

Identity Verification Form



Please complete sections B, C, D, E and F in BLOCK LETTERS using black or blue ink. Please note that all fields in each section are mandatory unless specified otherwise.

You must attach certified copies of the documents used to verify your identity. A certified copy means a document that has been certified as a true copy of an original document by an Acceptable Referee, as listed in section B. To produce a certified copy, you should make a photocopy of the original document and take the original and the copy to the Acceptable Referee.

If you have any questions on completing this form, please phone our Customer Service Centre on 1300 660 115 during normal business hours.

A VERIFYING YOUR IDENTITY

You must present the originals of either:

- One document from Category 1 AND one document from Category 2 or 3 or 4; or
- One document from Category 2 AND one document from Category 3.

Where the name on the document differs from the name used by the person in relation to the account further documentation will be requested.

If you are not able to present the documents listed below, the Identity Verification Special Provisions Form may be used.

CATEGORY 1	CATEGORY 2
<ul style="list-style-type: none"> • An Australian Driver's Licence or Learner's Permit (current) • A Proof of Age or Photo Card (current and government issued) 	<ul style="list-style-type: none"> • An Australian Passport (current or expired within the last 2 years) • A Foreign Passport (current and with a certified English translation) • An Australian Birth Certificate or Birth Extract • An Australian Citizenship Certificate
CATEGORY 3	CATEGORY 4
<ul style="list-style-type: none"> • A Utility Bill or Council Rates Notice (less than 3 months old) • A Taxation Notice or Centrelink Statement (less than 12 months old) 	<ul style="list-style-type: none"> • A Medicare card (current) • A Pension card (current) • A Health Care card issued by Centrelink (current)

B CATEGORIES OF ACCEPTABLE REFEREES

To be completed by the Acceptable Referee – please tick the appropriate box.

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| <input type="checkbox"/> 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);
<input type="checkbox"/> A judge of a court;
<input type="checkbox"/> A magistrate;
<input type="checkbox"/> A chief executive officer of a Commonwealth court;
<input type="checkbox"/> A registrar or deputy registrar of a court;
<input type="checkbox"/> A Justice of the Peace;
<input type="checkbox"/> A notary public (for the purposes of the Statutory Declaration Regulations 1993);
<input type="checkbox"/> An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
<input type="checkbox"/> A 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; | <input type="checkbox"/> A police officer;
<input type="checkbox"/> An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
<input type="checkbox"/> An officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
<input type="checkbox"/> A finance company officer with 2 or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993);
<input type="checkbox"/> An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees; or
<input type="checkbox"/> A member of the Institute of Chartered Accountants in Australia, CPA Australia or the Institute of Public Accountants with 2 or more years of continuous membership. |
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C APPLICANT DETAILS

TITLE	GIVEN NAME(S)	RESIDENTIAL ADDRESS (PO Box not acceptable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
SURNAME		STATE	POSTCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
OTHER KNOWN NAME (if any)	DATE OF BIRTH	COUNTRY OF RESIDENCE (if not Australia)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CONTACT NUMBER			
<input type="text"/>			

D DETAILS OF DOCUMENTS PROVIDED TO VERIFY YOUR IDENTITY

Please ensure that certified copies of these documents are attached.

DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER

PLACE OF ISSUE

DATE OF ISSUE

EXPIRY DATE

DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER

PLACE OF ISSUE

DATE OF ISSUE

EXPIRY DATE

E APPLICANT DECLARATION

You must sign below in the presence of the Acceptable Referee.

Warning: It is an offence under Part 12 of the Anti-Money Laundering and Counter-Terrorism Act 2006 to provide false or misleading information, provide a false or misleading document or forge a document for use in an applicant identification procedure.

I acknowledge that the information on this form is true and complete.

SIGNATURE

DATE

FULL NAME

F ACCEPTABLE REFEREE DETAILS

To be completed by the Acceptable Referee.

TITLE GIVEN NAME(S)

SURNAME

CONTACT NUMBER

PROFESSIONAL MEMBERSHIP NUMBER (if any)

EMPLOYER DETAILS

NAME OF ORGANISATION

ADDRESS OF ORGANISATION

STATE

POSTCODE

1. I have selected my certifier type in section B;
 2. I have checked that sections C and D are complete;
 3. I have certified the documents listed in section D, that verifies the Applicant's name, date of birth and residential address, as a true copy of the original by signing and dating each page; and
 4. I have witnessed the Applicant's signature in section E.
- I understand that Rural Bank may contact me regarding this identity verification.

SIGNATURE

DATE