IDENTIFICATION FORM
REGISTERED CO-OPERATIVE

GUIDE TO COMPLETING THIS FORM

- *This form is for REGISTERED CO-OPERATIVES only.*
- *Complete one form for each registered co-operative. 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 Customer ID Forms for each of the registered co-operative'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 Registered Co-operative

Provide ID number issued by relevant registration body (if any)

Other names (eg business/trading name)

Provide description of industry/sector and, if applicable, products / services offered as a registered co-operative

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)	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 registered co-operative subject to targeted financial sanctions? ☐ Yes ☐ No

1.2 Address Information *(select ✓ and provide ONE of the following)*

Provide the address of the principal place of administration of the Registered Co-operative. If there is no principal place of administration, provide the address of registered office or the address of an office holder of the Registered Co-operative.

☐ **Principal place of operations**

Address *(PO Box is NOT acceptable)*

Street

Suburb | State | Postcode | Country

If a principal place of operations provided go to Section 1.3.

☐ **Registered office**

Address *(PO Box is NOT acceptable)*

Street

Suburb | State | Postcode | Country

If a registered office is provided go to Section 1.3.

☐ **Name & Residential address of the Secretary** *(or president or treasurer if there is no secretary)*

Full Given Name(s) of officer (if applicable)	Surname	Position

Address *(PO Box is NOT acceptable)*

Street							
Suburb		State		Postcode		Country	

Go to Section 1.3.

1.3 Governance and persons responsible for the registered cooperative

Name of governing document
(eg co-operatives register, etc.)

Provide the names of any other person not listed above with primary responsibility for the governance and executive decisions of the registered co-operative, 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 company not listed in the above, provide details on a separate sheet and tick this box ☐

1.4 Agents

Is there a person representing the registered co-operative 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.

1.5 Ownership, control and Beneficial Ownership

Provide the names of the individuals that directly or indirectly control the Registered Co-operative, such as the Chairman, President, Treasurer or Secretary.

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 –VERIFICATION PROCEDURE FOR REGISTERED CO-OPERATIVES

Verify all information in the following table for all Customers that are registered co-operatives. 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.

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, constitution)*	**Document number / description of the document**	**Document issue date (if applicable)**	**Document expiry date (if applicable)**
☐	Full name of the registered co-operative	☐ Documentary ☐ Electronic				
☐	Any other name (if provided)	☐ Documentary ☐ Electronic				
☐	The ABN or other unique ID number issued to the registered co-operative	☐ Documentary ☐ Electronic				
☐	Registered office address	☐ Documentary ☐ Electronic				
☐	Principal place of business	☐ Documentary ☐ Electronic				
☐	Sanctions checks	☐ Documentary ☐ Electronic				
☐	Governance document(s)	☐ Documentary ☐ Electronic				
☐	If the registered co-operative is acting through an agent, their authority to act	☐ Documentary ☐ Electronic				

SECTION 3 – ENHANCED CUSTOMER DUE DILIGENCE PROCEDURE FOR REGISTERED CO-OPERATIVES

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 registered co-operative 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 registered co-operative's source of funds

Source of wealth refers to where the registered co-operative'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 registered co-operative's overall net worth.

Provide information about the registered co-operative'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)
☐	Industry / sector and products / services provided by the registered co-operative	☐ 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 registered co-operative	☐ 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
- Customer ID Forms have been provided for the registered co-operative's agent(s) and Beneficial Owners.

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