



Defence
Bank

Certification form.

Verifying your identity.

Applicant to complete this section

The *Anti-Money Laundering and Terrorism Financing Act 2006* requires us to collect information about you and establish your identity before you can operate an account. If we do not hold the required identification documents you will be required to provide these. If it's difficult for you to attend a branch, send us certified copies as noted below and send them via post to the applicable address.

Member/signatory details

Member number.	<input type="text"/>	Residential address.	<input type="text"/>		
Title/rank.	<input type="text"/>		State.	<input type="text"/>	Postcode.
Last name.	<input type="text"/>	Telephone number.	<input type="text"/>		
First name.	<input type="text"/>	Date of birth.	<input type="text"/>		
Middle name(s).	<input type="text"/>	Register a verbal password.	<input type="text"/>		

Your acknowledgment

By signing this form, I acknowledge and agree to the following:

- It is an offence under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (AML/CTF Act)* to give false and misleading information.
- For my personal information to be collected, used and disclosed in accordance with Defence Bank's Privacy Policy and the *Privacy Act 1998 (Cth)*. This includes verification of personal information as required by the AML/CTF Act.
- I understand that if I provide Defence Bank with incomplete or inaccurate information that Defence Bank may not be able to provide me with the products and services that I am seeking.

Signature.	<input type="text"/>	Date.	<input type="text"/>
------------	----------------------	-------	----------------------

Documents required

You should provide sufficient documents from the lists below to verify your full name and either your date of birth and/or residential address. If your photographic identification does not have your full name and either your date of birth or residential address, you can use an additional non-photographic identification document to fulfil this requirement.

At least one form of photographic identification should be provided.

Acceptable photographic identification.

- Drivers Licence
- Passport

Acceptable non-photographic identification (if required).

- Birth certificate
- Medicare Card
- Citizenship certificate
- Tax assessment notice
- Rates Notice
- State Government ID card (TBD)

If you can't make it to a branch

If you are unable to visit a branch, you can send us copies of your documents certified by any of the following approved certifiers. The person certifying the document must have sighted the original and write the following on each page that is copied:

"This is to certify that this is a true copy of the original which I have sighted." • Name • Title • Signed • Date.

The certifier must also complete their details and the documents certified in the space provided on page 2 of this form.

Certifier categories.

- | | |
|---|---|
| <ul style="list-style-type: none"> • An officer or warrant officer in the Australian Defence Force. • A non-commissioned officer in the Australian Defence Force with 5 years continuous service. • Nurse. • Pharmacist. • Judge. • Justice of the peace. • Notary public. | <ul style="list-style-type: none"> • Police officer. • Australian consular or diplomatic officer. • Officer of a financial institution with 2 years continuous service. • Finance company officer with 2 years continuous service. • Officer or Auth. Rep. of AFS licensee. • Accountant (member of a recognised accounting body). • Notary public. • Permanent employee of Australia Post with 5 years continuous service. |
|---|---|

The completed application form and certified identification documents can be posted to your local Defence Bank branch location for processing. To locate your nearest branch please visit defencebank.com.au/about-us/branches

Certification form.

Verifying your identity.



Defence
Bank

Certifier to complete this section

Certifier details

Last name.	<input type="text"/>	Residential address.	<input type="text"/>			
First name.	<input type="text"/>	<input type="text"/>	State.	<input type="text"/>	Postcode.	<input type="text"/>
Middle name(s).	<input type="text"/>	Certifier category (see above).	<input type="text"/>			
Phone.	<input type="text"/>	Registration number (if applicable).	<input type="text"/>			
Occupation.	<input type="text"/>					
Signature.	<input type="text"/>	Date.	<input type="text"/>			

Documents certified (please complete for all documents certified)

Document 1.

Person to whom document relates.	<input type="text"/>
Type of document.	<input type="text"/>
Name on document 1.	<input type="text"/>

Document 3.

Person to whom document relates.	<input type="text"/>
Type of document.	<input type="text"/>
Name on document 3.	<input type="text"/>

Document 2.

Person to whom document relates.	<input type="text"/>
Type of document.	<input type="text"/>
Name on document 2.	<input type="text"/>

Document 4.

Person to whom document relates.	<input type="text"/>
Type of document.	<input type="text"/>
Name on document 4.	<input type="text"/>

Office use only

Identification sighted and signature/s checked

Staff name 1.	<input type="text"/>	Staff name 2.	<input type="text"/>
Signature.	<input type="text"/>	Signature.	<input type="text"/>
Date.	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date.	<input type="text"/> / <input type="text"/> / <input type="text"/>
Working alone?	Yes. ☐ No. ☐	Branch name.	<input type="text"/>