



Instruction sheet

Completing the identification form for Government Bodies

Identification and Verification

Anti-Money Laundering & Counter-Terrorism Financing laws require BWA Managed Investments (BWAMI) to establish the identity of its clients (and other persons associated with a client's account). To do this, you need to complete the attached form and this instruction sheet will assist you in doing so.

Verifying the information

All documents are required to be verified by completing sections 2 and 3 of the form.

What do I need to complete?

The below table provides you with a guide to which sections you need to complete as identified by a solid dot (●) and also provides a brief explanation of each of the sections.

How do I get a document certified?

To be correctly certified, we need the document(s) to be certified as 'True copy of the original document' and signed by:

- a Justice of the Peace
- a solicitor
- a police officer
- a magistrate
- a Notary Public (for the purposes of the Statutory Declaration Regulations 1993)
- an employee of Australia Post (with two or more years of continuous service)
- a financial adviser (provided they have two or more years of continuous service)
- an accountant (provided they hold a current membership to a professional accounting body)
- an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- an officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.

The party certifying the ID document(s) will also need to state what position they hold and sign and date the document(s). If the certification does not appear on the document(s), you may be asked to send in new certified documents. There are additional persons who can certify documents. A full list of the persons who can certify documents is available from our forms library at bwami.com.au.

Section	
1	Government Body Identification Procedure
1.1	General Information ●
1.2	Government Information ●
2	Government Body Verification Procedure ●
3	Record of Verification Procedure ●



Identification Form Government Body

GUIDE TO COMPLETING THIS FORM.

This form is for Government Bodies and accompanies the Australian Companies application form.

Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: GOVERNMENT BODY IDENTIFICATION PROCEDURE

1.1 GENERAL INFORMATION

Full name of Government Body

Principal place of operations (PO Box, RMB, C/- or similar are NOT acceptable)

Street

Suburb

State

Postcode

Country

1.2 GOVERNMENT INFORMATION (select only ONE of the following categories and provide the information requested)

The Government body is an:

Entity **OR**

Emanation **OR**

is established under legislation of the:

Commonwealth of Australia Government

Australian State or Territory Government (Please specify state or territory)

Local Government (Please provide state or territory **and** area)

State or Territory

Area

SECTION 2: GOVERNMENT BODY VERIFICATION PROCEDURE

Information to be verified:

- Full name of the Government Body
- Full address of the Government Body's principal place of operations
- That the Government Body is a body of the Commonwealth of Australia, a State or Territory of Australia or a Local, and the name of the State or Territory or Area (whichever is applicable).

Tick <input checked="" type="checkbox"/>	Verification options (select one or more of the following options used to verify the Government Body)
<input type="checkbox"/>	Search of the relevant Commonwealth, State, Territory or Local Government directories.
<input type="checkbox"/>	Search of the relevant Commonwealth, State, Territory or Local Government/regulatory authority's summary.
<input type="checkbox"/>	A copy or extract of the registration of the Government Body.
<input type="checkbox"/>	A copy or extract of the legislation establishing the body.

IMPORTANT NOTE:

- Complete the Record of Verification Procedure in Section 3
- You may wish to attach copies of the ID documentation used to verify the Government Body.

SECTION 3: RECORD OF VERIFICATION PROCEDURE

ID document details	Document 1	Document 2 (if required)
Verified from	<input type="checkbox"/> Performed search <input type="checkbox"/> Copy of registration/legislation sighted	<input type="checkbox"/> Performed search <input type="checkbox"/> Copy of registration/legislation sighted
URL link or full name of registration/legislation	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Search date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Verified date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

By completing and signing this Record of Verification Procedure I declare that:

→ an identity verification procedure has been completed in accordance with the AML/CTF Rules, in the capacity of an AFSL holder or their authorised representative.

AFS Licensee Name	<input style="width: 100%;" type="text"/>	AFSL No.	<input style="width: 100%;" type="text"/>
Representative/Employee Name	<input style="width: 100%;" type="text"/>	Phone No.	<input style="width: 100%;" type="text"/>
Signature	<input style="width: 100%; height: 30px;" type="text"/>	Date verification completed	<input style="width: 100%;" type="text"/>