



Fin One Pty Ltd

ABN: 80 139 719 903 - Australian Credit Licence: 387 528

Phone: 1800 346 663 - Fax: (07) 4723 5466

Postal Address: PO Box 339, Hyde Park Castletown, Qld 4812

## Identity Verification Form

CLIENT DETAILS		
Full Name:		Date of Birth:
Residential Address:		
Suburb:	State:	Post Code:

An individual's full name and date of birth must be verified with identification from a document from both categories A & D.

CATEGORY	TYPE OF DOCUMENT	VERIFICATION FIELD	
<b>A</b>	Current Photographic Drivers Licence	Licence Number:	
		Issuing Body:	
		Expiry Date:	
<b>AND</b>			
<b>D</b>	Option 1: Current Medicare Card	Identification Number:	
		Expiry Date:	
	Option 2: Current Debit/ Credit Card	Card Number:	
		Expiry Date:	

VERIFIED FROM ( <i>please tick</i> )			
<input type="checkbox"/>	Original Document	<input type="checkbox"/>	*Certified Copy (<3months)
I confirm that the person presenting these documents is the person identified in the documents. Additionally, I certify that I have sighted the original identification document or certified copy as indicated above, and the supplied information is correct.			
Name of Introducer:			
Check Completed By:			
Signature:			Date:

Please submit this completed form together with the relevant identification documentation to help effective settlement.

\* Certified copy must contain the certifying person's name, qualification, and the date of certification on all pages.