

IDENTIFICATION FORM ASSOCIATIONS

Section 1: Association Identification Procedure

1.1 General Information

Full name of Association

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 Association Type (select only ONE of the following categories)

- Incorporated Association Go to Section 1.3 below.
- Unincorporated Association Go to Section 1.4 below.

1.3 Incorporated Association (select and provide ONE of the following)

- Principal place of administration

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).

- 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 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).

- Name & Residential address of the Public Officer (or President, Secretary or Treasurer if there is no Public Officer)

Address (PO Box is NOT acceptable)

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

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).

1.4 Unincorporated Association

Principal place of administration (PO Box is NOT acceptable)

Street

Suburb State Postcode Country

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).

1.5 Beneficial Ownership Details *(only required if individual not already listed in section 1.1 or 1.3 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 1.5 in an additional form. It is noted that a full KYC form (Individuals) must be completed for all the persons listed in this section.

Bank Use: Association Verification Procedure

Section 2.1: Incorporated Association Verification Procedure

Incorporated Association Verification procedure

Information to be verified:

- Full name of the Association
- ID number issued on Incorporation (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.*

Section 2.2: Unincorporated Association Verification Procedure

Unincorporated Association Verification procedure

Information to be verified:

- Full name of the Association.

Tick ✓	Verification options (use the following to verify the Unincorporated 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