

# Identity Verification Special Provisions Form



Please complete this form in **BLOCK LETTERS** using black ink.  
Please note that all fields in each section are mandatory unless specified otherwise.

## A ACCOUNT DETAILS

ACCOUNT LABEL (e.g. Holiday Account, Christmas Fund)

APPLICANT NAME

## B TYPES OF SPECIAL PROVISIONS

Please tick one that applies

**MINOR 0-6 YEARS:**

- Australian or Foreign Birth Certificate or Birth Extract issued by 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).

A Community Leader, in relation to an Aboriginal or Torres Strait Islander Community, means:

- a person who is recognised by the members of the Community as a Community Elder; OR
- if there is an Aboriginal Council that represents the Community, an elected member of the Council; OR
- a member of a Regional Council established under section 92 of the Aboriginal and Torres Strait Islander Commission Act 1989; OR
- a member, or a member of the staff, of a Local Council established under section 21 of the Aboriginal Land Rights (Northern Territory) Act 1976; OR
- a member of the staff of the Aboriginal and Torres Strait Islander Commission; OR
- a director of an Aboriginal or Torres Strait Islander corporation within the meaning of the Aboriginal and Torres Strait Islander Commission Act 1989.

## C DOCUMENT DETAILS

STAFF USE ONLY – COMPLETE ALL RELEVANT FIELDS

### DOCUMENT 1

TYPE OF DOCUMENT

DOCUMENT NUMBER

PLACE OF ISSUE

DATE OF ISSUE

EXPIRY DATE

PERSON GIVING INFORMATION

TITLE, RANK OR DESIGNATION

### DOCUMENT 2

TYPE OF DOCUMENT

DOCUMENT NUMBER

PLACE OF ISSUE

DATE OF ISSUE

EXPIRY DATE

PERSON GIVING INFORMATION

TITLE, RANK OR DESIGNATION

## **D CHECKING OFFICER DECLARATION**

I declare that the information in section C that verifies the Applicant's identity in accordance with the requirements as set out in section B is true and correct.

CHECKING OFFICER SIGNATURE

DATE

CHECKING OFFICER NAME

AGENT NUMBER (if applicable)

BRANCH NAME

BRANCH COST CENTRE NUMBER

BRANCH PHONE NUMBER