

# Customer Identification Verification Form

Australian company, trust (incl. super funds) or partnership



## Important information

This verification form is provided to collect the necessary customer information as required under the Anti-Money Laundering and Counter Terrorism Financing Act (2006) and related rules and guidance from AUSTRAC (AML/CTF requirements). This verification form must be completed along with your application form. For your application to be processed by Aviva Investors Australia Limited you must ensure that both forms are completed and forwarded to us.

## When completing this form

- If you are investing through a financial adviser, please ensure your financial adviser completes relevant parts of Part A and all of Part B, C and D of this form.
- If you are not investing through a financial adviser, please complete relevant parts of Part A and all of Part E.
- Provide this verification form and a legible copy of the certified identification document(s), if required, to Aviva Investors with a completed application form.

## Please complete this form for the following customer types:

- Australian companies: Complete Part A Question 1-7. Trusts: go to Part A Question 8-11. Partnerships: go to Part A Question 12-13. Individuals and sole traders should complete the verification form: Customer identification – individual or sole trader. You can obtain a copy from [www.avivainvestors.com.au](http://www.avivainvestors.com.au)
- Foreign Companies, Government Bodies and Registered Co-Operatives should complete the verification form: Customer identification – Foreign Companies, Government Body and Registered Co-Operative. You can obtain a copy from [www.avivainvestors.com.au](http://www.avivainvestors.com.au)

## Part A - Customers

### Australian company details

#### 1. Do you have an Australian Company Number (ACN)?

No, please complete the Verification form: Customer identification – Foreign Companies, Government Body and Registered Co-Operative. Do not complete this form.

Yes, please provide your company ACN

#### 2. Full name of company as registered with ASIC

#### 3. Full address of the company's registered office (PO box is not accepted)

Suburb  State  Postcode

Country

#### 4. Address of principal place of business (if same as above, write 'as above')

Suburb  State  Postcode

Country

**5. Is the company a proprietary company?**

- No
- Yes, please provide the name of each director of the company below

**Full name of director(s)**

**Full name of director(s)**

If space provided is not sufficient, please attach an additional page

**6. Is the company a public company?**

- No
- Yes, please specify:
  - Listed, please provide the name of the relevant stock exchange
  - Unlisted

**7. Is the company regulated (eg Commonwealth, Territory or State)?**

- No, please provide the name and residential address of each shareholder who owns 25 per cent or more of the issued capital of the company through one or more share holdings.

**Full name of shareholder(s)**

**Residential address, including country  
(PO Box not accepted)**

If space provided is not sufficient, please attach an additional page.

- Yes, please provide the name of the regulator and your relevant licence details

Name of regulator

Licence type

Licence number

- If you have a financial adviser, please ensure your financial adviser completes Part B, C and D
- If you do NOT have a financial adviser, please complete Part E

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**Trust details (Superannuation funds or other trusts)**

**8. Please provide trust details**

Full name of trust

Full business name, if any, of the trustee

Country in which the trust was established

**9. Please select the type of trust and provide details, if required (tick one box only).**

- Registered managed investment scheme Please provide Australian Registered Scheme Number (ARSN)  (Go to question 11)
- Regulated trust Please provide regulator name   
Please provide licence type   
Please provide licence number  (Go to question 11)
- Government superannuation fund Please provide the name of the legislation under which the fund was established  (Go to question 11)
- Wholesale trust (Go to question 11)
- Other trust (including self-managed super funds and family trusts)

**10. Do the terms of the trust identify the beneficiaries by reference to membership class?**

- No, please provide the full name of each beneficiary of the trust

**Beneficiary name in full**

If space provided is not sufficient, please attach an additional page.

- Yes, please provide membership class details

**11. Please provide details of all trustees (individual and company)**

**Details of each trustee who is an individual**

You must also provide customer identification documents for one of the individuals. Please refer to Part E for acceptable documents.\*

**Trustee 1 name in full**

**Date of birth**

  /  / 

**Residential Address**

**Trustee 2 name in full**

**Date of birth**

  /  / 

**Residential Address**

**Trustee 3 name in full**

**Date of birth**

  /  / 

**Residential Address**

If space provided is not sufficient, please attach an additional page.

### Details of each trustee who is a company

You must provide further details for one of the companies listed. Please complete Part A, questions 1 to 7. You must also provide customer identification documents for that company. Please refer to Part E for acceptable documents.\*

**Trustee name in full**

**Residential address, including country  
(PO Box not accepted)**

If space provided is not sufficient, please attach an additional page.

\* Financial advisers please note, you may choose to retain these documents. Please refer to Section 3.

- If you have a financial adviser, please ensure your financial adviser completes Part B, C and D
- If you do NOT have a financial adviser, please complete Part E

You must also provide customer identification documents for this individual. Please refer to Part E for acceptable documents.\*

\* Financial advisers please note, you may choose to retain these documents. Please refer to Part C.

- If you have a financial adviser, please ensure your financial adviser completes Part B, C and D.
- If you do NOT have a financial adviser, please complete Part E.

### Partnership details

#### 12. Please provide partnership details

Full name of partnership

Registered business name

Country where the partnership was established

#### 13. Is the partnership regulated by a professional association?

- No, please provide details for each partner. (You must also provide customer identification documents for one of the individuals. Please refer to Part E for acceptable documents\*).

**Partner name in full**

**Date of birth**

**Partner Residential address (PO box is not accepted)**

**Partner name in full**

**Date of birth**

**Partner Residential address (PO box is not accepted)**

**Partner name in full**

**Date of birth**

**Partner Residential address (PO box is not accepted)**

- Yes, please provide the name of the regulator, your relevant licence details and details for one partner.

**Name of association**

**Membership number**







If space provided is not sufficient, please attach an additional page.

**Chairman / Secretary / Treasurer name in full**

**Date of birth**

 /   /  

**Partner Residential address (PO box is not accepted)**

## Adviser only

### Part B - Confirmation

- I confirm that I have completed an appropriate customer identification procedure for the client listed above as prescribed within the AML/CTF requirements. I also confirm that the customer identification documents sighted were correctly certified and were verifiable against the client details provided in the application form.

### Part C - Record of identification procedure

#### Copy of ID document(s):

- Not attached**

Please do not tick this box unless you (as Licensee) or your adviser group has signed a commercial agreement with Aviva Investors Australia Limited for the purposes of collecting customer information under the AML/CTF requirements. By ticking this box you acknowledge that, as per the original commercial agreement, you will collect, verify and store the relevant customer information for AML purposes on Aviva Investors' behalf. By ticking this box you also agree to provide Aviva Investors access to the stored customer information should we request it. If you have ticked this box, please complete the following table

ID Document details	Document 1	Document 2
Verified from	<input type="checkbox"/> Certified original <input type="checkbox"/> Copy	<input type="checkbox"/> Certified original <input type="checkbox"/> Copy
Document Issuer		
Issue Date		
Expiry Date		
Document Number		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

- Attached** (This is not necessary if you have signed a commercial agreement with Aviva Investors as per above.)

Please provide either:

- documentation for the Australian company, trust or partnership
- documentation for an individual where required  
(see pages 6 and 7 for details about ID documents)

## Part D - Financial adviser details

Identification and verification was conducted by:

Financial adviser's name

Telephone

AFS Licensee name

Adviser number

Adviser  
signature

Date   /   /

## Part E - Customer identification procedure

I confirm that I have attached certified customer ID documents as requested.

Customer  
signature

Date   /   /

### Customer identification checklist

You must attach the following certified documents to this form. Refer to page 8 to find out who can certify customer ID documents.

#### Australian companies

##### Provide the following:

An original or certified copy of a certificate of registration issued by ASIC.

#### Trusts

##### Provide one of the following:

- An original, certified copy or certified extract of the trust deed confirming the full name of the trust (front page, recitals and signing page will suffice).
- A notice (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months.
- A disclosure certificate.

##### And also provide

Relevant ID documents for the identified trustee (individual or company).

#### Partnerships

##### Provide one of the following:

- An original, certified copy or extract of the partnership agreement.
- A certified copy or certified extract of the minutes from a partnership meeting.
- An original current membership certificate (or equivalent) of a professional association.
- Membership details independently sourced from the relevant professional association.
- A notice (such as a notice of assessment) issued by the Australian Taxation Office within the last 12 months.
- An original or certified copy of a certificate of registration of business name issued by a government or government agency in Australia.

##### And also provide

Relevant ID documents for the identified partner (individual).

## **Individuals**

### **Please provide one of the following:**

- Current driver's licence/permit issued by a State or Territory containing a photograph of the person.
- Australian passport (a passport that has expired within the preceding two years is acceptable).
- Card issued under a State or Territory for the purpose of providing a person's age containing a photograph of the person (eg proof of age card).
- Current foreign driver's licence, passport or similar travel document containing the photograph and the signature of the person in whose name the document was issued.\*
- National identity card issued by a foreign government containing a photograph of the person in whose name the card was issued.\*

### **If you cannot provide a document listed above, please provide a document for each client from (a) and (b) below.**

#### **(a) Provide one of the following:**

- Birth certificate or birth extract.\*
- Citizenship certificate issued by the Commonwealth.
- Citizenship certificate issued by a foreign government.\*
- Pension card issued by Centrelink. Health card issued by Centrelink.

#### **(b) and also provide one of the following:**

- A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and contains the individual's name and residential address.
- A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address.
- A notice issued by a local government body or utilities provider within the preceding three months, which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).
- If under the age of 18, a notice that:
  - was issued to the customer by a school principal within the preceding three months, and
  - contains the customer's name and residential address, and
  - records the period of time that the customer attended the school.

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

**Please refer overleaf to find out who can certify customer ID documents.**

## **Who can certify customer ID documents?**

**Under the AML/CTF requirements the following 'authorised individuals' are able to certify proof of ID documents:**

1. 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)
2. a judge of a court
3. a magistrate
4. a chief executive officer of a Commonwealth court
5. a registrar or deputy registrar of a court
6. a Justice of the Peace
7. a notary public (for the purposes of the Statutory Declarations Regulations 1993)
8. a police officer
9. an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
10. a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
11. an Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
12. an officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
13. a finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993)
14. an officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees; and
15. a member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.

**When certifying documents, the following process must be followed:**

- All copied pages of original proof of ID documents must be certified.
- The authorised individual must ensure that the original and the copy are identical; then write or stamp on the copied document 'certified true copy'. This must be followed by the date and signature, printed name and qualification of the authorised individual.
- In cases where an extract of a document is photocopied to verify customer ID, the authorised individual should write or stamp 'certified true extract'.