



Fin One Pty Ltd  
 ABN: 80 139 719 903 - Australian Credit Licence: 387 528  
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 Website: www.financeone.com.au

## 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     |  |
|----------|---|------------------------|--|
| A        | Current Photographic Drivers Licence    | Licence Number:        |  |
|          |   | Issuing Body:          |  |
|          |   | Expiry Date:           |  |
| AND      |   |                        |  |
| D        | Option 1: Current Medicare Card         | Identification Number: |  |
|          |   | Expiry Date:           |  |
|          | Option 2: Current Debit/<br>Credit Card | Card Number:           |  |
|          |   | Expiry Date:           |  |

| VERIFIED FROM <i>(please tick)</i>  |                   |                          |                          |
|---|-------------------|--------------------------|--------------------------|
| <input type="checkbox"/>  | Original Document | <input type="checkbox"/> | *Certified Copy (<3mths) |
| 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 officer's name, qualification, and the date of certification on all pages.