

# Verification of Identity Certificate by Identity Agent

*Note: A separate Certificate of Identification must be completed for each borrower, guarantor, mortgagor, and end beneficiary 25% or more for trusts and companies.*

## YOU MUST PERSONALLY MEET EACH INDIVIDUAL AND SIGHT EACH DOCUMENT

### 1. INDIVIDUAL

Name of person: \_\_\_\_\_

Other names known by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Role of Person:    Mortgagor    Guarantor    Borrower    Director    Secretary    Attorney

Address of person: \_\_\_\_\_

Is the individual or any of their close business relationships, associates or family members politically exposed persons e.g. Heads of State, senior politicians, senior government officials (including local government), judicial or military officials, senior executives of state owned corporations, or senior political party officials? If you answer yes, we may request additional information from you.	YES	NO
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## YOU MUST PERSONALLY SIGHT AND CERTIFY EACH ORIGINAL DOCUMENT

CATEGORY	IDENTIFICATION DOCUMENTS REQUIRED	CATEGORY SATISFIED	COPIES ATTACHED
You must start with Category 1. If the person cannot provide all documents in Category 1, move to Category 2 and so on.	All documents must be originals. All documents must be current. Note: Australian passports may be expired by no more than two (2) years	You must sight every original document in a single category.	A broker certified clear copy of each document must be attached to this Certificate.
Category 1	A. Australian or Foreign Passport; and B. Australian Drivers Licence or Photo Card; and C. Marriage certificate or change of name (if applicable).	YES	YES
Category 2	A. Australian or foreign passport; and B. Full birth, citizenship or descent certificate; and C. Medicare, Centrelink or Department of Veteran Affairs Card; and D. Marriage certificate or change of name (if applicable).	YES	YES
Category 3	A. Medicare, Centrelink or DVA Card; and B. Full birth, citizenship or descent certificate; and C. Australian Drivers Licence or Photo Card; and D. Marriage certificate or change of name (if applicable).	YES	YES
Category 4: Option (a)	A. Australian or Foreign Passport; and B. Another form of Government issued photo ID; and C. Marriage certificate or change of name (if applicable).	YES	YES
Category 4: Option (b)	A. Australian or Foreign Passport; and B. Full Birth Certificate; and C. Another form of Government issued ID; and D. Marriage certificate or change of name (if applicable).	YES	YES

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## 2. CORPORATION

Name of Company: \_\_\_\_\_

ACN of Company: \_\_\_\_\_

Registered Address: \_\_\_\_\_

### Confirm Existence and Identity of Corporation or Unincorporated Association

Current ASIC Search (provide copy of extract) or Registration Certificate of Unincorporated Association

Other (specify): \_\_\_\_\_

### Who can sign for the Corporation or Unincorporated Association

Name(s) of Director(s) \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Complete a separate Certificate for each Director and for each shareholder owning 25% of more of the Company. For trusts, please complete a separate Certificate for the individual(s) (i.e. natural persons) who through those companies or trusts own 25% or more of the entity being identified.

## 3. TRUST

Name of Trust: \_\_\_\_\_

Type of Trust: \_\_\_\_\_

Full name(s) of Beneficiaries: \_\_\_\_\_

Completed a separate individual Certificate for each:

Trustee    Person holding 25% or more of Trust assets    Settlor (Where settled sum is \$10,000 or more.)

Provided a copy of the Trust Deed

## 4. POWER OF ATTORNEY

Principal: \_\_\_\_\_

Attorneys: \_\_\_\_\_

Date of Power: \_\_\_\_\_

Verified that the proposed transaction is authorised under the Power of Attorney.

Copied the Power of Attorney and certified the copy as true copy of the original.

Attached the certified copy of the the Power of Attorney to this Certificate.

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## 5. FINANCE BROKER DECLARATION

MFAA or FBAA Member:      FBAA      MFAA      FBAA / MFAA No: \_\_\_\_\_

Name of Licence Holder or Registered Entity: \_\_\_\_\_

ACL/Reg No: \_\_\_\_\_

*If you are an Authorised Credit Representative of the Licensee/Registered Entity you must complete below, or provide proof of appointment:*

Full name of ACR: \_\_\_\_\_ ACR No: \_\_\_\_\_

I accept appointment as Identity Agent for the sole purpose of verifying the identity of the person(s) described in this document under ARNECC's Version 3 Model Participation Rules and Verification of Identity Standard. By signing below I hereby certify that:

- a) I have followed the instructions set out in this form and so have conducted the verification of identity in compliance with the Verification of Identity Standard;
- b) I am not a party to this transaction;
- c) The original current identification documents listed on page 1 were produced to me, and copies of these documents signed, dated and endorsed by me as true copies are attached to this certificate; and
- d) I have given no reason to believe that I am not a reputable and competent person;
- e) I have professional indemnity insurance and fidelity insurance; or professional indemnity insurance which provides cover for third party claims arising from dishonest and fraudulent acts; and that insurance covers the verification of identity.
- f) Face to face verification was carried out by me;
- g) The documentation provided is current or within acceptable time frames;
- h) All photographic identification is a reasonable likeness to the individual;
- i) Nothing in my dealings with the person being identified has raised any suspicion concerning their identity or proposed transaction.

**I HAVE CERTIFIED COPIES OF THE ORIGINAL ID DOCUMENTS AS FOLLOWS "I have sighted an original copy of this document" with my signature, legible name and date.**

Print Full Name of Identity Agent: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 6. IF IDENTIFICATION UNDERTAKEN BY STAFF MEMBER

Print Full Name of Staff Member: \_\_\_\_\_

Position of Staff Member: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_