

GUIDE TO COMPLETING THIS FORM

- Complete one form for each individual.
- Complete all applicable sections of this form in **BLOCK LETTERS**.
- This form may be used when agreed between your licensee and the issuer. In all other circumstances you may provide a copy of the identification document with the relevant application form.
- Contact your licensee if you have any queries.

SECTION 1: PERSONAL DETAILS

Surname

Date of Birth

dd/mm/yyyy

Full Given Name(s)

Residential Address (PO Box is not acceptable)

Street

Suburb

State

Postcode

Country

COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any)

ABN (if any)

Principal Place of Business (if any) (PO Box is not acceptable)

Street

Suburb

State

Postcode

Country

SECTION 2: IDENTIFICATION PROCEDURE

- o Verify the individual's full name; and **EITHER** their date of birth or residential address.
- o Complete **EITHER** Part A or Part B. (Note: Part B should only be completed if the individual does not own a document from Part A.)
- o Contact your licensee if the individual is unable to provide the required documents.

PART A – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick ✓	Select ONE valid option from this section only
	Australian State / Territory driver's licence containing a photograph of the person
	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
	Foreign passport or similar travel document containing a photograph and the signature of the person *

PART B – ACCEPTABLE SECONDARY ID DOCUMENTS

Tick ✓	Select ONE valid option from this section
	Australian birth certificate
	Australian citizenship certificate
	Pension card issued by Centrelink
	Health card issued by Centrelink
	National identity card issued by a foreign government containing a photograph of the person in whose name the card was issued *
Tick ✓	AND ONE valid option from this section
	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address
	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth *
	If under the age of 18, a notice that: <ul style="list-style-type: none"> o was issued to the customer by a school principal within the preceding 3 months; and o contains the customer's name and residential address; and o records the period of time that the customer attended at that school

* Documents that are written in a language that is not English, must be accompanied by an English translation prepared by an accredited translator.

SECTION 3: RECORD OF IDENTIFICATION PROCEDURE

ID RECORD	Document 1	Document 2
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Copy of ID Document	<input type="checkbox"/> Attached (Go to Section 4) <input type="checkbox"/> Not Attached (Complete ID Document Details below)	<input type="checkbox"/> Attached (Go to Section 4) <input type="checkbox"/> Not Attached (Complete ID Document Details below)
ID DOCUMENT DETAILS (Complete only where agreed between your licensee and the issuer)	Document 1	Document 2
Document Issuer		
Issued Date		
Expiry Date		
Document Number		
Accredited English Translation	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

SECTION 4: FINANCIAL PLANNER DETAILS – identification and verification conducted by:

Date Verified (dd/mm/yyyy)	<input type="text"/>		
Financial Planner's Name	<input type="text"/>	Phone No.	<input type="text"/>
AFS Licensee Name	<input type="text"/>	AFSL No.	<input type="text"/>