

# Certified Identification Form (CID)

## Details Verified by Certifier for an Individual

### Details and signature of individual to be identified

Full name:

Date of birth:

/ /

Residential address (PO Box is not acceptable):

Postcode:

Home phone number:

Work phone number:

Mobile number:

Account Number (if known):

Account Name:

Signed:

Date:

/ /

Identification must be provided to the Certifier by the individual being identified. The acceptable identification must contain the individuals full name and either residential address and/or date of birth. The acceptable identification documents must comprise:

- i. One **Primary Photographic identification** document listed below under Primary Photographic.

Note: Special provisions may also be applied to Aboriginal Persons or Torres Strait Islander Residents in an Isolated Area

**Note: A certified copy of the identification documents must also be submitted with this form.**

Instruction: Place a tick in the box beside each of the documents that copies have been provided for certification.

Primary Photographic	
Australian or Foreign Passport (current or expired Australian Passport within the preceding 2 years), with English translation by an accredited translator (if not in English) Australian or Foreign Driver's Licence - Current, Renewed, Interim, Provisional, Driver's, Truck or Learner's (if foreign, must have English translation by an accredited translator) Proof of Age Card (issued by an Australian State or Territory) Foreign National Identity Card (must be in English or English translation by an accredited translator)*	Must contain individuals name and either residential address (not PO Box) or date of birth.
<b>*Minimum of one document is required for residents listed in Additional Verification of Identity Country List</b>	

## Certifier's details and declaration

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**Note to Certifier:** please ensure copies are legible and record the following on each copy of the identification provided.

"This is a true copy of an original or certified copy document provided"; then print and sign your name, date and Qualification No. (if applicable) and also provide your details below so that we may contact you if necessary to confirm this information.

## Certifier's declaration

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I confirm that:

1. The person named above signed this form in my presence;
2. I sighted originals or certified copies of the documents noted on reverse of this form;
3. I am satisfied that the copies of the documents produced are a true copy.

Category No. of acceptable certifier (see list below):

Qualification No. (if applicable):

Location Documents Verified:

Date Documents Verified:

First name:

Surname:

Residential Address (No PO Box):

Postcode:

Daytime Contact No:

Signature:

**Privacy Statement:**

is collecting your personal information in order to assist in the identification of the individual named above.

## Categories of acceptable certifiers

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The following is a list of persons who are located in Australia who are able to certify a document as a true copy of an original document for the purposes of customer identification:

1. A lawyer – person enrolled on the roll of the Supreme Court of a State or Territory, or the High court of Australia, as a legal practitioner (however described);
2. A judge of a Court of the Commonwealth of Australia;
3. A magistrate of a Court of the Commonwealth of Australia;
4. A Chief Executive Officer of a Court of the Commonwealth of Australia;
5. A registrar or deputy registrar of a Court of the Commonwealth of Australia;
6. A Justice of the Peace in Australian State or Territory;
7. A Notary Public (for the purposes of the Statutory Declaration Regulations 1993);
8. An Australian police officer;
9. An Australian Consular Officer or an Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955);
10. Accountants: a member of the Institute of Chartered Accountants in Australia, CPA Australia or the Institute of Public Accountants with two or more years continuous membership;
11. A Commissioner for Affidavits or Declaration of Oaths
12. A Pharmacist (within the meaning of the Statutory Declarations Regulations 1993).

**If the person who is to certify the document(s) is located overseas then one of these options must be selected.**

**If the person who is to certify the documents is located in a country listed on the Additional KYC Country list of Bendigo and Adelaide Bank Limited then special conditions apply – please refer to your relationship manager.**

### [Broker / Partner Use Only]

Broker / Staff Member Name:

Aggregator / Company:

Signed:

Date: