

FACE TO FACE IDENTIFICATION CHECK

This Identification Check MUST include at least one document with photo identification. Original documents MUST be sighted by an Authorised Broker and a clear copy of the documents must accompany this form.

This form is for face to face verification only. For requirements on non face to face verification, please visit www.afm.com.au

MINIMUM DOCUMENT REQUIREMENTS

You must choose one of the below options. All documents from either Option 1, 2 or 3 must be provided as a minimum in order to meet identification requirements.

Option 1:

Current Australian Drivers Licence
Current or Expired Passport*

Option 2:

Birth Certificate or Citizen Certificate
Current Australian Drivers Licence
Medicare or Centrelink Card

Option 3:

Birth Certificate or Citizen Certificate
Current or Expired Passport*
Medicare or Centrelink Card

* Foreign passports that have expired will not be acceptable. Australian passports can be expired up to 2 years. Cancelled passports are unacceptable.

APPLICANT 1:

	Document 1	Document 2	Document 3	Document 4
Document type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (if shown)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full name - surname first (please print)

Former name - surname first (please print) ^

Applicant Signature

^To be completed where names on supporting documentation is inconsistent with ID documents. If applicable, please provide proof of name change.

APPLICANT 2:

	Document 1	Document 2	Document 3	Document 4
Document type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (if shown)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Name - Surname first (please print)

Former Name - Surname first (please print) ^

Applicant Signature

^To be completed where names on supporting documentation is inconsistent with ID documents. If applicable, please provide proof of name change.

I am satisfied that the identity of the Applicant/s whose name, former name (if applicable), date of birth, residential address, and signature appears within this application has been verified in accordance with the criteria listed above. I also confirm that I have sighted the original documents in verifying the Applicants' identity and that true and complete copies of these are supplied with this application.

Authorised Broker Signature

Date