

**GUIDE TO COMPLETING THIS FORM**

- o Complete the following in **BLOCK LETTERS**
- o Contact Schroders if you have any queries.

**SECTION 1A: REGISTERED CO-OPERATIVE DETAILS**

**1.1 General Information**

Full name of registered co-operative

Provide ID number issued by relevant registration body (if any)

Nature of business / activity

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

	Full given name(s)	Surname
Chairman	<input type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>
Treasurer	<input type="text"/>	<input type="text"/>

**1.2 Address Information** (select ✓ and provide ONE of the following)

**Principal place of operations**

Address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Go to Section 1B**

**Registered office**

Address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Go to Section 1B**

**Name & Residential address of the public officer** (or president, secretary or treasurer if there is no public officer)

Full Given Name(s) of officer (if applicable)	Surname	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

**Go to Section 1B**

**SECTION 1B: REGISTERED CO-OPERATIVE IDENTIFICATION PROCEDURE**

Verify the following:

- o Full name of the registered co-operative
- o ID number issued by relevant registration body (if any).

Tick ✓	Verification options (select one or more of the following options used to verify the Registered Co-operative)
<input type="checkbox"/>	Information provided by ASIC or the relevant registration body responsible for the registration of the Registered Co-operative. *
<input type="checkbox"/>	An original or certified copy or certified extract of the register maintained by the Registered Co-operative. *
<input type="checkbox"/>	An original, certified copy or certified extract of the minutes of a meeting of the Registered Co-operative. *
<input type="checkbox"/>	A search of the relevant ASIC, government or other regulator's database (such as ABN lookup).

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

**SECTION 2A: BENEFICIAL OWNER DETAILS**

Please provide **AT LEAST ONE NAME** below:

Provide details of ALL individuals who are beneficial owners, as per (a) or (b) below and if there is no-one who meets this criteria, one person that satisfies (c):

- (a) is entitled (either directly or indirectly) to exercise 25% or more of the voting rights including a power of veto; or
- (b) would be entitled on dissolution to 25% or more of the property of the co-operative; or
- (c) holds the position of senior managing official (or equivalent).

**Individual 1**

Full given name(s)  Surname

Date of birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

Relationship (e.g. beneficial owner or senior managing official)

**Individual 2**

Full given name(s)  Surname

Date of birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

Relationship (e.g. beneficial owner or senior managing official)

**Individual 3**

Full given name(s)  Surname

Date of birth (dd/mm/yyyy)

Residential address (PO Box is NOT acceptable)

Street

Suburb  State  Postcode  Country

Relationship (e.g. beneficial owner or senior managing official)

**SECTION 2B: 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 Registered Co-operative a tax resident of a country other than Australia? Yes  No

(A Registered Co-operative created or established under the laws of a country other than Australia)

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

If No, form is now complete.

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.

Name	Country	TIN	If no TIN, list reason for A, B or C

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

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

**Reason B** The Registered Co-operative has not been issued with a TIN

**Reason C** The country of tax residency does not mandate provision of the TIN.

**SECTION 2C: VERIFICATION PROCEDURE**

Please provide either ONE certified copy of a document from Part I or if you are unable to provide this, then a certified copy of a document from both Part II AND III.) for each individual listed in Section 2A

**PART I – ACCEPTABLE PRIMARY ID DOCUMENTS**

Tick ✓	Select ONE valid option from this section only
<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*

**PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

Tick ✓	Select ONE valid option from this section
<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
Tick ✓	AND ONE valid option from this section
<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. <i>Block out the TFN before scanning, copying or storing this document.</i>
<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)
<input type="checkbox"/>	If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

**PART III – ACCEPTABLE FOREIGN ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

Tick ✓	BOTH documents from this section must be presented (where translated into English where applicable)
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it 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