

IDENTIFICATION FORM AGENT

GUIDE TO COMPLETING THIS FORM

- Complete in BLOCK LETTERS.
- Contact your licensee if you have any queries.

SECTION 1A: AGENT DETAILS - INDIVIDUAL

Surname (must complete)

Date of Birth dd/mm/yyyy

Full Given Name(s) (must complete)

Contact Phone No.

Residential Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

SECTION 1B: AGENT DETAILS - AUSTRALIAN COMPANY

Full name as registered by ASIC
(must complete)

ACN

Contact Phone No.

Registered office address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Principal place of business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

SECTION 1C: AGENT DETAILS - OTHER

Full name (must complete)

Contact Person

Contact Phone No.

Address (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

SECTION 2: PRINCIPAL'S DETAILS

Separate Form(s) must also be completed for Principal(s)

Full name of Principal(s)

Full business name (if different) and ABN (if any)

Registration / licensing details

Type of Agency Relationship (select ✓ only one of the following and provide the information requested)

Parent or Guardian of Child under 18 (the child is the Principal)

Please provide certified copy of

- child's birth certificate showing name of parent who is acting as agent, or
- evidence of adoption or other guardianship arrangements

- Custodian for registered managed investment scheme or Wholesale trust** (a managed investment scheme not registered by ASIC that only has wholesale clients (as defined by the Corporations Act 2001 (Cth)) and does not make small scale offerings to which section 1012E of the Corporations Act 2001 (Cth) applies)
- Custodian for superannuation scheme regulated by APRA**
(please provide letter on behalf of Custodian or trustee/ responsible entity of scheme confirming custody relationship)
- Agent under Power of Attorney from Principal** (please provide certified copy of Power of Attorney)
- Other: (please give details)** (please provide certified copy of evidence of appointment of agent) :
- _____
- _____

SECTION 3A: VERIFICATION PROCEDURE

Verify the agent's full name and evidence of the applicant's authorisation.
Contact your licensee if the individual is unable to provide the required documents.

PARENT OR GUARDIAN ACTING AS AGENT FOR CHILD (the Principal)

Tick ✓	Select ONE valid option from this section only
<input type="checkbox"/>	Certified copy of child's Australian birth certificate showing names of agent(s) as parent(s)
<input type="checkbox"/>	Certified copy of adoption certificate showing names of agent(s) as adoptive parent(s)
<input type="checkbox"/>	Certified copy of evidence of appointment of agent(s) as guardian(s) of child

CUSTODIAN

Tick ✓	Select ONE valid option from this section
<input type="checkbox"/>	Letter from Custodian confirming custody relationship
<input type="checkbox"/>	Letter from Trustee or Responsible Entity confirming custody relationship

POWER OF ATTORNEY/ OTHER

Tick ✓	Select ONE valid option from this section only
<input type="checkbox"/>	Certified copy of Power of Attorney from Principal to Agent
<input type="checkbox"/>	Or, if no Power of Attorney, certified copy of documentation giving evidence of agency relationship

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

SECTION 3B: RECORD OF VERIFICATION PROCEDURES

EVIDENCE OF AGENCY DETAILS	Document
Nature of Verification Document	
Document Issuer	
Issue Date	
Expiry Date	
Document Number	
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted
Verified by (Print Name)	Date Verified (dd/mm/yyyy)
Signature	

SECTION 3C: FINANCIAL PLANNER DETAILS

Date Verified (dd/mm/yyyy)	
Financial Planner's Name	
Phone No.	
AFS Licensee Name	
AFSL No.	