ✓</b>	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 Department of Human Services (previously known as Centrelink)
<b>Tick ✓</b>	<b>AND ONE</b> 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 individual's 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 individual's name and residential address. <i>Block out 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 individual's name and residential address)
<input type="checkbox"/>	If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

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

<b>Tick ✓</b>	Select ONE valid option from this section only
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	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 individual (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 4: RECORD OF VERIFICATION PROCEDURE**

ID DOCUMENT DETAILS	Document 1	Document 2 (if required)
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

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 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