



# MAPLE-BROWN ABBOTT

INVESTMENT MANAGERS SINCE 1984

## Customer Identification for Associations

To comply with our obligations under the *Anti-Money Laundering (AML) and Counter Terrorism Financing (CTF) Act 2006*, Maple-Brown Abbott customers must complete customer identification in addition to the Initial Application Form.

To comply with our obligations under the United States legislation, *Foreign Account Tax Compliance Act 2010 (FATCA)*, Common Reporting Standard (CRS), or corresponding Australian legislation, we must ask certain information about each investor, and where applicable, obtain certain details from the relevant investors.

**YOU MUST COMPLETE CUSTOMER IDENTIFICATION AS PART OF THE APPLICATION PROCESS. CUSTOMER IDENTIFICATION FORMS FOR OTHER ENTITY TYPES ARE AVAILABLE ON OUR WEBSITE.**

**COMPLETE THIS FORM IN CLEAR CAPITAL LETTERS.**

### SECTION 1: ASSOCIATION DETAILS

#### SECTION 1A: GENERAL INFORMATION

Full name of Association

  

Provide ID number issued on incorporation (eg registration/incorporation number) (if any)

Full name of the following (or equivalent in each case):

#### 1 CHAIRMAN

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s)

Surname

#### 2 SECRETARY

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s)

Surname

#### 3 TREASURER

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s)

Surname

➤ Proceed to Section 1B

### SECTION 1B: ASSOCIATION TYPE

Select  **ONE** of the following categories.

Incorporated Association

➤ Proceed to Section 1B.1

Unincorporated Association

➤ Proceed to Section 1B.2

#### SECTION 1B.1 INCORPORATED ASSOCIATION

Complete **ONE** of the following.

#### 1 PRINCIPAL PLACE OF ADMINISTRATION

Address (PO Box **not** acceptable)

State

Postcode

Country

#### 2 REGISTERED OFFICE

Address (PO Box **not** acceptable)

State

Postcode

Country

## Customer Identification for Associations

### 3 NAME AND RESIDENTIAL ADDRESS OF THE PUBLIC OFFICER (or president, secretary or treasurer if there is no public officer)

Title

Mr  Mrs  Miss  Ms  Other

Full given name(s) of officer (if applicable)

Surname

Position

Address (PO Box **not** acceptable)

State

Postcode

Country

➤ **Proceed to Section 2**

### SECTION 1B.2 UNINCORPORATED ASSOCIATION

#### 1 PRINCIPAL PLACE OF ADMINISTRATION

Address (PO Box **not** acceptable)

State

Postcode

Country

➤ **Proceed to Section 2**

### SECTION 2: ASSOCIATION TAX INFORMATION

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

**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)

Yes

➤ **Provide Tax Residency details below, then proceed to Section 3**

No

➤ **Proceed to Section 3**

#### TAX RESIDENCY

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

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.

<b>Reason A</b>	The country of tax residency does not issue TINs to tax residents
<b>Reason B</b>	The Association has not been issued with a TIN
<b>Reason C</b>	The country of tax residency does not require the TIN to be disclosed

Country

TIN

If no TIN, list A, B or C

Country

TIN

If no TIN, list A, B or C

Country

TIN

If no TIN, list A, B or C

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

### SECTION 3: IDENTITY VERIFICATION FOR ASSOCIATIONS

**Do not send original documents, only certified copies.**

#### SECTION 3A: INCORPORATED ASSOCIATION

<input checked="" type="checkbox"/>	<b>Select ONE or both of the following</b>
<input type="checkbox"/>	Information provided by ASIC or the government responsible for the incorporation of the association.
<input type="checkbox"/>	An original, a certified copy or certified extract of the Constitution or Rules of the Association.

➤ **INCORPORATED ASSOCIATIONS – THIS FORM IS NOW COMPLETE.**

#### SECTION 3B: UNINCORPORATED ASSOCIATION

<input checked="" type="checkbox"/>	<b>Please provide the following document</b>
<input type="checkbox"/>	An original, a certified copy or certified extract of the Constitution or Rules of the Association.

Documents written in any other language but English must be accompanied by an English translation prepared by an accredited translator.

➤ **Proceed to Section 4**

# Customer Identification for Associations

## SECTION 4: MEMBER INFORMATION

### SECTION 4A: UNINCORPORATED ASSOCIATIONS ONLY INDIVIDUAL MEMBER DETAILS

Provide the full name and residential address of the member who is signing on behalf of the unincorporated association.

Full given name(s)

Surname

Date of birth (dd/mm/yyyy)

 /  /    

Residential address (PO Box **not** acceptable)



State

Postcode

Country

➤ Proceed to Section 4B

### SECTION 4B: UNINCORPORATED ASSOCIATIONS ONLY INDIVIDUAL MEMBER IDENTITY VERIFICATION

**YOU CAN CHOOSE TO HAVE THE INDIVIDUAL MEMBER'S IDENTITY VERIFIED ELECTRONICALLY OR BY PROVIDING CERTIFIED COPIES OF CERTAIN DOCUMENTS.**

#### SECTION 4B.1: ELECTRONIC VERIFICATION

If you wish to provide consent for us to confirm your identity using electronic verification, please complete and sign below.

**I consent to Maple-Brown Abbott confirming my identity electronically.**

Signature

Full name (PLEASE PRINT)

Drivers Licence No. (if held)

State of Issue

#### Electronic Verification

Under the AML/CTF Act, we can disclose your name, residential address, date of birth and other personal information such as drivers' licence number to a third party for the purposes of verifying your identity. As part of these identity verification processes, your personal details are disclosed to and matched with information held by the issuer of the identity document containing your personal details e.g. your drivers' licence or the official record holder of your information, via third party systems.

We will only use the assessment by the reporting entity for the purpose of verifying your identity for the purposes of the AML/CTF Act.

Should you not consent to us verifying your identity by the way of electronic verification, you will need to provide us with certified copies of your identification such as an Australian passport or current Australian drivers' licence containing your photo.

## SECTION 4B.2: CERTIFIED COPIES

**Do not send original documents, only certified copies.**

### PART A – ACCEPTABLE PRIMARY ID DOCUMENTS

<input checked="" type="checkbox"/>	<b>Select ONE of the following</b>
<input type="checkbox"/>	Australian state/territory driver's licence containing a photograph of the person.
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable).
<input type="checkbox"/>	Card issued under a state or territory for the purpose of proving a person's age containing a photograph of the person.
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person.*

\* Documents written in any other language but English must be accompanied by an English translation prepared by an accredited translator.

**OR**

### SECTION 4B: INDIVIDUAL MEMBER IDENTITY VERIFICATION (CONTINUED)

#### PART B – ACCEPTABLE SECONDARY ID DOCUMENTS

**Should only be completed if the individual does not own a document from Part A.**

<input checked="" type="checkbox"/>	<b>Select ONE of the following</b>
<input type="checkbox"/>	Australian birth certificate.
<input type="checkbox"/>	Australian citizenship certificate.
<input type="checkbox"/>	Pension card issued by Centrelink.
<input type="checkbox"/>	Health card issued by Centrelink.

**AND**

<input checked="" type="checkbox"/>	<b>Select ONE one of the following</b>
<input type="checkbox"/>	A document 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 which contains the individual's name and residential address.
<input type="checkbox"/>	A document 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. <b>Block out the TFN before scanning, copying or storing this document.</b>
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding 3 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).

## Customer Identification for Associations

### PART C – ACCEPTABLE FOREIGN ID DOCUMENTS

Should only be completed if the individual does not own a document from Part A.

<input checked="" type="checkbox"/>	Select ONE of the following
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it is issued and the individual's date of birth.*
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued.*

\* Documents written in any other language but English must be accompanied by an English translation prepared by an accredited translator.

Contact us if you are unable to provide the required documents in Part A, Part B or Part C.

### HOW TO CERTIFY YOUR DOCUMENTS

A certified copy is a document that has been certified as a true copy of an original document.

To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (eg postal agent, Justice of the Peace). Sample wording follows.

**I, [full name], as [category of persons as listed below], certify that this [name of document] is a true and correct copy of the original [signature and date].**

### WHO CAN CERTIFY COPIES OF DOCUMENTS

Legal	<ul style="list-style-type: none"> <li>&gt; A solicitor or barrister (that is, 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))</li> <li>&gt; A judge of a court</li> <li>&gt; A magistrate</li> <li>&gt; A chief executive officer of a Commonwealth court</li> <li>&gt; A registrar or deputy registrar of a court</li> <li>&gt; A notary public</li> </ul>
JP	> A Justice of the Peace
Police	> A police officer
Accountant	> A member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants Australia or the National Institute of Accountants with two or more years of continuous membership
Post office	<ul style="list-style-type: none"> <li>&gt; An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li> <li>&gt; 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</li> </ul>