

# How to complete the AML/CTF Investor Identification Information Form

The Australian government has introduced legislation called the 'Anti-Money Laundering and Counter Terrorism Financing Act 2006' which is designed to combat money laundering and terrorism financing.

The introduction of this legislation means that investors must provide additional identification details when they request a 'designated service'. You may also be asked to provide supporting identity documentation.

## What is a designated service, and are you requesting one of them?

1. Are you buying securities in a managed investment scheme (e.g. trust) through an Off-market Transfer?
2. Are you applying for securities in a managed investment scheme (e.g. a trust) by completing an application form?

If the answer is yes to any of these questions, you are requesting a designated service and therefore must complete an 'Investor Identification Information Form' and provide the identity documents specified on the form.

## Which type of investor are you and which section of the form should you complete?

The amount of information you need to provide depends upon your Investor type. You need only complete the section(s) of the form that relate to your particular Investor type and circumstances, as follows:

Investor Type	Form
Individual OR Deceased Individual	Individual OR Deceased Individual
Company (foreign or domestic)	Company
Trust/Partnership/SMSF	Trust/Partnership/SMSF <b>and an</b> Individual form <b>OR a</b> Company form in relation to all of the trustees/partners that will be the registered holders
Financial Planners, Brokers or other AFSL Holders	AFS Licensee Information Form

## What do you need to do?

1. Complete the appropriate form or forms for your Investor type by typing it, or handwrite in blue or black pen ink. Do not use correction fluid/tape or pencil. Please initial all corrections. Complete one form for each Investor.
2. **Include originally certified copies** of identity documents as specified on each form. A list of people who can certify documents is on the other side of this page. **Do not** send original documents as they may get lost. Certified copies of documents will not be returned to you.
3. Each Agent or Power of Attorney acting on behalf of an Individual Investor who has been appointed to make decisions "jointly" must identify themselves and provide supporting documentation.
4. If you are requesting a designated service via a financial planner or broker, provide your identity documents to them for verification.
5. Attach all of the relevant documents to the front of the transfer or application form and mail to:

Aspen Group  
PO Box 3442  
Adelaide Terrace  
PERTH WA 6832

**Please note:** If you are lodging this form with an 'Application for Securities' such as the type used in a float or public offer, please send your AML form with your application to the address specified on the application form or in the PDS document.

## AFS Licensees:

6. Verify the Investors identity and then complete the AFS Licensee form. Attach it to the Investor Identification Information Form.

## Who can certify identity documents for you?

The following individuals are authorised to certify identity documents. One of the people on this list should certify your identity documents or we may have to reject your forms. **You may not certify your own identity documents.**

### Part 1 Occupations

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- 101 Chiropractor
- 102 Dentist
- 103 Legal practitioner
- 104 Medical practitioner
- 105 Nurse
- 106 Optometrist
- 107 Patent attorney
- 108 Pharmacist
- 109 Physiotherapist
- 110 Psychologist
- 111 Trade marks attorney
- 112 Veterinary surgeon

### Part 2 Other persons

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- 201 Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- 202 Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- 203 Bailiff
- 204 Bank officer with 2 or more continuous years of service
- 205 Building society officer with 2 or more years of continuous service
- 206 Chief executive officer of a Commonwealth court
- 207 Clerk of a court
- 208 Commissioner for Affidavits
- 209 Commissioner for Declarations
- 210 Credit union officer with 2 or more years of continuous service
- 211 Employee of the Australian Trade Commission who is:
  - (a) in a country or place outside Australia; and
  - (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and
  - (c) exercising his or her function in that place
- 212 Employee of the Commonwealth who is:
  - (a) in a country or place outside Australia; and
  - (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and
  - (c) exercising his or her function in that place
- 213 Fellow of the National Tax Accountants' Association
- 214 Finance company officer with 2 or more years of continuous service
- 215 Holder of a statutory office not specified in another item in this Part
- 216 Judge of a court
- 217 Justice of the Peace
- 218 Magistrate
- 219 Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961
- 220 Master of a court
- 221 Member of Chartered Secretaries Australia
- 222 Member of Engineers Australia, other than at the grade of student
- 223 Member of the Association of Taxation and Management Accountants
- 224 Member of the Australian Defence Force who is:
  - (a) an officer; or
  - (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 or more years of continuous service; or
  - (c) a warrant officer within the meaning of that Act
- 225 Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

- 226 Member of:  
(a) the Parliament of the Commonwealth; or  
(b) the Parliament of a State; or  
(c) a Territory legislature; or  
(d) a local government authority of a State or Territory
- 227 Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961
- 228 Notary public
- 229 Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- 230 Permanent employee of:  
(a) the Commonwealth or a Commonwealth authority; or  
(b) a State or Territory or a State or Territory authority; or  
(c) a local government authority;  
with 5 or more years of continuous service who is not specified in another item in this Part
- 231 Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- 232 Police officer
- 233 Registrar, or Deputy Registrar, of a court
- 234 Senior Executive Service employee of:  
(a) the Commonwealth or a Commonwealth authority; or  
(b) a State or Territory or a State or Territory authority
- 235 Sheriff
- 236 Sheriff's officer
- 237 Teacher employed on a full-time basis at a school or tertiary education institution
- 238 Member of the Australasian Institute of Mining and Metallurgy
- ### An officer or authorised representative of an Australian Financial Services Licensee e.g. Financial Planner

**Privacy Statement:**

Aspen Group advises that the Anti-Money Laundering & Counter Terrorism Financing Act 2006 (AML/CTF) requires information about you (including but not restricted to, your name, street address, date of birth or country of origin) be collected and verified before a designated service is provided to you. The minimum information collected complies with the rules of the AML/CTF Act. Aspen Group or its Share Registry may request additional information from you before providing you with the requested designated service.

**Please note:** your personal information may be disclosed to the AML/CTF regulator, AUSTRAC or a law enforcement agency.

# INDIVIDUAL

## Investor Identification Information Form

Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation 2006

### Service Requested by the Investor

Please tick one

- Off-market transfer registration
- Application for an issue of securities

### Issuer Details

Issuer name

Security code/Description

### Section 1

### Investor identification details

Surname

Date of birth

First name(s)

Middle name(s)

Residential street address (Do not use a PO Box or C/- Address)

Line 1

Suburb/Town/City

Line 2

State/Territory/County/Region

Line 3

Post/Zip code

Line 4

Country (if not Australia)

### Section 2

### Investors Agent or Power of Attorney or Person Acting on behalf of a Minor

Full name of person acting on behalf of the Individual

Residential address (Do not use a PO Box or C/- Address)

Address line 1

Phone number

Address line 2

Date appointed as agent or POA

### Proof of Identity and Authorisation to Act on the Investors Behalf

- I have attached a certified copy of my drivers licence, passport or other photo Id which confirms my details above and contains my signature; and  Agent
- I have attached a certified copy of my authorisation to Act on behalf of the Investor. (Tick from list over page)  Power of Attorney
- In the case of a minor, I have attached a certified copy of the minors birth certificate or extract of birth.  Parent or Guardian

Signature

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Date

Section 1 -- to be completed by all Investors.

Section 2 -- to be completed by a person authorised to Act for the Individual.

## Authorisation – In relation to the person authorised to act for the Individual

Please **DO NOT** attach original documents. Send only **certified copies** of original documents. Documents will not be returned.

<b>Tick ✓</b>	
	Authority to act as Investors Agent
	Power of Attorney
	Minor(s) Statement and Indemnity

## Section 3 Identification documents – to be completed by or for the Investor

Please complete either Option 1 or Option 2 and attach the applicable document(s). Please **DO NOT** attach original documents. Send only **certified copies** of original documents. Documents will not be returned. Holders of an AFSL providing a service to the Investor must complete the AFS Licensee form at the end of this document which certifies they have verified the identity of the Investor.

### Option 1 – Please attach at least 1 document

<b>Tick ✓ 1</b>	<b>Primary photographic identity document</b>
	Drivers Licence
	Australian Passport (current or expired in the last 2 years)
	International Travel Document – foreign passport
	Proof of Age Card
	National Identity Card

### OR Option 2 – Please attach at least 1 primary non-photographic document and 1 secondary non-photographic document

<b>Tick ✓ 1</b>	<b>Primary non-photographic identity document; AND</b>
	Australian Birth Certificate or Extract of Birth
	Australian Citizenship Certificate
	Foreign Citizenship Certificate
	Foreign Birth Certificate
	A Centrelink Pension card or Centrelink Healthcare card
<b>Tick ✓ 1</b>	<b>Secondary non-photographic identity document</b>
	A financial benefit notice issued by the Commonwealth, State or Territory within the last 12 months
	An income tax assessment notice issued within the last 12 months
	A local government notice (e.g. council rates) or utilities notice (e.g. power, gas or phone bill) issued within the last 3 months
	In relation to a minor (under 18 years of age) a notice issued by a school principal within the last 3 months

**All foreign language documents must be accompanied by an English translation prepared by an accredited translator**

Investors signature



Date

dd	/	mm	/	yyyy
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Section 3 – to be completed by direct Investors.



# DECEASED INDIVIDUAL

## Investor Identification Information Form

Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation 2006

Complete this form if the deceased Individual eg. Estate John Smith is applying for securities.

Service Requested by the Investor	Issuer Details
Please tick one	Issuer name
<input type="checkbox"/> Off-market transfer registration	<input type="text"/>
<input type="checkbox"/> Application by a deceased estate for an issue of securities	Security code/Description
	<input type="text"/>

### Section 1 Identification details of the Deceased Individual

Surname of the Deceased  Date of birth

First name(s)  Middle name(s)

Residential street address (Do not use a PO Box or C/- Address)

Line 1  Suburb/Town/City

Line 2  State/Territory/County/Region

Line 3  Post/Zip code

Line 4  Country (if not Australia)

Date of Death

### Section 2 Details of Person Authorised to Act on Behalf of a Deceased Individual

Full name of person acting on behalf of the deceased individual  Phone number

Residential address (Do not use a PO Box or C/- Address)

Address line 1

Address line 2

### Proof of Identity and Authorisation to Act on the Deceased Investors Behalf

I have attached a certified copy of my drivers licence, passport or other photo ID which confirms my details above and contains my signature; and

I have attached a certified copy of my authorisation to Act on behalf of the Deceased Individual (tick from the list over page); and

I have attached a certified copy of the death certificate

Surviving joint holder

Next of Kin

Executor/Administrator

Signature  Date

Section 1 – to be completed by the person authorised to act on behalf of a deceased Individual.

Section 2 – to be completed by a person authorised to act for the deceased individual.

**Authorisation – In relation to the person authorised to act for the Deceased Individual**

Please **DO NOT** attach original documents. Send only **certified copies** of original documents. Documents will not be returned.

Tick ✓	
	Grant of Probate
	Letters of Administration
	Will
	Statutory Declaration – Next of Kin



# COMPANY

## Investor Identification Information Form

Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation 2006

### Service requested by the Investor

Please tick one

- Off-market transfer registration
- Application for an issue of securities

### Issuer details

Issuer name

Security code/Description

### Section 1

### Investor identification details

Company name

Registered office street address (Do not use a PO Box or C/- Address)

Line 1

Line 2

Line 3

Line 4

Suburb/Town/City

State/Territory/County/Region

Post/Zip code

Country (if not Australia)

Country of incorporation/Origin

Principal place of business street address (Do not use a PO Box or C/- Address)

Line 1

Line 2

Line 3

Line 4

Suburb/Town/City

State/Territory/County/Region

Post/Zip code

Country (if not Australia)

### Company type and registration details

Please tick from each column

Domestic company

Public company

ASIC registered

ACN or ARBN

Foreign company

Proprietary or Private company

Foreign registered

and/or

Foreign registration number

Section 1 – to be completed by all Investors.

Sections 2 & 3 – to be completed by private or proprietary Company Investors.

**Section 2** If a proprietary or private company, the full name of each director of the company

Name  
 \_\_\_\_\_  
 \_\_\_\_\_

Name  
 \_\_\_\_\_  
 \_\_\_\_\_

Name  
 \_\_\_\_\_  
 \_\_\_\_\_

Name  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 3** If a proprietary or private company, the name and address of the beneficial owners owning 25% or more of the issued capital

Name  
 \_\_\_\_\_

Address (Do not use a PO Box or C/- Address)  
 \_\_\_\_\_  
 \_\_\_\_\_

Name  
 \_\_\_\_\_

Address (Do not use a PO Box or C/- Address)  
 \_\_\_\_\_  
 \_\_\_\_\_

Name  
 \_\_\_\_\_

Address (Do not use a PO Box or C/- Address)  
 \_\_\_\_\_  
 \_\_\_\_\_

Name  
 \_\_\_\_\_

Address (Do not use a PO Box or C/- Address)  
 \_\_\_\_\_  
 \_\_\_\_\_

Name  
 \_\_\_\_\_

Address (Do not use a PO Box or C/- Address)  
 \_\_\_\_\_  
 \_\_\_\_\_

Section 4 – to be completed by direct Investors.


**Section 4** Identification documents – to be completed by the Investor

Please attach at least 1 identification document which verifies the identity of the company. Please **DO NOT** attach original documents. Send only **certified copies** of original documents. Documents will not be returned. Holders of an AFSL providing a service to the Investor must complete the AFS Licensee form at the end of this document which certifies they have verified the identity of the Investor.

Tick ✓	Identity document
	A certificate of registration issued by ASIC or other regulator.
	A licence issued by a domestic or foreign regulator.
	A disclosure certificate that verifies information about the company.
	Other, please specify:

**All foreign language documents must be accompanied by an English translation prepared by an accredited translator**

Director or Sole Director  
 \_\_\_\_\_ 

Director or Company Secretary  
 \_\_\_\_\_ 

Company Seal

Date  
 \_\_\_\_\_

dd / mm / yyyy



# TRUST/PARTNERSHIP/ SELF MANAGED SUPERANNUATION FUND

## Investor Identification Information Form

Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation 2006

### Service requested by the customer

Please tick one

- Off-market transfer registration
- Application for an issue of securities

### Issuer details

Issuer name

Security code/Description

### Section 1

### Investor identification details

Trust/Partnership/SMSF name

Business name or trading name (if any) of the Trustee/Responsible entity/Partnership

Country of Establishment/Origin

Date of Establishment

Customer Type (tick one)

- Trust
- Partnership
- SMSF

Type of Trust or Partnership

- Unit Trust
- Registered MIS
- Family Trust
- Charitable Trust
- Property Trust
- Unregistered MIS
- Government Superannuation Fund
- Formal Partnership
- Corporate Unit Trust
- Authorised Trustee Corporation
- Self Managed Super Fund (SMSF)
- Informal Partnership
- Public Trading Trust
- Managed Investment Trust
- Other → Specify

### Section 2

### Trust beneficiary details

#### Full name of the trust beneficiaries OR member class of beneficiary

Each beneficiary's full name OR each member class


Section 1 – to be completed by all investors.

Section 2 – to be completed by trust investors.

Sections 3 & 4 – to be completed by all investors.

**Section 3 Trustee or Partners identification details**

Trustee/Partner 1 Trustee or Partner type (tick one)  Individual  Company

Full name of Trustee or Partner

Address (Do not use a PO Box or C/- Address)

Address line 1

Address line 2

Trustee/Partner 2 Trustee or Partner type (tick one)  Individual  Company

Full name of Trustee or Partner

Address (Do not use a PO Box or C/- Address)

Address line 1

Address line 2

Trustee/Partner 3 Trustee or Partner type (tick one)  Individual  Company

Full name of Trustee or Partner

Address (Do not use a PO Box or C/- Address)

Address line 1

Address line 2

**Section 4 Identification procedure for all of the Trustees/Partners**

Number	Identity procedure
	Individual Trustee/Partner – Please complete the applicable sections of the identity information form for individuals. If you are applying directly, remember to attach certified copies of identification documents so that your identity as a trustee can be verified.
	Company Trustee/Partner – Please complete the applicable sections of the identity information form for a company. If you are applying directly, remember to attach certified copies of identification documents so that your identity as a trustee can be verified.
	SMSF – Please provide documentary evidence that supports the existence and complying status of the self managed superannuation fund as well as the information and identity evidence required about all of the trustees that will be the registered holders.

Please attach the completed trustee identity information form and identity documents to the back of this document.

**Section 5 Identification documents – to be completed by the customer**

Please attach at least 1 identification document which verifies the identity of the trust. Please **DO NOT** attach original documents. Send only **certified copies** of original documents. Documents will not be returned.

Tick ✓	1	Trustee/Partner identity procedure
		A certified copy of the trust deed or Partnership Agreement confirming the full name of the trust/partnership; type of trust; country where the trust/partnership established and the name of each beneficiary or class of beneficiary. If the trust is a unit trust you will need to provide a certificated extract of the trust register to confirm the name of each beneficiary.
		A certificate issued to the trust by ASIC or other regulator
		A certificate of complying status from the ATO for SMSF
		A printout of a "Look up" from Super Fund Look up for SMSF

All foreign language documents must be accompanied by an English translation prepared by an accredited translator

If the trustee/partner is an individual, please also provide identification documentation required for individuals.  
 If the trustee/partner is a company, please also provide identification documentation required for companies.

Trustee/Partner Signature 

Trustee/Partner Signature 

Date

Section 5 – to be completed by direct investors.

## AFS Licensee Information Form

**Anti-Money Laundering and Counter Terrorism Financing (AML/CTF) legislation 2006**

Investors full name

Investor type:

- Individual    
  Individual Deceased    
  Trust    
  Partnership  
 Company    
  Individual – Minor    
  SMSF

### Record of Investor identification procedure – To be completed by AFS licensee

Identity details	Primary document – Individuals and non-individuals (Do not attach original documents)	Secondary document – Individuals (Originals will not be returned)
Identity verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
The identity document is	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached
Document details	Primary document	Secondary document
Document issuer		
Issue date	dd / mm / yyyy	dd / mm / yyyy
Expiry date	dd / mm / yyyy	dd / mm / yyyy
Document number		
Accredited English translation	<input type="checkbox"/> Original <input type="checkbox"/> Attached <input type="checkbox"/> Sighted	<input type="checkbox"/> Original <input type="checkbox"/> Attached <input type="checkbox"/> Sighted

### AFS licensee details – Financial Planner, Financial Advisor, Broker

AFS Licensees or their representatives, who are arranging a designated service for the Investor must complete this section of the Investor identification information form verifying that they have confirmed the Investors identity.

Full name of AFS representative

AFS licensee type

 Planner      Advisor      Broker

AFS licensee name

AFS license number

Licensee address

Phone number



I confirm that I have sighted original or certified copies of the Investors identity documents; and (where applicable).

I confirm that I have sighted original or certified copies of the Investors Agent or Power of Attorney identity documents.

AFS licensee signature

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Date verified