

# IDENTIFICATION FORM ASSOCIATIONS

## GUIDE TO COMPLETING THIS FORM

- Complete in **BLOCK LETTERS**. Where you have already put the required information in your application form, you can write 'SAME' - EXCEPT FOR FULL NAME.
- Contact Abacus on 1300 139 440 if you have any queries. **DO NOT SEND ORIGINAL DOCUMENTS, ONLY CERTIFIED COPIES** unless otherwise specified

## SECTION 1: ASSOCIATION DETAILS

### 1.1 General Information

Full name of Association (must complete)

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

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

Surname

Chairman

Secretary

Treasurer

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

Contact Phone No.

### 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

**Go to Section 2. You do not need to complete Section 1.4.**

**Registered office**

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

**Go to Section 2. You do not need to complete Section 1.4.**

**Name & Residential address of the public officer** (or president, secretary or treasurer if there is no public officer)

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

Surname

Position

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

**Go to Section 2. You do not need to complete Section 1.4.**

### 1.4 Unincorporated Association

Principal place of administration (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

**Go to Section 2.**

**SECTION 2: ASSOCIATION VERIFICATION PROCEDURE**

If "Incorporated Association" is selected in section 1.2 above, **with this form you need to send us originals or certified copies of one or more of the documents below that show:**

- Full name of the Association
- ID number issued on Incorporation (if any). **We will complete the 'Office Use Only' section.**

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

If "Unincorporated Association" is selected in section 1.2 above, **with this form you need to send us originals or certified copies of one or more of the documents below that show: the full name of the Association. We will complete the 'Office Use Only' section.**

Tick ✓	Verification options (use the following to verify the Unincorporated Association)
<input type="checkbox"/>	An original, certified copy or certified extract 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*

**OFFICE USE ONLY**

ID DOCUMENT DETAILS	Document 1	Document 2
Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Document Issuer / Website		
Public Document Type		
Issue date / Search date		
Document number		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

Verified by (Print Name)

Date Verified  
(dd/mm/yyyy)

Signature

***If an Incorporated Association, the form is now COMPLETE.***

***If an Unincorporated Association, please ALSO complete the applicable Individual AML form for the person signing on behalf of the Association***

**WHO CAN CERTIFY COPIES OF YOUR DOCUMENTS**

Legal	<ul style="list-style-type: none"> <li>○ solicitor or barrister (that is, a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described));</li> <li>○ a judge of a court;</li> <li>○ a magistrate;</li> <li>○ a chief executive officer of a Commonwealth court;</li> <li>○ a registrar or deputy registrar of a court;</li> <li>○ a notary public</li> </ul>
JP	a Justice of the Peace
Police	a police officer
Chartered Accountant	a member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants Australia or the National Institute of Accountants with 2 or more years of continuous membership
Post Office	<ul style="list-style-type: none"> <li>○ an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li> <li>○ a permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public;</li> </ul>
Diplomatic service	<ul style="list-style-type: none"> <li>○ an Australian consular officer</li> <li>○ an Australian diplomatic officer</li> </ul> <p>(within the meaning of the <i>Consular Fees Act 1985</i>);</p>
Financial corporations (Bank, Building Society, Credit Union)	<ul style="list-style-type: none"> <li>○ an officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the <i>Statutory Declaration Regulations 1993</i>);</li> <li>○ a finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the <i>Statutory Declaration Regulations 1993</i>);</li> <li>○ an officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees.</li> </ul>

**What wording they must use**

I certify this [and the following [*insert number*] pages] to be a true copy of the original page/ pages sighted by me today / on [*insert date*]  
 [*insert signature*] [*Print name*] [*Print capacity in which you are certifying (see table above)*] [*insert date of signature*]