

IDENTIFICATION FORM PARTNERSHIPS & PARTNERS

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: PARTNERSHIP DETAILS

1.1 General Information

Full name of partnership (must complete)	<input style="width: 100%;" type="text"/>		
Registered business name of partnership (if any)	<input style="width: 100%;" type="text"/>		
Country where partnership established	<input style="width: 200px;" type="text"/>	Contact Phone No.	<input style="width: 150px;" type="text"/>

1.2 Type of Partnership (select ✓ only one of the following partnership types and provide the information requested)

Is the partnership regulated by a professional association?

Yes Provide name of association

Provide membership details

(Go to Section 1B)

No How many partners are there? provide full name & address of each partner below

1.3 Partnership Details (only complete for Partnerships NOT regulated by a professional association)

Partner 1

Full given name(s)	Surname
<input style="width: 450px;" type="text"/>	<input style="width: 450px;" type="text"/>

Residential Address (PO Box is NOT acceptable)

Suburb	State	Postcode	Country
<input style="width: 340px;" type="text"/>	<input style="width: 90px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 510px;" type="text"/>

Partner 2

Full given name(s)	Surname
<input style="width: 450px;" type="text"/>	<input style="width: 450px;" type="text"/>

Residential Address (PO Box is NOT acceptable)

Suburb	State	Postcode	Country
<input style="width: 340px;" type="text"/>	<input style="width: 90px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 510px;" type="text"/>

Partner 3

Full given name(s)	Surname
<input style="width: 450px;" type="text"/>	<input style="width: 450px;" type="text"/>

Residential Address (PO Box is NOT acceptable)

Suburb	State	Postcode	Country
<input style="width: 340px;" type="text"/>	<input style="width: 90px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 510px;" type="text"/>

If there are more partners, provide details on a separate sheet.

In addition please complete the applicable AML form (individual or Australian Company) for your Nominated Partner

SECTION 2: PARTNERSHIP VERIFICATION PROCEDURE

With this form you need to send us originals or certified copies of one or more of the documents below that show the partnership name (Part I.)

If the partnership is regulated by a professional association, please also complete Part II and send us originals or certified copies of the documents selected in Part II that verify that membership. **We will complete the 'Office Use Only' section.**

PART I – ACCEPTABLE ID DOCUMENTS – to verify partnership name

Tick ✓	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	Certified copy or certified extract of the partnership agreement.
<input type="checkbox"/>	Certified copy or a certified extract of minutes of a partnership meeting.
<input type="checkbox"/>	Certified copy of a current membership certificate (or equivalent) of a professional association.
<input type="checkbox"/>	Membership details independently sourced from the relevant professional association or certified copy of same.
<input type="checkbox"/>	A search of the relevant ASIC or other regulator's database or certified copy of same.
<input type="checkbox"/>	A notice or certified copy of a notice issued by the Australian Taxation Office within the last 12 months eg Notice of Assessment. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	Certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

PART II – ACCEPTABLE ID DOCUMENTS – to verify membership of a professional association

Tick ✓	Verification options (select one of the following options used to verify the Partnership)
<input type="checkbox"/>	Certified copy of an original current membership certificate (or equivalent).
<input type="checkbox"/>	Membership details independently sourced from the relevant association or certified copy of same

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

In addition please complete the applicable AML form (individual or Australian Company) for your Nominated Partner

OFFICE USE ONLY

IMPORTANT: Keep the certified documents with this form

ID DOCUMENT RECORD	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						
Issued date / Search date						
Accredited English Translation	<input type="checkbox"/> N/A		<input type="checkbox"/> Sighted			
Verified by (Print Name)	<input type="text"/>		Date Verified (dd/mm/yyyy)	<input type="text"/>		
Signature	<input type="text"/>					

WHO CAN CERTIFY COPIES OF YOUR DOCUMENTS

Legal	<ul style="list-style-type: none"> ○ 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)); ○ a judge of a court; ○ a magistrate; ○ a chief executive officer of a Commonwealth court; ○ a registrar or deputy registrar of a court; ○ a notary public
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"> ○ an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public ○ 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;
Diplomatic service	<ul style="list-style-type: none"> ○ an Australian consular officer ○ an Australian diplomatic officer <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"> ○ 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>); ○ 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>); ○ 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.

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*]