IDENTIFICATION FORM
GOVERNMENT BODY

GUIDE TO COMPLETING THIS FORM

- *This form is for GOVERNMENT BODIES only. GOVERNMENT BODIES include governments of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country (including a state, province, county or municipality). To be considered a GOVERNMENT BODY, the earnings of any agency or authority must be credited to the account of the government, with no portion inuring to the benefit of any private person/s.*
- *Complete one form for each government body. 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

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

1.1 General Information

Full name of Government Body

Other names (eg business/trading name)

ABN (or any other unique identifier)

Principal place of operations *(PO Box is NOT acceptable)*

Street

Suburb | State | Postcode | Country

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

Nature of services sought

Provide reasons for seeking the specified services

1.2 Government Information *(select ✓ only ONE of the following categories and provide the information requested)*

☐ Commonwealth of Australia Government Body

☐ Australian State or Territory Government Body *please specify State or Territory*

☐ Foreign (Non-Australian) Government Body *please specify Country*

If the Government Body is Australian, do not provide Beneficial Ownership information.

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. The Department of Foreign Affairs and Trade (DFAT) publishes a Consolidated List listing all persons and entities designated for TFS.

Is the government body subject to targeted financial sanctions? ☐ Yes ☐ No

1.3 Agents

Is there a person representing the Government Body 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 registered co-operative

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

1.4 Governance and persons responsible for the government body

Name of governing authority
(eg executive authority, law, etc.)

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

Given name(s)	*Surname*

SECTION 2 – VERIFICATION PROCEDURE FOR GOVERNMENT BODIES

This table must be completed for all Customers that are government bodies. Refer to your, or your licensee's AML/CTF policies.
You must verify the information which corresponds with the ML/TF risk of the customer.

Information to be verified *(select all which apply)*		**Documentary and/or electronic verification**	**Description of verification document or process** *(for example, legislation, executive order, etc.)*	**Document number / description of the document**	**Document issue date (if applicable)**	**Document expiry date (if applicable)**
☐	Full name of the government body	☐ Documentary ☐ Electronic				
☐	Any other name (if provided)	☐ Documentary ☐ Electronic				
☐	The ABN issued to the government body (if any)	☐ Documentary ☐ Electronic				
☐	Principal place of business	☐ Documentary ☐ Electronic				
☐	Sanctions checks	☐ Documentary ☐ Electronic				
☐	Governance document(s)	☐ Documentary ☐ Electronic				
☐	If the government body is acting through an agent, their authority to act	☐ Documentary ☐ Electronic				

SECTION 3 – ENHANCED CUSTOMER DUE DILIGENCE PROCEDURE FOR GOVERNMENT BODIES

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 government body received the funds for the specific transaction and/or services being sought.

Provide information about the government body's source of funds

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

Provide information about the government body'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)**
☐	Industry / sector and products / services provided by the government body	☐ 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			

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.

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

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