

member identification worksheet

member name: _____ member no. _____

For the purpose of identifying an individual under the AML/CTF Act 2006, the persons **full name** and either their **date of birth** or **current address** as noted on their application must be verified by sighting acceptable documentation (originals or certified copies only).

Acceptable documentation is divided into 3 groups, Category A, Category B and Category C.

To identify the individual's identity the person must show:

- 2 documents from the Category A list

OR • 1 document from the Category A list **AND** 1 document from the Category B **OR** C list

OR • 1 document from the Category B list **AND** 2 documents from the Category C list

If the document contains a photograph, staff must compare the photograph to the individual. If the document contains a signature, the signature must be compared to the individual's signature on the application.

Special provisions apply to • children under 18 years of age • Foreigners • Indigenous Australians • certain recipients of Social Security benefits - please refer to & complete Section 2.

If documents have been certified, Section 3 must be completed by the authorised person.

SECTION 1	Primary Identification Process Document details
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Category A	<ol style="list-style-type: none"> 1. Current Australian passport (or one that has expired within last 2 years) 2. Current drivers licence 3. A proof of age card which contains a photograph 4. Foreign passport containing photo and name and if written in a foreign language, is accompanied by an English translation prepared by an accredited translator.
Category B	<ol style="list-style-type: none"> 1. Birth certificate or extract of birth certificate 2. Australian citizenship certificate 3. A pension card issued by Centrelink 4. An electoral enrolment card 5. Teachers Registration Certificate 6. Loan document held by a Financial Institution 7. Mortgage records of another Financial Institution 8. Land Title Office records 9. Department of Veteran's Affairs card or any other entitlement card issued by the Australian government
Category C	<ol style="list-style-type: none"> 1. Benefit notice issued by Australian, State or Territory governments within last 12 months 2. Tax assessment notice issued by the ATO within last 12 months 3. Council rates notice or utilities bill issued within last 3 months (with residential address) 4. Medicare card 5. Marriage Certificate 6. A statement from another FI 7. Credit/Debit Card from another FI 8. Student Identification Card

Complete following details where appropriate:

Category -please circle	A / B / C	A / B / C	A / B / C
Type of document			
Document Number			
Person to whom it relates			
Date of birth			
Place of residence (address on document)			
Date of issue			
Place/Office of issue			
Expiry date			

..... continue overleaf for Section 2 & 3

SECTION 2**Special Provisions - complete 1, 2, 3 or 4.****1. Minors (Under 18 years of age)**

A Child under 18 years of age requires a Birth Certificate or an Extract of Birth Certificate (original or certified) - complete details in table below.

2. Non-resident of Australia

One of the following documents and one document from Category C under Section 1 (with English translation as required) - complete details in table below.

1. Current passport 2. Citizenship certificate issued by a foreign government 3. Birth certificate issued by a foreign government

PLUS COMPLETE ALL OF THE FOLLOWING INFORMATION

1. My Nationality is _____ 2. Occupation _____
 3. Does your occupation involve a public function ie. Government position, local councillor etc? Yes No
 4. Do you have a relative who holds a similar role? Yes No

3. Indigenous Australians

The following document must be sighted & the original attached to this form. A written reference from a community leader, addressed to Credit Union SA Ltd verifying their full name & current address. A community Leader includes:

- Person who is recognised by the members of the community to be a community elder; or
- If there is an elected Aboriginal council that represents the community - an elected member of the council.

4. Certain Recipients of a Social Security Payments

The Social Security recipient must produce BOTH of the following documents. The original letter of Introduction must be attached to this form.

- Original letter of introduction from a Centrelink Officer which includes the person's current address, is signed by the individual, signed by the Centrelink Officer, states that the individual is the recipient of a social security payment & that the individual's signature has been verified from Centrelink's records.
 Name as on Centrelink letter Address in Centrelink letter

- Birth Certificate or Extract of Birth Certificate

Name as on Certificate Doc Reference Number Date of Birth Issue Date

Complete following details where appropriate:

Type of document			
Document Number			
Person to whom it relates			
Date of birth			
Place of residence (address on document)			
Date of issue			
Place/Office of issue			
Expiry date			

SECTION 3**Certification Details**

Refer to Section 1 for combinations of documents required.

Persons authorised to certify identification documents (if certified, tick appropriate box and complete details below)

- | | |
|---|---|
| <input type="checkbox"/> Legal Practitioner | <input type="checkbox"/> Agent of the Australia Post |
| <input type="checkbox"/> Judges | <input type="checkbox"/> Employee of the Australia Post (2 years service) |
| <input type="checkbox"/> Magistrates | <input type="checkbox"/> Australian Consular or Diplomatic Officer |
| <input type="checkbox"/> Chief Executive Officer of a Federal Court | <input type="checkbox"/> Officer of Financial Institution (2 years service) |
| <input type="checkbox"/> Registrar or Deputy Registrar of a court | <input type="checkbox"/> Finance Company Officer (2 years service) |
| <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Officer or authorised representative of AFS licensee (2 years service). ie Credit Union or Bank Officer etc. |
| <input type="checkbox"/> Notary Public | <input type="checkbox"/> Accountants (members of recognised accounting body) |
| <input type="checkbox"/> Police Officer | |

Please print -

Name _____

Residential Address _____
 (PO Box not acceptable)

Phone No. _____

I have examined the original identification documents listed and certify that the copies attached are true copies of the originals which I have sighted.

Signature _____

Registration No. _____
 (if applicable)

office use only

verified by (name):

signature:

date: