IDENTIFICATION FORM INDIVIDUALS AND SOLE TRADERS

GUIDE TO COMPLETING THIS FORM

- *Complete one form for each individual. If completing by hand, complete applicable sections in block letters.*
- *Contact your licensee if you have any queries.*
- *Refer to your (or your licensee's) AML/CTF program if you have queries regarding the collection and verification of information.*

SECTION 1 – MANDATORY IDENTIFICATION INFORMATION

Surname

Date of birth (dd/mm/yyyy)

Full Given Name(s)

If applicable, any other name, (for example, former names or anglicised names)

Residential Address *(PO Box is NOT acceptable)*

Street

Suburb

State

Postcode

Country

Occupation

Nature of services sought
for example, financial advice services

Provide reasons for seeking the specified services
for example, seeking advice on investment opportunities for long-term capital growth; seeking advice on investment opportunities for fixed income, etc.

Politically Exposed Persons
Politically exposed persons are individuals entrusted with significant public responsibilities and power (eg heads of state or government, member of government or legislature, head or board member of a government body). PEPs also include individuals who have a particular connection to those that have significant public responsibilities and power (eg a person who has close business relations with a PEP). Refer to the FSC Guidance Note for the full definition of politically exposed persons.

Is the individual a Politically Exposed Person? ☐ Yes ☐ No

Sanctions
Targeted financial sanctions (TFS) are measures that a government or the United Nations Security Council imposes in response to a situation of international concern. Refer to the Department of Foreign Affairs and Trade (DFAT) and Australian Sanctions Office (ASO) website for the government's Consolidated List listing all persons and entities designated for TFS.

Is the individual subject to targeted financial sanctions? ☐ Yes ☐ No

If the customer, or agent of the customer, is a PEP or subject to sanctions, refer to your (or your licensee's) AML/CTF program.

SECTION 2 - COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any)

ABN (if any)

Trading name, or any other business name (if applicable)

Principal Place of Business (if any) *(PO Box is NOT acceptable)*

Street

Suburb | State | Postcode | Country

Provide description of industry / sector, and products / services offered as sole trader

SECTION 3 – PERSON REPRESENTING CUSTOMER

Is the person named in this form the customer or an agent of the customers acting on their behalf (such as a power of attorney)?

Is there a person representing the individual Customer in respect of this Designated Service? ☐ Yes ☐ No

If Yes, provide name and complete relevant ID Form based on agent's entity type:

If Yes, provide information about the agent's authority to act for the company Customer:

You must complete the relevant ID Form to collect the details of the agent, based on the agent's entity type.

SECTION 4 – VERIFICATION PROCEDURE FOR INDIVIDUALS

Verify each item in the table for your customer (or the agent of the customer). Refer to your, or your licensee's AML/CTF policies.

	Information to be verified *(select all which apply)*	**Documentary and/or electronic verification**	**Description of verification document or process** *(for example, driver's licence, passport, ABN lookup, etc.)*	**Document number / description of the document**	**Document issue date (if applicable)**	**Document expiry date (if applicable)**
For individuals:						
☐	Full name	☑ Documentary ☑ Electronic				
☐	Any other name (if provided)	☑ Documentary ☑ Electronic				
☐	Date of birth	☐ Documentary ☐ Electronic				
☐	Residential address	☐ Documentary ☐ Electronic				
☐	Politically exposed person checks	☐ Documentary ☐ Electronic				
☐	Sanctions checks	☐ Documentary ☐ Electronic				
For sole traders:						
☐	Full Business Name	☐ Documentary ☐ Electronic				
☐	Trading name (if provided)	☐ Documentary ☐ Electronic				
☐	ABN	☐ Documentary ☐ Electronic				
☐	Principal place of business (if provided)	☐ Documentary ☐ Electronic				
For agents of an individual:						
☐	Authority to act	☐ Documentary ☐ Electronic				

SECTION 5 – ENHANCED CUSTOMER DUE DILIGENCE INFORMATION AND VERIFICATION

This section is to be completed ONLY where the Customer (or agent of the customer) is assigned a high ML/TF risk rating by the reporting entity, or if you are required to complete Enhanced Customer Due Diligence under your (or your licensee's) AML/CTF program. You must verify the information which corresponds with the ML/TF risk of the customer. Refer to your (or your licensee's) AML/CTF program for the ECDD procedures you must apply. The following is not a complete list of ECDD information that could be collected and verified. There may be additional ECDD processes you need to follow in your (or your licensee's) AML/CTF program.
If this section is required, it should be completed in addition to the verification procedure above.

Source of funds and source of wealth
Source of funds refers to how and where the individual received the funds for the specific transaction and/or services being sought, for example, salary and wages, business income, dividends and investment income, proceeds from sales of real estate or personal property, or gifts or inheritance.

Provide information about the individual's source of funds

Source of wealth refers to where the individual's entire wealth and assets come from. This can be from economic, business or commercial activities, along with other circumstances that generated, or significantly contributed to, the individual's overall net worth.

Provide information about the individual's source of wealth

Enhanced Verification Procedure

Information to be verified *(select all which apply)*	**Documentary and/or electronic verification**	**Description of verification document or process** ***(for example, letter from accountant or lawyer)***	**Document number / description of the document**	**Document issue date (if applicable)**	**Document expiry date (if applicable)**
For individuals:					
☐ Occupation	☐ Documentary ☐ Electronic				
☐ Nature of services sought	☐ Documentary ☐ Electronic				
☐ Reasons for seeking designated services	☐ Documentary ☐ Electronic				
☐ Source of funds	☐ Documentary ☐ Electronic				
☐ Source of wealth	☐ Documentary ☐ Electronic				
For sole traders:					
☐ Industry / sector of sole trader	☐ Documentary ☐ Electronic				
☐ Products / services offered as sole trader	☐ Documentary ☐ Electronic				

SECTION 6 - DECLARATION

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, where information and/or documents have been provided as a means of verifying the details provided in this form and which indicate that the customer is the person they claim to be.

AFS Licensee Name		AFSL No.	
Representative/ Employee Name		Phone No.	
Signature (digital signature permitted)		Date Verification Completed	