



# Members Equity Business MasterCard Application Form

For all enquiries contact **1300 658 108** Mon to Fri 9am-5pm (Melbourne time)  
Visit [mebank.com.au](http://mebank.com.au)

Please complete this form and mail it together with the supporting documentation listed in the application checklist to:

**New Accounts– Business Banking**  
**ME Bank, Reply Paid 1345**  
**Melbourne VIC 8060**

If you run out of space, please complete the information requested within a second application form or on a separate sheet and return with this form.

## Section 1 - Applicant details

Applicant type  Proprietary Company  Public Company  Sole Trader  Trust  Incorporated Association  Union  Partnership

Full legal name of applicant: *Trust applicants note: this is the full name of the trust, (e.g. ABC Pty Ltd as trustee for the XYZ Trust)*

ABN (if any)  
(sole trader, partnership and other applicant types)

ACN  
(company applicants only)

Registration number  
(incorporated association applicants only)

Registered business name of applicant (including the trustee in respect of the trust) (if any)

Registered office address or address of the trust (PO Box is not acceptable)

State

Postcode

Address of principal place of business/administration if different to the above (PO Box is not acceptable)

State

Postcode

Postal address (if different to the address of principle place of business)

State

Postcode

Country of incorporation/establishment

Specify type of trust (e.g. discretionary, family, or unit trust)

Business Super Fund (if applicable)

Business Phone Number

## Section 2 - Business MasterCard establishment details

Business or Company name to appear on all cards (maximum of 21 characters including spaces)

Requested card account credit limit (minimum \$5000)

\$

The credit limit for your card account will be allocated between each cardholder. Accordingly, please nominate a set limit to apply for each cardholder in **Section 5** and **Section 6** below.

## Section 3 - Address for correspondence

We will send the Principal (being the person nominated by you within **Section 7** of this application form), correspondence and notices about your Members Equity Business MasterCard to the mailing address, facsimile number or email address listed below.

We will send the Principal's card to the mailing address listed below. We will send the remaining cardholder's cards to their residential mailing address specified in **Section 5** or **Section 6** (as applicable).

Mailing address

State

Postcode

Facsimile number

Email address

## Section 4 - Business details of applicant

What industry does your business operate in?

- Education
  Business services
  Construction
  Government
  Manufacturing
  Wholesaling
  Agriculture
  Retailing
- Other (please specify)

Number of directors/partners/trustees/proprietors  Number of employees  Number of years trading

Is your business involved in importing or exporting?  Yes  No

Please supply details of current credit facilities held at financial institutions including ME Bank (e.g. business loans, leases, overdrafts).

Type of facility	Purpose	Financial institution	Current limit
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

If insufficient space, please provide a separate list.

You will need to provide 2 years business financials in support of this application. However if you are a current ME Bank Business Banking customer and you have already supplied us with your financials, you do not need to provide these to us again.

**Accountant's name** 
**Accountant's phone number** (  ) 
**Accountant's fax number** (  )

ME Bank may contact your accountant to verify your details and income.

## Section 5 - Applicant identification information and individual details

### Identification information

To comply with our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, we must collect certain information in relation to you.

The information to be collected depends upon your organisation type and includes the following:

- If you are a company - details of **each** director.
- If you are a partnership - details of **each** partner.
- If you are a trust - details of **each** trustee.

Note if the trustee or trustees are:

- natural person(s) - please complete the relevant details for each individual trustee within this **Section 5**.
- company(ies) - please complete the relevant details within **Section 10** and **Section 11** in relation to one company trustee only. If there is more than one company trustee of the trust, please detail the full name and registered office address of the other company trustees on a separate sheet and return with this application form.
- If you are a sole trader - details of the proprietor.
- If you are an incorporated association - details of the association's Chairman, Secretary and Treasurer (or equivalent officer in each case).
- If you are a union - details of the union's Chairman, Secretary and Treasurer (or equivalent officer in each case).

Please arrange for each person described as applicable to your entity type to complete their personal details within Part A of this **Section 5**.

### Financial details

In order to assess your application, we also need to collect the personal financial details of these individuals. Please arrange for each person to complete their personal financial details in the corresponding Part B of this **Section 5**.

Note this requirement **does not** apply to unions and incorporated associations.

### Card requirements

We assume that each of the individuals nominated in Part A will also require a card in order to transact on the card account. If so, please complete Part C for each person nominated below.

If any of these individuals do not require a card, then please disregard Part C.

### Signatures

Please arrange for each person detailed within this Section 5 to sign Section 14 of this application form.

### Person No. 1

#### Part A - Personal details

Relationship to applicant  Director  Proprietor  Partner  Sole trustee  Joint trustee  Other (please specify)

Title Mr/Mrs/Miss/Ms/Other  Surname

Given name(s)  Gender (M or F)

Residential address (PO Box is not acceptable)

State  Postcode

Employer's Address (PO Box is not acceptable)

State  Postcode



**Part B – Personal financial information** (do not complete if the applicant is a union or incorporated association)

Marital status  Single  Defacto  Married  Number of dependents

Number of years in the industry  Percentage of business ownership (if any)

Have you had ownership in this business for at least 2 years?  Yes  No – provide previous employment details  N/A

*If you are a current ME Bank Business Banking customer and you have already supplied us with your financials, you do not need to provide this information again below.*

**Assets**

Home \$   
 Investments (e.g. shares) \$   
 Motor vehicles \$   
 Other (please specify) \$

**Income (monthly)**

Salary/wage gross \$   
 Rent received \$   
 Other (please specify) \$

**Total assets** \$

**Total income** \$

**Liabilities**

Mortgage \$   
 Other loans \$   
 Credit cards \$   
 Store cards \$   
 Other (please specify) \$

**Expenditure (monthly)**

Mortgage repayments \$   
 Other loan repayments \$   
 Credit card repayments \$   
 Store card repayments \$   
 Rent/board \$   
 General living \$   
 Other (please specify) \$

**Total liabilities** \$

**Total expenditure** \$

**Part C – Card Information** (only complete if a card is required for this person)

Cardholder's name as it will appear on the card (maximum 21 characters including spaces)

Cardholder's credit limit

\$

Cash advance access

Yes  No

**Person No. 3**

**Part A – Personal details**

Relationship to applicant  Director  Proprietor  Partner  Sole trustee  Joint trustee  Other (please specify)

Title *Mr/Mrs/Miss/Ms/Other*  Surname

Given name(s)  Gender (M or F)

Residential address (PO Box is not acceptable)   
 State  Postcode

Employer's Address (PO Box is not acceptable)   
 State  Postcode

Home phone number (  )

Mobile number

Work phone number (  )

Date of birth

Drivers licence number

Are you a permanent resident of Australia?  Yes  No

**Part B – Personal financial information** (do not complete if the applicant is a union or incorporated association)

Marital status  Single  Defacto  Married  Number of dependents

Number of years in the industry  Percentage of business ownership (if any)

Have you had ownership in this business for at least 2 years?  Yes  No – provide previous employment details  N/A

*If you are a current ME Bank Business Banking customer and you have already supplied us with your financials, you do not need to provide this information again.*

**Part B – Personal financial information** (do not complete if the applicant is a union or incorporated association)

**Assets**

Home	\$	<input type="text"/>
Investments (e.g. shares)	\$	<input type="text"/>
Motor vehicles	\$	<input type="text"/>
Other (please specify)	\$	<input type="text"/>

**Total assets** \$

**Income (monthly)**

Salary/wage gross	\$	<input type="text"/>
Rent received	\$	<input type="text"/>
Other (please specify)	\$	<input type="text"/>

**Total income** \$

**Liabilities**

Mortgage	\$	<input type="text"/>
Other loans	\$	<input type="text"/>
Credit cards	\$	<input type="text"/>
Store cards	\$	<input type="text"/>
Other (please specify)	\$	<input type="text"/>

**Total liabilities** \$

**Expenditure (monthly)**

Mortgage repayments	\$	<input type="text"/>
Other loan repayments	\$	<input type="text"/>
Credit card repayments	\$	<input type="text"/>
Store card repayments	\$	<input type="text"/>
Rent/board	\$	<input type="text"/>
General living	\$	<input type="text"/>
Other (please specify)	\$	<input type="text"/>

**Total expenditure** \$

**Part C – Card Information** (only complete if a card is required for this person)

Cardholder's name as it will appear on the card (maximum 21 characters including spaces)

Cardholder's credit limit

\$

Cash advance access

Yes  No

**Section 6 - Appointment of other cardholders**

Complete this **Section 6** if you wish to appoint cardholders in addition to those nominated in **Section 5**.

**Please arrange for each cardholder detailed within this Section 6 to sign Section 15 of this application form.**

**Cardholder No. 1**

Title *Mr/Mrs/Miss/Ms/Other*

Surname

Given name(s)

Gender (M or F)

Residential address (PO Box is not acceptable)

State

Postcode

Employer's Address (PO Box is not acceptable)

State

Postcode

Home phone number

(  )

Mobile number

Work phone number

(  )

Date of birth

Drivers licence number

Are you a permanent resident of Australia?

Yes

No

Cardholder's name as it will appear on the card (maximum 21 characters including spaces)

Cardholder's credit limit

\$

Cash advance access

Yes  No

Section 6 - Appointment of other cardholders (continued)

**Cardholder No. 2**

Title <i>Mr/Mrs/Miss/Ms/Other</i>	Surname		
Given name(s)		Gender (M or F)	
Residential address (PO Box is not acceptable)			
		State	Postcode
Employer's Address (PO Box is not acceptable)			
		State	Postcode
Home phone number ( )	Mobile number	Work phone number ( )	
Date of birth D D M M Y Y Y Y	Drivers licence number	Are you a permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cardholder's name as it will appear on the card (maximum 21 characters including spaces)			
Cardholder's credit limit \$			
Cash advance access		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 7 - Principal on the card account**

Please nominate the principal for your card account. Note that the principal must be one of the individuals detailed in **Section 5** or **Section 6** of this application form that you have nominated to receive a card.

Title <i>Mr/Mrs/Miss/Ms/Other</i>	Surname	Given name(s)

The person nominated by you as the Principal has certain obligations and powers in relation to the card account. Please refer to the Members Equity Business MasterCard Terms and Conditions for everything the Principal can do in relation to the account.

**Section 8 - Cardholder identity verification requirements**

To comply with our obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, we must verify the identity of the principal as well as each cardholder nominated in **Section 5** and **Section 6** of this application form, unless that person has already had their identity verified by ME Bank. We will do this electronically using reliable and independent data sources. If we are unable to verify a person's identity electronically, then we will contact them directly to request that they provide us with identification documents.

**Section 9 - Trust beneficiary details (trust applicants only)**

Please provide the details of the beneficiaries of the trust.

If the terms of the trust identifies the beneficiaries by reference to membership of a class (e.g. family members of a named person), please provide details of the class(es)


If the terms of the trust identifies the beneficiaries by name, please provide the full name of each beneficiary

Given name(s)	Surname
Given name(s)	Surname
Given name(s)	Surname

**Section 10 - Company trustee identification information (trust applicants only)**

Please complete in relation to one company trustee of the trust only.

Full company name

Company type <input type="checkbox"/> Proprietary Company <input type="checkbox"/> Public Company	ACN

Registered office address (PO Box is not acceptable)	
State	Postcode

Principal place of business address if different to the registered office address specified above (PO Box is not acceptable)	
State	Postcode

#### Details of Director(s)

Please complete **Section 5** to provide details of the directors of the trustee company.

#### Details of Major Shareholder(s)

Please complete **Section 11** to provide details of major shareholders of the trustee company.

#### Section 11 - Additional details *(company and trust applicants only)*

##### Company major shareholder's details *(company applicants only)*

Please provide the details of each individual who owns 25% or more of the issued capital of the company

Given name(s)

Surname

Residential address *(PO Box is not acceptable)*

State Postcode

Given name(s)

Surname

Residential address *(PO Box is not acceptable)*

State Postcode

#### Section 12 - Privacy notice *(applicable to each applicant who is an individual, each cardholder and any individual guarantor)*

I understand and agree that:

- (a) ME Bank is collecting my personal information in order to assess this application, verify my identity as required under the Anti-Money Laundering and Counter Terrorism Financing Act 2006, and if this application is approved, to establish and administer the Members Equity Business MasterCard account and issue a card to me (if applicable). I acknowledge that my personal information may be used and disclosed to third party service providers for these purposes and that without this information, ME Bank may not be able to consider or approve this application or issue a card to me (if applicable).
- (b) Where permitted by the Privacy Act ME Bank may:
  - obtain consumer and commercial credit information (including a consumer and/or commercial credit report from a credit reporting agency) about me to assess this credit application or if I am to be guarantor, to assess whether to accept me as guarantor;
3. exchange and use information about me with any credit provider named in this application or named in a credit report provided by a credit reporting agency to assess this application. This may include information about my credit worthiness, credit standing, credit history or credit capacity;
  - give personal and credit information about me to a credit reporting agency (including identity particulars and, if I am the applicant, the fact that I have applied for credit, the amount, the fact that ME Bank is a current credit provider to me and details of payments which are more than 60 days overdue and for which debt collection action has commenced);
  - obtain and use a credit report about me provided by a credit reporting agency to collect overdue payments;
  - if details of my accountant are provided, obtain and use personal information about me from my accountant to assess this application.
- (d) I may request access to my personal information held by ME Bank and ask for it to be corrected if it is inaccurate. To do this I should phone 1300 658 108 during normal business hours or write to the Privacy Officer, ME Bank, GPO Box 1345, Melbourne Victoria 3001.

#### Section 13 - Declaration and signature by applicant

1. I wish to apply for a Members Equity Business MasterCard.
2. I declare that all information provided in this application together with information included in any accompanying supporting documents is true, correct and complete.
3. I agree to comply with the Members Equity Business MasterCard Terms and Conditions. I agree to ensure that each cardholder also complies with these Terms and Conditions. Copies of the terms and conditions are available from [mebank.com.au](http://mebank.com.au) or by calling us.
4. I have informed the people nominated as cardholders in this application:
  - that I have provided their personal details to ME Bank and the reason for doing so;
  - of the contact details of ME Bank; and
  - that their personal information may be disclosed as set out in this form.
5. I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.
6. I agree that ME Bank may use and disclose my personal information to help ME Bank and any of its subsidiaries or associated companies to provide or tell me about other products and services which may be of interest to me.

*If you do not want ME Bank or its subsidiaries or associated companies to use the personal information contained in this application form to provide such information to you, simply contact ME Bank during normal business hours on 1300 658 108 or insert a cross in this box .*
7. I warrant and represent as follows:
  - in the case of a sole director company, I am the sole director and sole secretary and have full power and authority to open and operate a Members Equity Business MasterCard;
  - in the case of trusts, I represent that I am the only trustee(s) of the trust and I have full trust power and authority to open and operate a Members Equity Business MasterCard;
  - in the case of a partnership/association, I represent that I have full power and authority to bind the partnership/association and each of the partners/members in accordance with its constituent documents and have full power and authority to open and operate a Members Equity Business MasterCard and I undertake to advise ME Bank if the partnership/association is dissolved or terminated or the members of the partnership change;
  - in the case of a union, I represent that the union is an association of employees that is registered or recognised as a trade union under the laws of a State or Territory of Australia, has entered this agreement in accordance with its registered rules and that I am an authorised representative of that association with full power and authority to open and operate a Members Equity Business MasterCard;
8. If this application is successful, I agree that the activation of any card by a cardholder on the Members Equity Business MasterCard account will mean that I have accepted the terms of the Members Equity Business MasterCard.
9. I declare that the credit to be provided to me by the credit provider is to be applied wholly or predominantly for business or investment purposes (or for both purposes).

#### IMPORTANT

You should **not** sign this declaration unless this loan is wholly or predominantly for business or investment purposes. By signing this declaration you may **lose** your protection under the Consumer Credit Code.

**Section 13 - Declaration and signature by applicant** *(continued)*

Signed by the applicant *(please follow the instructions below to sign this form)*

Signature

Position

Signature

Position

Print name

Date

Print name

Date

Where the applicant is a:

- **Sole Trader:** Proprietor of business to sign.
- **Company:** A Director and the Secretary or two Directors to sign.
- **Sole Director Company:** Sole Director/Secretary to sign, stating that he or she is the Sole Director and Sole Secretary of the company.
- **Trust:** All trustees to sign.
- **Partnership:** All partners to sign (unless ME Bank agrees otherwise in the case of a large partnership).
- **Incorporated Association:** Minimum of two office bearers (e.g. the Chairman, Secretary, Treasurer or equivalent officer in each case) to sign in accordance with the rules governing the association.
- **Union:** Authorised Representative(s) to sign in accordance with the registered rules of the Union.

**Section 14 – Declaration and signature by each individual named in Section 5**

**Each person named in Section 5 is to read and provide the following consent by signing below.**

1. I declare that all information about me provided in this application together with information included in any accompanying supporting documents is true, correct and complete.
2. I agree to comply with the Members Equity Business MasterCard Terms and Conditions. *Copies of these conditions are available from mebank.com.au or by calling us.*
3. I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.

Signature

Position  
 Person No. 1

Signature

Position  
 Person No. 2

Signature

Position  
 Person No. 3

Print name

Date

Print name

Date

Print name

Date

**Section 15 – Declaration and signature by each other cardholder named in Section 6**

**Each other cardholder named in Section 6 is to read and provide the following consent by signing below.**

1. I declare that all information about me provided in this application together with information included in any accompanying supporting documents is true, correct and complete.
2. I agree to comply with the Members Equity Business MasterCard Terms and Conditions. *Copies of these conditions are available from mebank.com.au or by calling us.*
3. I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in paragraphs (a) and (c) of **Section 12** - Privacy Notice above.

Signature

Position  
 Cardholder No. 1

Signature

Position  
 Cardholder No. 2

Print name

Date

Print name

Date

### Application checklist and supporting documentation to be supplied

Before you mail this application, please check you have completed each of the following steps by ticking the relevant box:

- Completed all relevant sections of this application form
- Enclosed the following documents with this application if your business has been operating for **2 years or more**:
  - Profit & Loss Statement and Balance Sheets for the past two years

*Please disregard the above step if you have a current business banking lending relationship with ME Bank.*

- Enclosed the following documents with this application if your business has been operating for **less than 2 years**:
  - Business plan detailing industry, specific business management experience
  - 12 months cash flow forecast
  - Most recent personal taxation return for directors/proprietors/partners
  - Most recent Profit & Loss Statement and Balance Sheet for the business (if any).

*Please disregard the above step if you have a current business banking lending relationship with ME Bank.*

- Arrange for each individual nominated in **Section 5** and **Section 6** to sign this application form in the relevant places
- Signed this application correctly as specified in **Section 13**

Please note that we may also request evidence satisfactory to us that:

- The individuals signing this application hold the positions indicated and have express authority to sign this form; and
- The business or other entity names as the account holder in this application is in existence, validly constituted, and capable and bound by the Members Equity Business MasterCard Terms and Conditions.

**The Members Equity Business MasterCard cannot be opened without all the relevant documents.**

## Individual Identification Requirements

To comply with our obligations under the Anti-Money Laundering and Counter Terrorism Financing Act 2006, each account holder who is a natural person as well as each person nominated as a cardholder on a Members Equity Business MasterCard application needs to have their identity verified.

Please complete one of the following two options. Note, the Business MasterCard cards you have applied for cannot be opened without the completion of these requirements.

### Option A for Identification - Documents Certified by an Approved Person

Individuals can complete the identification requirements by taking required original document(s) together with a photocopy of the original to an Approved Person who will verify your original identification document(s) and certify the photocopy.

Categories of Approved Persons	
Police Officer, JP or Notary Public	Post Office Permanent Employee with 2 or more years of continuous service
Barrister or Solicitor	Officer with 2 or more years continuous service with one or more financial institutions
Australian Consular / Diplomatic Officer	Officer with 2 or more years continuous service with one or more finance companies
Judge, Magistrate, Registrar, Deputy or CEO of a Court	Officer or authorised representative of a holder of an Australian Financial Services Licence having 2 or more continuous years of service with one or more licensees
Agent in charge of a Postal Agency	Member of CPA Australia, Institute of Chartered Accountants Australia, or National Institute of Accountants with at least 2 years membership

### STEP 1:

Please provide the Approved Person with either:

- One of the documents listed in Category A; **OR**
- One of the documents listed in Category B together with one of the documents listed in Category C.

CATEGORY A (Must contain your photo)	OR	CATEGORY B	+	CATEGORY C (Must contain your full name and residential address)
Current Australian Driver's Licence  Passport#  Current Australian state or territory Proof of Age Card		Birth Certificate / Extract  Current Centrelink Pension Card  Citizenship Certificate		State / Federal Govt Financial Benefit Statement (less than 12 months old)  ATO Assessment Notice (less than 12 months old)  Rates / Utilities Notice (less than 3 months old)

#An Australian passport that has expired in the preceding 2 years is acceptable. A foreign passport may be used if it is current and contains a Permanent Residency Visa.

### STEP 2:

The Approved Person must sight each original identification document and compare the original with the photocopy. The Approved Person must be satisfied the photocopy is a true and correct copy of the original.

If so, the Approved Person is to write the following on the photocopy:

"I certify that this is a true and correct copy of the original".

The Approved Person must also write their full name as well as their qualification/profession and sign and date the photocopy.

### STEP 3:

Send the certified photocopy of the identification document(s) together with the completed application form to:

New Accounts - Business Banking,  
 ME Bank,  
 Reply Paid 1345, Melbourne, VIC, 8060

### Option B for Identification – Bank@Post

An individual can attend a Bank@Post outlet to complete the necessary identification requirements.

Please refer to the following page for instructions.



\*2956 927 01 0 0000000000112233 66

# Identity Verification Form

## Your Identity Document Requirements

You **MUST** present **ONE** primary document from the list.

Does your primary document contain a photo?

Yes ▶ No additional identification is required.

No ▶ You must also supply one secondary document that contains your current residential address.

To verify your identity, the details in section A and B must **EXACTLY MATCH** your identification documents including full given name, no initials.

## Primary Identification Documents


- Australian Driver Licence or Learner Permit (current)
- Australian Passport (current or expired within the last 2 years)
- International Passport (current)
- Proof of Age Card/NSW Photo Card (current and government issued)
- Centrelink Pension Card (current)
- Australian Birth Certificate (not an extract)
- Australian Citizenship Certificate

## Secondary Identification Documents with Residential Address

- Utility Bill or Council Rates Notice (less than 3 months old)
- Taxation Notice or Centrelink Statement (less than 12 months old)
- Under 18's letter from a School Principal recording the period of time an individual attended the school (less than 3 months old)

## How to lodge your Application at Australia Post

1. Lodge your form at any participating post office. To find the nearest participating outlet, please call 13 13 18 or go to [auspost.com.au/pol](http://auspost.com.au/pol) and select Bank@Post.
2. **DO NOT** complete section C, your signature must be witnessed by the Australia Post verifier.
3. Identification documents **MUST** be presented and be original.

Please use **BLACK INK**  and print within the boxes in **BLOCK LETTERS**

## A. Details of Applicant

Which ME Bank product are you applying for? (e.g. deposit account)

Title e.g. (Mr, Mrs, etc.)      Family name/surname

Given name/s (full name, no initials)

Date of birth

Contact phone number

## B. Current Residential Address of Applicant (must be an Australian residential address not a PO Box)

Unit number/street number/street name (with a gap between numbers and words)

Suburb/locality

State

Postcode

## C. Declaration by Applicant

**DO NOT SIGN UNTIL YOU LODGE THIS FORM AT AUSTRALIA POST**

Your signature must be witnessed by the Australia Post verifier.

Please sign in black ink

Applicant to sign at Australia Post

I acknowledge that the information on this form is true and correct.

The details on this form have been completed by me and not another person.

Date

**Disclaimer and Privacy Notice** - Australia Post is acting as an agent for ME Bank and collects your information to identify you in accordance with requirements under Australian Law. Your details will be forwarded to ME Bank and may also be disclosed to government agencies such as AUSTRAC. Subject to certain exceptions you may request access to your personal information. If access is denied, the law says we must tell you why.

## D. Australia Post use only

I confirm that I have sighted original documentation that verifies the Applicant's name, date of birth and/or residential address as required.

Verifier's name

Comments

Verifier's signature

Date

Work centre code