

Identity Verification Form

FOR THIRD PARTY USE

Please complete sections B, C, D, E and F in **BLOCK LETTERS** using black 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

The acceptable identification must contain the individual's full name and either residential address or date of birth. The acceptable identification documents comprise:

- (i) one **primary photographic identification** document; **or**
- (ii) one **primary non-photographic identification** document; **and**
- (iii) one **secondary identification** document

Note: Special provisions may also be applied to Minors and Aboriginal Persons or Torres Strait Islanders

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| <p>PRIMARY PHOTOGRAPHIC: Must contain individual's name and either residential address (not PO Box) or date of birth.</p> | <p>OR PRIMARY NON-PHOTOGRAPHIC: Must contain individual's name and either residential address (not PO Box) or date of birth.</p> |
| <ul style="list-style-type: none"> ▪ Australian or Foreign Passport (current or expired Australian Passport within the preceding 2 years), with English translation by an accredited translator (if not in English) ▪ Australian Driver's or Truck Licence – Current, Full, Interim, Provisional or Learners acceptable ▪ Proof of Age Card (issued by an Australian State or Territory) ▪ Foreign National Identity Card, with English translation by an accredited translator (if not in English). | <ul style="list-style-type: none"> ▪ Birth Certificate (Australian) or Foreign Birth Certificate with English translation by an accredited translator (if not in English) ▪ Birth Extract issued by an Australian State or Territory ▪ Citizenship Certificate – Australian or Foreign with English translation by an accredited translator (if not in English) ▪ Pension or Government Health Card (reference number required) issued by Centrelink or the Department of Veterans Affairs. |
| <p>AND SECONDARY: Must contain individual's name and residential address (not PO Box).</p> | <p>SPECIAL PROVISIONS</p> |
| <ul style="list-style-type: none"> ▪ Notice issued by a Commonwealth, State or Territory Department. Notice of Financial Benefit issued within the preceding 12 months (e.g. Centrelink Statement) ▪ Notice issued by the Australian Tax Office of debt or assessment issued within the preceding 12 months ▪ Notice less than 3 months old issued by a Local Government Body or Utilities Provider that notes the provision of services to the address of that person (e.g. Council Rates, Water Rates, Electricity Bill, Gas Bill and Telephone Landline Bill) ▪ For a person under 18 years, a letter issued by a school principal (dated within the preceding 3 months) which includes a record of the length of time the person has attended the school ▪ For a person 7 to 17 years, a Medicare Card. Must show the individual's name. | <ul style="list-style-type: none"> ▪ Minor 0-6 years: Australian or Foreign Birth Certificate or Birth Extract issued by an Australian State or Territory. Must contain individual's name and date of birth ▪ Aboriginal + Torres Strait Islander Residents: Statement from 2 persons who are recognised as Community Leaders (including elected members of an Aboriginal Council of the Community to which the individual belongs). Must contain individual's name and either date of birth or residential address (not PO Box). |

B CATEGORIES OF ACCEPTABLE REFEREES

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

- | | |
|---|--|
| <ul style="list-style-type: none"> <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; | <ul style="list-style-type: none"> <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 | | <input type="text"/> | |
| <input type="text"/> | | 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) |
| <input type="text"/> | <input type="text"/> |
| SURNAME | |
| <input type="text"/> | |
| CONTACT NUMBER | |
| <input type="text"/> | |
| PROFESSIONAL MEMBERSHIP NUMBER (if any) | |
| <input type="text"/> | |

EMPLOYER DETAILS

NAME OF ORGANISATION

ADDRESS OF ORGANISATION

STATE

POSTCODE

Acceptable Referee Declaration

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