



Instructions

Step 1 complete either **Option A** or **Option B**

Step 2 provide the completed form and identification document(s) to Members Equity Bank staff member for verification
 or
 mail the completed form along with **certified** copies of identification document(s) to Members Equity Bank

Option A (supply one primary photographic identification document) **OR** **Option B** (supply one primary non-photographic identification & one secondary identification document)

Primary Photographic Identification Document:

- Driving licence or permit (Australian only)
- Passport or similar document issued for international travel (Australian or foreign*)
- Proof of age card (Australian only)

Primary Non-photographic Identification Document:

- Birth certificate (Australian only)
- Birth extract (Australian only)
- Citizenship certificate (Australian only)
- Pension card issued by Centrelink

Secondary Identification Document (Australian only):

- Government financial benefits notice (issued within the last 12 months)
- Australian Tax Office notice of assessment (issued within the last 12 months)
- Local government or utilities bill (issued within the last three months)
- For a person under the age of 18, a notice issued by a school principal that records the period of time the individual attended the school (issued within the last three months)

Foreign documents **must be in English*

*All documents **must** be current (with the exception of Australian passports expired within the last two years but not cancelled) and contain the applicant's full name, date of birth or current residential address*

The following persons can certify a document as a true copy of an original:

- | | |
|--|---|
| Barrister or solicitor | Police officer |
| Judge, magistrate, registrar or deputy registrar of a court | Permanent employee of Australia Post employed in a post office** |
| CEO of a Commonwealth court | Australian consular or diplomatic officer |
| Justice of the Peace | Officer of a financial institution** |
| Notary public | Officer of a finance company** |
| Officer or authorised representative of a holder of an Australian financial services licence** | Agent of Australian Postal Corporation in charge of the post office |
| | Member of the Institute of Chartered Accountants in Australia, CPA Australia or National Institute of Accountants** |

***Must have two or more years of continuous service or membership*

*Persons certifying identification documents **must** certify them to be a true copy of the original document, sign and date each copy and print their name and profession/qualification*

Applicant One

Title (Mr/Mrs/Miss/Ms/other - please specify)

Surname

Given name(s)

Date of birth

Residential address

State

Postcode

Signature of Applicant One

Date

Applicant Two

Title (Mr/Mrs/Miss/Ms/other - please specify)

Surname

Given name(s)

Date of birth

Residential address

State

Postcode

Signature of Applicant Two

Date

Note – it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to provide false or misleading information or to produce false or misleading documents.

Privacy – the information provided by you on this form to verify your identity is collected in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006. Information may be disclosed to the Australian Transaction Reports and Analysis Centre (AUSTRAC) or as other legislation allows or requires.

MEMBERS EQUITY BANK USE ONLY

Verifying officer to complete Section 1 and 2

Section 1 - Record of identification document(s) received

Applicant One

ID Record	Document One	Document Two (if applicable)
Full name verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential address verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 2) <input type="checkbox"/> Not attached (complete details below)	<input type="checkbox"/> Attached (go to Section 2) <input type="checkbox"/> Not attached (complete details below)
Type of document: (e.g. passport)	<input type="text"/>	<input type="text"/>
Document number: (if applicable)	<input type="text"/>	<input type="text"/>
Date of issue: (if applicable)	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Place of issue: (if applicable)	<input type="text"/>	<input type="text"/>
Expiry date: (if applicable)	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Applicant Two

ID Record	Document One	Document Two (if applicable)
Full name verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential address verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 2) <input type="checkbox"/> Not attached (complete details below)	<input type="checkbox"/> Attached (go to Section 2) <input type="checkbox"/> Not attached (complete details below)
Type of document: (e.g. passport)	<input type="text"/>	<input type="text"/>
Document number: (if applicable)	<input type="text"/>	<input type="text"/>
Date of issue: (if applicable)	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Place of issue: (if applicable)	<input type="text"/>	<input type="text"/>
Expiry date: (if applicable)	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Section 2 – Verifying officer details

Name of verifying officer	Mobile lender details
<input type="text"/>	<input type="text"/>
Phone number ()	
<input type="text"/>	
Signature	
<input type="text"/>	
	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>