

## Points Identification Form

Identification check for all investment applications and /or mortgage applications

Full name of Applicant (surname first)

Formerly known as (surname first)  
(Attach evidence of name change)

Applicant's date of birth

Applicant's residential address

Document type (please tick type used)	Point value	Document/Account number	Name of issuing body	Place of issue	Date of issue	Expiry date	Certified copy/ Clear and legible copy attached
Only 1 allowed	<input type="checkbox"/> Birth Certificate	70					<input type="checkbox"/>
	<input type="checkbox"/> Current Passport					<input type="checkbox"/>	
	<input type="checkbox"/> Expired passport (expired which has not been cancelled and which was current in the preceding two years)					<input type="checkbox"/>	
	<input type="checkbox"/> Citizenship certificate					<input type="checkbox"/>	
<input type="checkbox"/> Drivers Licence	70						<input type="checkbox"/>
<input type="checkbox"/> Student photo ID card (issued by an Australian Tertiary Education Institution)	40						<input type="checkbox"/>
<input type="checkbox"/> Pension concession card or Health care card	40						<input type="checkbox"/>
<input type="checkbox"/> Name/address confirmed by current/previous employer (within last two years)	35						<input type="checkbox"/>
<input type="checkbox"/> Public utilities record	25						<input type="checkbox"/>
<input type="checkbox"/> Medicare card	25						<input type="checkbox"/>
<input type="checkbox"/> Financial Institution passbook, account statement, debit or credit card (one per institution only)	25						<input type="checkbox"/>
<input type="checkbox"/> The individual has been known to the Authorised Party for a minimum of 12 months	40						<input type="checkbox"/>
<input type="checkbox"/> Rates Notice or Title Search	35						<input type="checkbox"/>
<b>Total number of points (must be at least 100 points)</b>							

I am satisfied that the identity of the Applicant whose name, former name (if applicable), date of birth, residential address and signature as appears above has been verified in accordance with this form and the criteria listed above. I also confirm that I have sighted original documents in verifying the Applicant's identity, and that true and correct copies of these are attached to this form.

Signature of authorised party

Name of authorised party

Date

Office Use Only:

Authorised Party

We have complied with the requirements of the AML/CTF legislation

Standard Risk  Higher Risk