IDENTIFICATION FORM
PARTNERSHIPS

GUIDE TO COMPLETING THIS FORM

- *This form is for PARTNERSHIPS only.*
- *Complete this form for the Partnership. 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 partnership's Beneficial Owners and separate ID Forms for one of the partners representing the Partnership in receiving services (if any).*

SECTION 1 – MANDATORY IDENTIFICATION INFORMATION

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

1.1 General Information

Full name of Partnership

Registered business name of Partnership, or any other name (if any)

Country where Partnership established (if not established in Australia)

ABN*

Registered office address *(PO Box is NOT acceptable)*

Street

Suburb | State | Postcode | Country

Principal place of business (if any) *(PO Box is NOT acceptable)*

Street

Suburb | State | Postcode | Country

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

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 partnership subject to targeted financial sanctions? ☐ Yes ☐ No

1.2 Governance and Partners

Name of governing document (eg partnership deed)

Provide the names of all partners to the Partnership

	Given name(s)	Surname
1		
2		
3		
4		

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

1.3 Agents

Is there a person representing the Partnership in respect of this Designated Service? ☐ Yes ☐ No
(eg a representative partner of the Partnership)

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 partnership

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

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

☐ **Regulated Partnership** *(partnerships that 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 1.6

Regulator name

Licence details (eg AFSL, ACL, RSE)

1.5 Ownership, control and Beneficial Ownership *(To be completed for all partnerships that did not answer 'Yes' to the question in Section 1.4. For each Beneficial Owner listed, complete the INDIVIDUAL Customer ID FORM.)*

1.5.1 Beneficial Owners by ownership

Provide the names of the individuals who ultimately own 25% or more of the partnership interests (through direct or indirect holdings).

	Full name(s)	Proportion of partnership interests held
1		
2		
3		
4		

1.5.2 Control Beneficial Owners

If applicable, provide the names of any individual with the capacity to control the composition of the partnership, or to determine the outcome of decisions about the partnership's financial and operating policies.

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

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

1.5.3 Other Beneficial Owners

If there are no individuals who meet the requirements of 1.5.1 or 1.5.2, provide the name of the CEO of the Partnership (or senior managing person in equivalent role of the Partnership)

SECTION 2 – VERIFICATION PROCEDURE FOR PARTNERSHIPS

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 partnerships.
You must verify the information which corresponds with the ML/TF risk of the customer. Refer to your, or your license's AML/CTF policies. AUSTRAC's expectation is that for partnerships, the full name and ABN of the partnership 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, partnership deed)*	**Document number / description of the document**	**Document issue date (if applicable)**	**Document expiry date (if applicable)**
☐	Full name of the partnership as registered with ASIC	☐ Documentary ☐ Electronic				
☐	Any other name (if provided)	☐ Documentary ☐ Electronic				
☐	The ACN/ABN issued to the partnership	☐ Documentary ☐ Electronic				
☐	Registered office address	☐ Documentary ☐ Electronic				
☐	Principal place of business	☐ Documentary ☐ Electronic				
☐	Sanctions checks	☐ Documentary ☐ Electronic				
☐	Governance document(s)	☐ Documentary ☐ Electronic				
☐	If the partnership is acting through an agent, their authority to act	☐ Documentary ☐ Electronic				

Table 2 - Complete where the Customer is assigned a LOW ML/TF risk rating by the reporting entity and ONLY if it has answered 'Yes' to any question in Section 1.4 of this form. 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)**
☐	That the partnership is a regulated partnership	☐ Documentary ☐ Electronic				

SECTION 3 – ENHANCED CUSTOMER DUE DILIGENCE PROCEDURE FOR PARTNERSHIPS

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 partnership 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 partnership's source of funds

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

Provide information about the partnership'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, driver's licence, passport, ABN lookup, etc.)*	Document number / description of the document	Document issue date (if applicable)	Document expiry date (if applicable)
☐	Industry / sector and products / services provided by the partnership	☐ 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 partners to the Partnership	☐ 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;
- Individual Customer ID Forms have been provided for all of the Partnership's Beneficial Owners; and
- a Customer ID Form have been provided for the Partner representing the Partnership in receiving designated services.

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