

## FACE TO FACE IDENTIFICATION CHECK

**This Identification Check MUST include at least one document with photo identification. Original documents MUST be sighted by an Authorised Broker and a clear copy of the documents must accompany this form.**

**This form is for face to face verification only. For requirements on non face to face verification, please visit [www.afm.com.au](http://www.afm.com.au)**

### MINIMUM DOCUMENT REQUIREMENTS

You must choose one of the below options. All documents from either Option 1, 2 or 3 must be provided as a minimum in order to meet identification requirements.

**Option 1:**

Current Australian Drivers Licence  
Current or Expired Passport\*

**Option 2:**

Birth Certificate or Citizen Certificate  
Current Australian Drivers Licence  
Medicare or Centrelink Card

**Option 3:**

Birth Certificate or Citizen Certificate  
Current or Expired Passport\*  
Medicare or Centrelink Card

\* Foreign passports that have expired will not be acceptable. Australian passports can be expired up to 2 years. Cancelled passports are unacceptable.

**APPLICANT 1:**

	Document 1	Document 2	Document 3	Document 4
Document type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (if shown)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full name - surname first (please print)

Former name - surname first (please print) ^

Applicant Signature

^To be completed where names on supporting documentation is inconsistent with ID documents. If applicable, please provide proof of name change.

**APPLICANT 2:**

	Document 1	Document 2	Document 3	Document 4
Document type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (if shown)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Document number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Name - Surname first (please print)

Former Name - Surname first (please print) ^

Applicant Signature

^To be completed where names on supporting documentation is inconsistent with ID documents. If applicable, please provide proof of name change.

**I am satisfied that the identity of the Applicant/s whose name, former name (if applicable), date of birth, residential address, and signature appears within this application has been verified in accordance with the criteria listed above. I also confirm that I have sighted the original documents in verifying the Applicants' identity and that true and complete copies of these are supplied with this application.**

Authorised Broker Signature

Date