

**GUIDE TO COMPLETING THIS FORM**

- o Complete the following in **BLOCK LETTERS**
- o Contact your licensee if you have any queries.

**SECTION 1A: GOVERNMENT BODY DETAILS**

**1.1 General Information**

Full name of Government Body

Principal place of operations (*PO Box is NOT acceptable*)

Street

Suburb  State  Postcode  Country

**1.2 Government Information** (select ✓ only ONE of the following categories and provide the information requested)

Commonwealth of Australia Government Body

Australian State or Territory Government Body *please specify State or Territory*

Foreign Country Government Body *please specify Foreign Country*

**SECTION 1B: GOVERNMENT BODY IDENTIFICATION PROCEDURE**

Verify the following:

- o Full name of the government body
- o Full address of the government body's principal place of operations
- o Whether the government body is:
  - A body of the Commonwealth of Australia; or
  - A body of a State or Territory of Australia (and, if so which one); or
  - A body of a foreign country (and, if so which country)

Tick ✓	Verification options (select one of the following options used to verify the Government Body)
<input type="checkbox"/>	Search of the relevant Commonwealth, State, Territory or Foreign government website for confirmation of the body's existence.
<input type="checkbox"/>	Search of the relevant Commonwealth, State, Territory or Foreign Country register of government bodies.
<input type="checkbox"/>	A copy or extract of the legislation establishing the body obtained from a reliable and independent source, such as a government website.

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

**SECTION 1C: RECORD OF VERIFICATION PROCEDURE**

**IMPORTANT:**

- ➔ **Attach** a legible copy of the ID documentation used to identify the Government Body (and any required translation).
- ➔ **Alternatively, if agreed** between your licensee and the product issuer, complete the ID Document Details below, and **DO NOT** attach copies of the ID Documents.

ID DOCUMENT DETAILS	
Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Copy of legislation sighted
URL link / Full name of legislation	<input type="text"/>
Search date	<input type="text"/>
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

**SECTION 1D: FINANCIAL PLANNER DETAILS – identification and verification conducted by:**

Date Verified (dd/mm/yyyy)

Financial Planner's Name  Phone No.

AFS Licensee Name  AFSL No.