IDENTIFICATION FORM ASSOCIATIONS

GUIDE TO COMPLETING THIS FORM

- This form is for ASSOCIATIONS. Complete the following in BLOCK LETTERS:
- o Provide details for the Association's Beneficial Owners (Section 1.4) and provide separate INDIVIDUAL ID Forms for each of these Beneficial Owners.
- o Tax information must be collected from an authorised representative of the Association

• Complete all applicable sections of this form in BLOCK LETTERS.

SECTION 1: ASSOCIATION IDENTIFICATION PROCEDURE

1.1 General Informat					
Full name of Associat	ion				
Full name of the follow	wing (or equivalent in each case):				
	Full Given Name(s) of officer (if applica	able)	Surname		
Chairman					
Secretary					
Treasurer					
1.2 Association Typ	be (select \checkmark only ONE of the following cat	tegories)			
Incorporated A	ssociation				
Provide any ID number)	number issued on incorporation (e.g. regis	stration/ incorporation			
	d Association				
1.3 All Associations	(select \checkmark and provide ONE of the following	ng)			
	of the principal place of administration of the address of an office holder of the Associ		is no principal place of ad	dministration, provide t	he address of
Principal place of					
Address(PO Box is N	VOT acceptable)				
Street					
Suburb		State	Postcode	Country	
If a principal place of Registered office	of administration is provided go to Section	n 1.4.		·	

Address (PO Box is N	IOT acceptable)						
Street							
Suburb		State		Postcode		Cou	untry
If a registered office	is provided go to Section 1.4.						
Name & Residentia	al address of the public officer (or presi	dent, sec	retary or treas	urer if there	is no public o	fficer)	
Full Given Name(s)	of officer (if applicable)	S	urname			F	Position
Address (PO Box is N	IOT acceptable)						
Street							
Suburb		State		Postcode		Cou	untry
Proceed to Section 1	.4.						

1.4 Beneficial Ownership

Provide the names of the individual members that directly or indirectly control the Association, such as the Chairman, President, Treasurer or Secretary of the Association.

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

Full given name(s)	Surname	Role (such as Chairman, President, etc.)

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 \Box .

SECTION 2: TAX INFORMATION

Collection of tax status in accordance with the United States Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

Yes 🗌

Is the Association a tax resident of a country other than Australia?

(An Association created or established under the laws of a country other than Australia)

If Yes, please provide the Association's country of tax residence and tax identification number (TIN) or equivalent below. If the Association is a tax resident of more than one other country, please list all relevant countries below.

If No, proceed to section 3.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or an Employee Identification Number in the US. If a TIN is not provided, please list one of the three reasons specified (A, B or C) for not providing a TIN.

1.	Country	TIN	
2.	Country	TIN	
3.	Country	TIN	

If no TIN, list reason A, B or C
If no TIN, list reason A, B or C
If no TIN, list reason A, B or C

No 🗌

If there are more countries, provide details on a separate sheet and tick this box. \Box .

Reason A The country of tax residency does not issue TINs to tax residents

Reason B The Association has not been issued with a TIN

Reason C The country of tax residency does not require the TIN to be disclosed

SECTION 3: ASSOCIATION VERIFICATION PROCEDURE

The procedure to verify the identity of the Association is set out in 2.1 (for incorporated Associations) and 2.2 (for unincorporated Associations).

SECTION 3.1: INCORPORATED ASSOCIATION VERIFICATION PROCEDURE

Incorporated Association Verification procedure

Information to be verified:

o Full name of the Association

o ID number issued on Incorporation (if any).

Tick ✓	Verification options (select one or more of the following options used to verify the Incorporated Association)
	Information provided by ASIC or the government body responsible for the incorporation of the Association.
	An original, certified copy or certified extract of the Constitution or Rules of the Association. *
	An original, certified copy or certified extract of the minutes of a meeting of the Association. *

OR

SECTION 3.2: UNINCORPORATED ASSOCIATION VERIFICATION PROCEDURE

Unincorporated Association Verification procedure Information to be verified:

 Full name of the Association 				
Tick 🗸	Verification options (use the following to verify the Unincorporated Association)			
	A search of a relevant government or regulator database (such as ABN lookup).			
	An original, certified copy or certified extract of the Constitution or Rules of the Association. *			
	An original, certified copy or certified extract of the minutes of a meeting of the 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:

→ Ensure that individual customer ID Forms have been provided for the Association's Beneficial Owners as per 1.4 AND

→ Attach a legible certified copy of the ID documentation used to verify the Association and selected member (where applicable), including any required translations