

**GUIDE TO COMPLETING THIS FORM**

- o This form is for **GOVERNMENT BODIES** only. **GOVERNMENT BODIES** include governments of a country, an agency or authority of the government of a country, the government of part of a country or an agency or authority of the government of part of a country (including a state, province, county or municipality). To be considered a **GOVERNMENT BODY**, the earnings of any agency or authority must be credited to the account of the government, with no portion inuring to the benefit of any private person/s.
- o Provide details for the Beneficial Owners of Foreign Government Bodies (Section 1.3) and provide separate **INDIVIDUAL ID Forms** for each of these Beneficial Owners.
- o 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 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 (Non-Australian) Government Body *please specify Country*

If the Government Body is Australian, proceed to Section 2 (no need to provide Beneficial Ownership information).

**1.3 Beneficial Ownership**

For Foreign Government Bodies, provide the names of the individuals that directly or indirectly control the Government Body, such as the Chairman, President, Treasurer or Secretary of the Government Body.

**Complete separate individual customer ID Forms for each of these individuals.**

Full given name(s)	Surname	Role (such as Chairman, President, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please Note: Beneficial Owner/s must be listed above and individual ID Forms completed for all Beneficial Owners.**

If there are more Beneficial Owners, provide details on a separate sheet and tick this box ☐.

**Government Body Verification procedure**

Information to be verified:

- o Full name of the government body
- o Full address of the government body's principal place of operations
- o That the government body is a body of the Commonwealth of Australia, a State or Territory of Australia or a foreign country

Tick ✓	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 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.

**IMPORTANT NOTE:**

- **Ensure that individual customer ID Forms have been provided for Foreign Government Bodies as per 1.3 AND**
- **Attach a legible certified copy of the ID documentation used to verify the government body (and any required translation) OR**
- **Alternatively, if agreed between your licensee and the product issuer, complete the Record of Verification Procedure section below, and DO NOT attach copies of the ID Documents**

**SECTION 3: RECORD OF VERIFICATION PROCEDURE**

ID DOCUMENT DETAILS	
Verified From	<input type="checkbox"/> Performed search <input type="checkbox"/> Copy of legislation sighted
URL link / Full name of legislation	
Search date	
Date Verified	
Accredited English Translation	<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;
- individual customer ID Forms have been provided for the Beneficial Owners (for Foreign Government Bodies)

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"/>