



Investment & Financial Services Association Ltd

IDENTIFICATION FORM REGISTERED CO-OPERATIVE



GUIDE TO COMPLETING THIS FORM

- o Complete the following in **BLOCK LETTERS**
- o Contact your licensee if you have any queries.

SECTION 1A: REGISTERED CO-OPERATIVE DETAILS

1.1 General Information

Full name of registered co-operative

Provide ID number issued by relevant registration body (if any)

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

Full given name(s)

Surname

Chairman

Secretary

Treasurer

1.2 Address Information (select ✓ and provide ONE of the following)

Principal place of operations

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Go to Section 1B

Registered office

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Go to Section 1B

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

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Go to Section 1B

SECTION 1B: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE

Verify the following:

- Full name of the registered co-operative
- ID number issued by relevant registration body (if any).

Tick ✓	Verification options (select one or more of the following options used to verify the Registered Co-Operative)
<input type="checkbox"/>	Information provided by ASIC or the relevant registration body responsible for the registration of the co-operative.
<input type="checkbox"/>	An original or certified copy or certified extract of the register maintained by the co-operative.

Documents that are written in a language that is not English, must be accompanied by an English translation prepared by an accredited translator

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

- **Attach** a legible copy of the ID documentation used to verify the Registered Co-Operative.
- **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		
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 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"/>