



# Instruction sheet

## Completing the identification form for Partnerships & Partners

### 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.

### What other identification can I provide?

If the individual does not have a primary identification document, you must provide two forms of acceptable secondary identification. For example, you can provide an Australian birth certificate and a document issued by the Australian Taxation Office within the preceding 12 months or a utilities notice within the preceding 3 months (e.g. electricity or water bill) containing the full name and residential address of the individual.

Alternatively, you may wish to obtain the individual's foreign driver's licence that contains the full name and a photo or signature of the individual, together with a foreign birth certificate that contains the full name and date of birth of the individual.

### Will documents in a language other than English be accepted?

Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. An accredited translator is any person who is currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or above.

### 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](http://bwami.com.au).

Section	
<b>1 Partnership Identification Procedure</b>	
1.1 General Information	●
1.2 Type of Partnership	●
1.3 Beneficial Owner(s)/Controller(s) of the Partnership	●
	A separate Individual identification form will need to be completed for each individual.
1.4 Partnership Details	●
	A separate Individual/Company identification form will need to be completed for each partner (unless the Partnership is regulated by a professional association then only required for ONE partner).
<b>2 Partnership Verification Procedure</b>	●
<b>3 Record of Verification Procedure</b>	●



## Identification Form Partnerships & Partners

### GUIDE TO COMPLETING THIS FORM.

This form is for Partnerships & Partners and accompanies the Australian Companies application form.

Provide details for the Partnership's Beneficial Owner(s)/Controller(s) (Section 1.3) and provide a separate Individual ID Form for each individual unless an Individual ID Form has already been provided for the individual.

Provide a separate Individual/Company ID Form for each partner unless an Individual ID Form has already been provided for the individual, or if the Partnership is regulated by a professional association then the identity of only ONE partner is required to be verified.

Complete all applicable sections of this form in BLOCK LETTERS.

### SECTION 1: PARTNERSHIP IDENTIFICATION PROCEDURE

#### 1.1 GENERAL INFORMATION

Full name of Partnership

Complete this section if the Partnership is trading in a business as registered with any state or territory business names legislation.

Full business name (if any)

ABN (if any)

Principal place of business (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

Country of establishment

Industry

Is the business operating as a charity?

Yes

No

If 'Yes', please complete the following question:

What is the objective/purpose of the charity? (e.g. vocational training for disabled persons, assistance for tsunami victims, building fund for a particular school or institution etc.)

#### 1.2 TYPE OF PARTNERSHIP (select only ONE of the following categories)

Is the partnership regulated by a professional association?

Yes (provide details below)

No

Name of association

Membership details

## 1.3 BENEFICIAL OWNER(S)/CONTROLLER(S) OF THE PARTNERSHIP

Are there any individuals who ultimately own 25% or more of the Partnership (either directly or indirectly)?

Yes (Complete 1.3.1)  No (Complete 1.3.2)

### 1.3.1 Beneficial Owner(s)

Provide full details for each Beneficial Owner.

**Complete a separate Individual ID Form for each individual unless an Individual ID Form has already been provided for the individual.**

#### Beneficial Owner 1

Full given name(s)

Surname

#### Beneficial Owner 2

Full given name(s)

Surname

#### Beneficial Owner 3

Full given name(s)

Surname

#### Beneficial Owner 4

Full given name(s)

Surname

If Section 1.3.1 has been completed then proceed to Section 1.4

### 1.3.2 Controller(s)

If there are no individuals who meet the requirement of 1.3.1, provide the details of the individuals who directly or indirectly control\* the partnership.

\* Includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official(s) of the partnership (such as the managing partner or senior managing official).

**Complete a separate Individual ID Form for each individual unless an Individual ID Form has already been provided for the individual.**

#### Controller 1

Full given name(s)

Surname

Please select one of the below

Controller who has 25% or more of the voting rights in the partnership, or power of veto

Controller who makes key strategic or financial decisions in the partnership.

Role of individual (e.g. senior managing partner)

#### Controller 2

Full given name(s)

Surname

Please select one of the below

Controller who has 25% or more of the voting rights in the partnership, or power of veto

Controller who makes key strategic or financial decisions in the partnership.

Role of individual (e.g. senior managing partner)

#### Controller 3

Full given name(s)

Surname

Please select one of the below

Controller who has 25% or more of the voting rights in the partnership, or power of veto

Controller who makes key strategic or financial decisions in the partnership.

Role of individual (e.g. senior managing partner)

**Controller 4**

Full given name(s)

Surname

Please select one of the below

Controller who has 25% or more of the voting rights in the partnership, or power of veto

Controller who makes key strategic or financial decisions in the partnership.

Role of individual (e.g. senior managing partner)

If there are more Controllers, provide details on a separate sheet and tick this box

**1.4 PARTNERSHIP DETAILS**

Provide the name of one of the Partners.

**Complete a separate Individual ID Form for the individual partner unless an Individual ID Form has already been provided for the individual or complete a separate Company ID Form if the partner is a Company**

**Partner 1**

Full given name(s)

Surname

**OR**

Full business name

**1.4.1 Additional information required if the Partnership is not regulated by a professional association**

Provide details for all the other Partners.

**Complete a separate Individual ID Form for each individual partner unless an Individual ID Form has already been provided for the individual or complete a separate Company ID Form for each partner that is a Company**

**Partner 2**

Full given name(s)

Surname

**OR**

Full business name

**Partner 3**

Full given name(s)

Surname

**OR**

Full business name

**Partner 4**

Full given name(s)

Surname

**OR**

Full business name

If there are more Partners, provide details on a separate sheet and tick this box

## SECTION 2: PARTNERSHIP VERIFICATION PROCEDURE

Information to be verified:

- Full name of the Partnership (for all Partnerships)
- Membership of a professional association (if the Partnership is regulated a professional association).

Tick ✓	Verification options (select one or more of the following options used to verify the Partnership)
<input type="checkbox"/>	An original, certified copy or certified extract of the partnership agreement.*
<input type="checkbox"/>	A certified copy or certified extract of minutes of a partnership meeting.*
<input type="checkbox"/>	An original or certified copy of accountant prepared financial statements for the last two years.
<input type="checkbox"/>	An original or certified copy of a business tax returns for the last two years.
<input type="checkbox"/>	An original or certified copy of a taxation notice from the ATO within the last 12 months. Block out the TFN before scanning, copying or storing this document.
<input type="checkbox"/>	A search of the relevant ASIC, government or other regulator's database (such as ABN lookup).
<input type="checkbox"/>	A current membership directory of the relevant professional association.

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

### IMPORTANT NOTE:

- Complete the Record of Verification Procedure in Section 3
- Ensure that a separate Individual ID Form has been completed for each Beneficial/Controller of the Partnership
- Ensure that a separate Individual/Company ID Form has been completed for each partner of the Partnership (unless the Partnership is regulated by a professional association then only required for ONE partner)
- You may wish to attach copies of the ID documentation used to verify the Partnership (and any required translation).

## 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"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Performed search <input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Issuer/Website	<input type="text"/>	<input type="text"/>
Document type	<input type="text"/>	<input type="text"/>
Issue date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Search date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

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
- a separate Individual ID Form has been completed for each Beneficial/Controller of the Partnership
- a separate Individual/Company ID Form has been completed for each partner of the Partnership (unless the Partnership is regulated by a professional association then only required for ONE partner)

AFS Licensee Name	<input type="text"/>	AFSL No.	<input type="text"/>
Representative/Employee Name	<input type="text"/>	Phone No.	<input type="text"/>
Signature	<input type="text"/>	Date verification completed	<input type="text"/>