

Identity Verification Form



Enter Reference No. from Section A

Your Identity Document Requirements

You MUST supply ONE primary document from the list.

Does your primary document contain BOTH a photo AND your current residential address of applicant?

- Yes No additional identification is required.
 - You must also supply one secondary document that contains your current residential address.

To verify your identity, the details in section A and B must EXACTLY MATCH your identification documents.

Primary Identification Documents

- Australian Driver Licence (current)
- Australian Learner Permit (current)
- · Australian Passport (not expired more than 2 years)
- International Passport (not expired more than 2 years)
- Proof of Age Card/NSW Photo Card (current and government issued)
- Centrelink Pension Card (current)

Secondary Identification Documents

- Utility Bill or Council Rates Notice (less than 3 months old)
- Taxation Notice or Centrelink Statement (less than 12 months old)

How to lodge your Application

POST

Comments

At Australia Post

1. Lodge your form at any participating post office. To find the nearest participating outlet, please call 13 13 18 or go to auspost.com.au/pol and select Bank@Post*.

 DO NOT complete section Identification documents 							ewer									
Please use BLACK INK and	print within t	he boxes	in BLO C	K LET	TERS											
A. Details of Applic	ant															
Customer number (Reference																
Title eg (Mr, Mrs, etc) F	Family name/surname															
Given name/s (full name no	initials)															
D. C. Chill																
Date of birth MM Y	YYY	Contact	phone n	umber												
B. Current Residen	tial Addre	ess of A	Applic	ant (m	nust b	e an A	Austr	alian	resi	denti	al ad	ldres	s not	a PC) Во	x)
Unit number/street number/s	treet name (v	vith a gap	betweer	n numbe	ers and	words	3)									
Suburb/locality											Sta	ate		Pos	tcode	,
C. Declaration by A	pplicant															
DO NOT SIGN UNTIL YOU Your signature must be wit I acknowledge that the information	nessed by a	n Austra	lia Post	officer	at the						leted l	by me	and n	ot and	other	person
Please sign within the box and use black ink	Applicant's	signature					Date		MIN	VII	Y	YIY				
D. Australia Post u	se only															
I confirm that I have sighted		umentatio	on that ve	erifies th	ne Appli	cant's	name	e. date	of bi	th. an	d res	identia	al add	ress a	as se'	t out
on this form.										icer's					,	
Post officer's name																
Date		Work	centre co	ode												