

GUIDE TO COMPLETING THIS FORM

- o Complete **ONE** of the following:
 - Section 1 (all parts) – for Australian Companies
 - Section 2 (all parts) – for Foreign Companies
- o Only send the **completed** sections of this form with the application form.
- o Contact your licensee if you have any queries.

SECTION 1A: AUSTRALIAN COMPANY DETAILS (to be completed if company is an Australian Company)

1.1 General Information

Full name as registered by ASIC

ACN

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

- 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.

- Proprietary** Go to Section 1.4 below.

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

	Full given name(s)	Surname
1	<input style="width: 350px; height: 20px;" type="text"/>	<input style="width: 400px; height: 20px;" type="text"/>
2	<input style="width: 350px; height: 20px;" type="text"/>	<input style="width: 400px; height: 20px;" type="text"/>
3	<input style="width: 350px; height: 20px;" type="text"/>	<input style="width: 400px; height: 20px;" type="text"/>
4	<input style="width: 350px; height: 20px;" type="text"/>	<input style="width: 400px; height: 20px;" type="text"/>

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:

- The full name of the company as registered by ASIC
- Whether the company is registered as a proprietary or a public company
- 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:

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

SECTION 1D: FINANCIAL PLANNER DETAILS – identification and verification conducted by:

Date Verified (dd/mm/yyyy)	<input type="text"/>		
Financial Planner's Name	<input type="text"/>	Phone No.	<input type="text"/>
AFS Licensee Name	<input type="text"/>	AFSL No.	<input type="text"/>

If the company is an Australian company, the form is now COMPLETE.

SECTION 2A: FOREIGN COMPANY DETAILS (to be completed if the company is a Foreign Company)**2.1 General Information**

Full name of foreign company

Country of formation / incorporation / registration

Select if registered by a foreign body and provide name of body

2.2 Is the foreign company registered with ASIC? (select ONE of the following)

Yes Provide ARBN

Provide **EITHER** principal place of business address in Australia **OR** local agent name and address details (Tick one box)

Address (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

Name of local agent in Australia

No Provide company identification number (if any) issued by the foreign registration body

Principal place of business in the company's country of formation or incorporation (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

2.3 Registered Address of Company

Provide the registered address as registered with ASIC. If the company is NOT registered with ASIC, provide the registered address in the country of formation, incorporation or registration (if any).

Street

Suburb State Postcode Country

2.4 Regulatory/ Listing Details (select each of the following categories that apply to the company & provide the information requested)

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

Regulator name

Licence details

Listed as defined in the IFSA/FPA Guidelines

Name of market / exchange

Majority-owned subsidiary of an Australian listed company

Australian listed company name

Name of market / exchange

2.5 Company Type (select only ONE of the following categories and provide any information requested)

- Public** Go to Section 2.6 below.
- Private/Proprietary** Go to Section 2.6 below.
- Other** Go to Section 2.6 below.

2.6 Directors (complete for all companies other than public or listed companies)How many directors are there? provide full name of each director below

	Full given name(s)	Surname
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

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

If the company is a regulated company (as selected in Section 2.4 above) go to Section 2B below. Otherwise, for all other private, proprietary or other companies continue to Section 2.7 below.

2.7 Shareholders (complete for all companies other than public, listed or regulated companies)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
<input type="text"/>	<input type="text"/>

Residential address (PO Box is NOT acceptable)

Street	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

Shareholder 2

Full given name(s)	Surname
<input type="text"/>	<input type="text"/>

Residential address (PO Box is NOT acceptable)

Street	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

Shareholder 3

Full given name(s)	Surname
<input type="text"/>	<input type="text"/>

Residential address (PO Box is NOT acceptable)

Street	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

SECTION 2B: FOREIGN COMPANY VERIFICATION PROCEDURE*Standard verification procedure – for Foreign Companies registered with ASIC*

Verify:

- The full name of the company as registered by ASIC
- The ARBN issued to the company
- Whether it is registered by a foreign registration body and if so
 - whether it is registered as a private company or a public 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"/>	Perform a search of the relevant foreign registration body.
<input type="checkbox"/>	If the ASIC or foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by ASIC or by the relevant foreign registration body.

Standard verification procedure – for Foreign Companies NOT registered with ASIC

Verify:

- The full name of the company
- Whether it is registered by a foreign registration body and if so
 - whether it is registered as a private or a public company
 - the identification number 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 foreign registration body.
<input type="checkbox"/>	If the foreign registration body database is not reasonably available, an original or certified copy of the certification of registration issued by the relevant foreign registration body.
<input type="checkbox"/>	Where the above means are unavailable, a disclosure certificate from the company given by an individual acting as agent of the company (where the agent has been verified). See your licensee for other disclosure certificate requirements.

*Alternative verification procedure**For a company which is a 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:

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

Tick ✓	Verification options (select one of the following options used to verify the Company)
<input type="checkbox"/>	Perform a search of the relevant financial market.
<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.

*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.***SECTION 2C: RECORD OF VERIFICATION PROCEDURE****IMPORTANT:**

- **Attach** a legible copy of the ID documentation used to verify the Company (and any required translation).
- **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		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

SECTION 2D: FINANCIAL PLANNER DETAILS – identification and verification conducted by:

Date Verified (dd/mm/yyyy)

Financial Planner's Name

Phone No.

AFS Licensee Name

AFSL No.