IDENTIFICATION FORM
ASSOCIATIONS

GUIDE TO COMPLETING THIS FORM

- *This form is for ASSOCIATIONS only.*
- *Complete one form for each association. Complete separate INDIVIDUAL Customer ID Forms for each of the association's Beneficial Owners.*
- *If completing by hand, complete applicable sections in block letters.*
- *Refer to your (or your licensee's) AML/CTF program if you have queries regarding the collection and verification of information. Contact your licensee if you have any queries.*

SECTION 1 – MANDATORY IDENTIFICATION INFORMATION

Collect all the relevant information in this section as per the instructions.

1.1 General Information

Full name of Association

Other names (eg business/trading name)

Provide description of industry/sector and, if applicable, products / services offered as an association

Nature of services sought

Provide reasons for seeking the specified services

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

	Full Given Name(s) of officer (if applicable)	Surname
Chairman		
Secretary		
Treasurer		

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 association subject to targeted financial sanctions? ☐ Yes ☐ No

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

☐ **Incorporated Association**

Provide any ID number issued on incorporation (eg. 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

Address *(PO Box is NOT acceptable)*

Street							
Suburb		State		Postcode		Country	

1.4 Governance and persons responsible for the association

Name of governing document *(eg constitution, etc.)*

Provide the names of any other person not listed above with primary responsibility for the governance and executive decisions of the association, below:

	Given name(s)	Surname
1		
2		
3		
4		

If there are other person(s) with primary responsibility for the governance and executive decisions of the association not listed in the above, provide details on a separate sheet and tick this box ☐

1.5 Agents

Is there an agent representing the association Customer in respect of this Designated Service? ☐ Yes ☐ No

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

If Yes, provide information about the agent's authority to act for the association

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

1.6 Ownership, control and Beneficial Ownership

Provide the names of the individual members that directly or indirectly controls 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.)*

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 – ASSOCIATIONS VERIFICATION PROCEDURE

Table 1 - Verify all information in the following table for all Customers that are associations (whether incorporated or not).
You must verify the information which corresponds with the ML/TF risk of the customer. Refer to your, or your licensee's AML/CTF policies. AUSTRAC's expectation is that for unincorporated associations, the full name of the association should be verified.

Information to be verified *(select all which apply)*		**Documentary and/or electronic verification**	**Description of verification document or process** ***(for example, ASIC's professional registers, certificate of incorporation)***	**Document number / description of the document**	**Document issue date (if applicable)**	**Document expiry date (if applicable)**
☐	Full name of the association	☐ Documentary ☐ Electronic				
☐	Any other name (if provided)	☐ Documentary ☐ Electronic				
☐	The ABN or other unique ID number issued to the association	☐ Documentary ☐ Electronic				
☐	Registered office address	☐ Documentary ☐ Electronic				
☐	Principal place of business	☐ Documentary ☐ Electronic				
☐	Sanctions checks	☐ Documentary ☐ Electronic				
☐	Governance document(s)	☐ Documentary ☐ Electronic				
☐	If the association is acting through an agent, their authority to act	☐ Documentary ☐ Electronic				

SECTION 3 – ENHANCED CUSTOMER DUE DILIGENCE PROCEDURE FOR ASSOCIATIONS

This section is to be completed ONLY where 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 (ECDD) 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.
This section is to be completed in addition to sections 1-2 above.

Source of funds and source of wealth
Source of funds refers to how and where the association 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 association's source of funds

Source of wealth refers to where the association'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 association's overall net worth.

Provide information about the association'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, from constitution or letter from lawyer or accountant)***	**Document number / description of the document**	**Document issue date (if applicable)**	**Document expiry date (if applicable)**
☐	Industry / sector and products / services provided by the association	☐ 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				
☐	The identity of all persons responsible for the association	☐ Documentary ☐ Electronic				

SECTION 4 - 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; and
- individual customer ID Forms have been provided for the Association's Beneficial Owners.

AFS Licensee Name		AFSL No.	
Representative/ Employee Name		Phone No.	
Signature		Date Verification Completed	