# IDENTIFICATION FORM
# FOREIGN COMPANIES

***GUIDE TO COMPLETING THIS FORM***

- *This form is for FOREIGN COMPANIES only. For companies incorporated in Australia use the AUSTRALIAN COMPANIES IDENTIFICATION FORM.*
- *Complete one form for each company. 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.*
- *Complete separate INDIVIDUAL ID Forms for each of the Company's Beneficial Owners.*

## SECTION 1 – MANDATORY IDENTIFICATION INFORMATION

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

### 1.1 General Information

Full name of foreign Company

Other names (eg business/trading name)

Country of formation / incorporation / registration

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

Companies incorporated in Australia should complete the **AUSTRALIAN COMPANIES IDENTIFICATION FORM**, rather than this form.

Provide description of industry/sector and, if applicable, products / services offered as a company

Nature of services sought

Provide reasons for seeking the specified services

**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 company subject to targeted financial sanctions?** ☐ Yes ☐ No

### 1.2 Is the Company registered with ASIC? *(select ✓ ONE of the following)*

☐ **Yes**

Provide ARBN

Provide **EITHER** ☐ principal place of business address in Australia **OR** ☐ Australian 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 relevant 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

### 1.3 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

## 1.4 Governance and Directors

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

Provide the names of all directors and director IDs, if applicable:

| | Full name(s) | Director ID |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

*If there are more directors, or any other person with primary responsibility for the governance and executive decisions of the company, provide details on a separate sheet and tick this box* ☐

## 1.5 Agents

Is there a person representing the company 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

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

## 1.6 Listing and Regulatory Details *(Select ✓ any of the following categories **if applicable**)*

☐ **Public Listed company** *(companies that are subject to disclosure requirements that ensure transparency of Beneficial Ownership)* — *Proceed to Section 2*

**Name of market / exchange**

☐ **Majority Owned Subsidiary of a Public Listed company** *(companies that are majority owned or otherwise controlled by a company that is listed on a financial market or exchange)* — *Proceed to Section 2*

**Australian listed company name**

**Name of market / exchange**

☐ **Regulated in Australia** *(companies that are, or are controlled by an entity that is, subject to oversight by a prudential, insurance or investor protection regulator through registration or licensing requirements (beyond that provided by ASIC as a company registration body). Examples include Australian Financial Services Licensees (AFSL); Australian Credit Licensees (ACL); or Registrable Superannuation Entity (RSE) Licensees).* — *Proceed to Section 2*

**Regulator name**

**Licence details (eg AFSL, ACL, RSE)**

☐ **Other regulated company** *(eg companies that are controlled by a government body, or that are (or are controlled by) a corporation or association of homeowners in a strata title or community title scheme* — *Proceed to Section 2*

*If any of the above are ticked, Proceed to Section 2*

## 1.7 Ownership, control and Beneficial Ownership (*To be completed for all companies that did not answer 'Yes' to any question in per Section 1.6. For each Beneficial Owner listed, you must complete the INDIVIDUAL Customer ID FORM.)*

### 1.7.1 Shareholder Beneficial Owners

Provide the names of the individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings).

| | Full name(s) | Proportion of shareholding |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

**1.7.2 Control Beneficial Owners**

If applicable, provide the names of any individual with:
- the capacity to cast, or control the casting of, more than one half of the maximum number of votes that might be cast at a general meeting of the company;
- the capacity to control the composition of the company's board or governing body; or
- the capacity to determine the outcome of decisions about the company's financial and operating policies.

| | Full name(s) | Nature of control |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

*If Beneficial Owner name(s) are provided above, proceed to section 2. If not, go to section 1.7.3.*

*If there are more Beneficial Owners, provide details on a separate sheet and tick this box* ☐

**1.7.3 Other Beneficial Owners**

If there are no individuals who meet the requirements of 1.7.1 or 1.7.2, provide the name of the CEO of the company (or senior managing person in equivalent role of the company)

## SECTION 2 –VERIFICATION PROCEDURE FOR FOREIGN COMPANIES

***Complete this section as per the instructions for each table. Refer to your, or your licensee's, AML/CTF policies.***

***Table 1 - Verify all information in the following table for all Customers that are foreign companies.***
*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 companies, the full name and ACN of the company 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 company as registered with ASIC (including if registered with ASIC) | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ | Any other name (if provided) | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ | The ARBN issued to the company (if any) | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ | Registered office address | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ | Principal place of business | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ | Sanctions checks | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ | Governance document | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ | If the company is acting through an agent, their authority to act | ☐ Documentary<br>☐ Electronic | | | | |

***Table 2 - Verify the following information where the Customer is assigned a LOW ML/TF risk rating by the reporting entity, and where the company HAS answered 'Yes' to any question in Section 1.6 above. 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** | **Document number / description of the document** | **Document issue date (if applicable)** | **Document expiry date (if applicable)** |
|---|---|---|---|---|---|
| ☐ Public Listed Company | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ Majority Owned Subsidiary of a Public Listed Company | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ Regulated company | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ Other regulation status | ☐ Documentary<br>☐ Electronic | | | | |

## SECTION 3 – ENHANCED CUSTOMER DUE DILIGENCE FOR FOREIGN COMPANIES

**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 company 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 company's source of funds*

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

*Provide information about the company'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 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 company | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ Nature of services sought | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ Reasons for seeking designated services | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ Source of funds | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ Source of wealth | ☐ Documentary<br>☐ Electronic | | | | |
| ☐ The names (and director IDs, where possible) of all relevant directors | ☐ Documentary<br>☐ 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
- Customer ID Forms have been provided for the company's agent(s) and/or Beneficial Owners (where applicable)

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