

# IDENTIFICATION FORM REGISTERED CO-OPERATIVE

## GUIDE TO COMPLETING THIS FORM

- Complete all applicable sections of this form 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 US ORIGINAL DOCUMENTS, ONLY CERTIFIED COPIES** unless otherwise specified

## SECTION 1: REGISTERED CO-OPERATIVE DETAILS

### 1.1 General Information

Full name (must complete)

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

Contact Phone No.

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

	Full given name(s)	Surname
Chairman	<input style="width: 400px; height: 15px;" type="text"/>	<input style="width: 380px; height: 15px;" type="text"/>
Secretary	<input style="width: 400px; height: 15px;" type="text"/>	<input style="width: 380px; height: 15px;" type="text"/>
Treasurer	<input style="width: 400px; height: 15px;" type="text"/>	<input style="width: 380px; height: 15px;" type="text"/>

### 1.2 Address Information (select ✓ and provide ONE of the following)

**Principal place of operations**

Address (PO Box is NOT acceptable)

Street   
 Suburb  State  Postcode  Country

**Go to Section 2**

**Registered office**

Address (PO Box is NOT acceptable)

Street   
 Suburb  State  Postcode  Country

**Go to Section 2**

**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
<input style="width: 375px; height: 15px;" type="text"/>	<input style="width: 250px; height: 15px;" type="text"/>	<input style="width: 250px; height: 15px;" type="text"/>

Address (PO Box is NOT acceptable)

Street   
 Suburb  State  Postcode  Country

**Go to Section 2**

## SECTION 2: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE

**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 registered co-operative
- ID number issued by relevant registration body (if any).

Tick ✓	Verification options (select one or more of the following options used to verify the Registered Co-Operative)
<input type="checkbox"/>	Original or certified copy of Information provided by ASIC or the relevant registration body responsible for the registration of the co-operative.
<input type="checkbox"/>	An original or certified copy or certified extract of the register maintained by the co-operative.

*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

**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*]