

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/ Credit Card	Card Number:	
		Expiry Date:	

VERIFIED FROM <i>(please tick)</i>			
<input type="checkbox"/>	Original Document	<input type="checkbox"/>	*Certified Copy (<3months)
<p>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.</p>			
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.