

IDENTIFICATION FORM ASSOCIATIONS

GUIDE TO COMPLETING THIS FORM

- o Complete in **BLOCK LETTERS**. Where you have already put the required information in your application form, you can write 'SAME' - EXCEPT FOR FULL NAME.
- o Contact Intech Fiduciaries Limited 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

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

	Full Given Name(s) of officer (if applicable)	Surname
Chairman	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Secretary	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Treasurer	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

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
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

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"> ○ 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 (within the meaning of the <i>Consular Fees Act 1985</i>);
Financial corporations (Bank, Building)	<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

Society, Credit Union)	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.
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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]