

IDENTIFICATION FORM REGISTERED CO-OPERATIVE

Section 1: Registered Co-Operative Identification Procedure

1.1 General Information

Full name of registered co-operative

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

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

	Full Given Name(s) of officer (if applicable)	Surname
Chairman	<input type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>
Treasurer	<input type="text"/>	<input type="text"/>

Provide an ID number issued on incorporation (eg. registration/incorporation number) (if any)

1.2 Address Information (select only ONE of the following categories)

Principal place of operations

Address (PO Box is NOT acceptable)

Street

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If a registered office is provided go to section 2 Registered Co-Operative Verification Procedure.

Registered office

Address (PO Box is NOT acceptable)

Street

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If a registered office is provided go to section 2 Registered Co-Operative Verification Procedure.

Name & Residential address of the Public Officer (or president or treasurer if there is no secretary)

Full Given Name(s) of officer (if applicable)	Surname	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Address (PO Box is NOT acceptable)

Street

Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If a principal place of administration is provided go to section 2.1 Incorporated Associations Form Verification (no need to complete Section 1.4 for incorporated associations).

1.3 Beneficial Ownership Details *(only required if individual not already listed in sections 1.1 and 1.2 above).*

Provide details of **ALL individuals** who are beneficial owners through control of 10% or more of the entity, including voting rights and power of veto, where applicable.

	Full given name(s)	Surname	Role/Relationship with the customer	% Control (if applicable)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are additional beneficial owners (shareholders and/or controllers), please complete all details in section 1.3 in an additional form. It is noted that a full KYC form (Individuals) must be completed for all the persons listed in this section.

Section 2: Registered Co-Operative Verification Procedure

Registered Co-operative Verification procedure

Information to be verified:

- Full name of the registered co-operative
- ID number issued by relevant registration body (if any)

Tick ✓	Verification options (select one of the following options used to verify the Incorporated Association)
<input type="checkbox"/>	Information provided by ASIC or the government responsible for the incorporation of the association.*
<input type="checkbox"/>	An original or original certified copy of the Constitution or Rules of the association.*

** Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.*

Representative/Employee Name

Signature

Date Verification Completed