

IDENTIFICATION FORM



PURPOSE OF THIS FORM

Way Forward Debt Solutions is required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to verify your identity. This form will assist us to verify your identity and may be used where you are not able to present original identification documents to us.

INSTRUCTIONS FOR COMPLETION

Fill in Section 1 – Customer Details, then take this form and your original identification documents to a person able to certify documents. They will need to certify the documents as well as complete Section 2 – Certifier Details. Once completed, please return this form and

the original certified copies of identification to us. It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 for you or the certifying person to make a false or misleading statement.

Please see a list of common acceptable documents to make 100 points of ID here:

Category A
1 x Primary
Photographic Identification

- Australian Passport issued by the Commonwealth, which has not been expired for more than 2 years
- Drivers Licence issued in Australia
- Proof of Age Cards – issued under a law of a state or territory. (All States)

Category B
2 x Primary
Non-Photographic Identification

- Birth certificate
- Citizenship certificate
- Pension or Healthcare Card issued by Department of Human Services or Department of Veteran Affairs

For a full list
of documents,
please see below:

www.worksafe.vic.gov.au/proof-identity-licence-applications

Please see a list of acceptable people to certify your documents here:

www.justice.vic.gov.au/certifiedcopies

CUSTOMER DETAILS

Title (please circle/click) Mr Mrs Ms Miss Dr Prof Rev Other

First Name		Middle Initial (if any)
Surname		DOB
Residential Address		
State	Postcode	Country
Occupation		

INSTRUCTIONS FOR COMPLETION

To be an acceptable prescribed person you must be an approved certifier. Please complete all information below. You need to examine the person's original identification documents and certify the copy of the document by writing: **'I certify this to be a true and correct copy of the original document'** then record your signature, print your name & date.

First Name	Surname	
Occupation		
Contact Number	Business Name	
Business address		
State	Postcode	Country

DOCUMENTS TO BE CERTIFIED

Document Type	Document ID Number
Document Type	Document ID Number
Document Type	Document ID Number

DECLARATION

I acknowledge that I have examined the identification documents detailed above and confirm that the name, address and date of birth shown on the documents are the same as those stated in this form.

Signature	DOB
Authenticating stamp	