

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