

GUIDE TO COMPLETING THIS FORM

- Complete all sections (1, 2 and 3) in **BLOCK LETTERS**
- Telephone (03) 9251 5450 if you have any queries.

SECTION 1: AUTHORISATION OF SIGNATORIES

General Information

Full name of Church or Tax
Concession Charity

Account no's to which the signatures will apply:

Full name of the following (or equivalent in each case):

	Full Given Name(s) of officer (if applicable)	Surname
Chairperson	<input type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>
Treasurer	<input type="text"/>	<input type="text"/>

Name & Residential address of two officer bearers eg chairperson, secretary and treasurer:

Full Given Name(s) of officer (if applicable)	Surname	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (PO Box is NOT acceptable)

Street	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

Signature

Full Given Name(s) of officer (if applicable)	Surname	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (PO Box is NOT acceptable)

Street	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>

Signature

SECTION 2: ACCOUNT SIGNATORIES IDENTIFICATION PROCEDURE

Name & residential address of the authorised signatories to the account

Full given name(s) <input style="width:95%;" type="text"/>	Surname <input style="width:95%;" type="text"/>	Date of Birth (dd/mm/yyyy) <input style="width:95%;" type="text"/>
Residential Address (PO Box is NOT acceptable)		
Street <input style="width:95%;" type="text"/>		
Suburb <input style="width:25%;" type="text"/>	State <input style="width:10%;" type="text"/>	Postcode <input style="width:10%;" type="text"/>
Country <input style="width:20%;" type="text"/>		
Position held: <input style="width:95%;" type="text"/>	Signature: <input style="width:95%;" type="text"/>	
Has your signature already been verified on this <input type="checkbox"/> or another account - please record account number <input style="width:20%;" type="text"/>		

Full given name(s) <input style="width:95%;" type="text"/>	Surname <input style="width:95%;" type="text"/>	Date of Birth (dd/mm/yyyy) <input style="width:95%;" type="text"/>
Residential Address (PO Box is NOT acceptable)		
Street <input style="width:95%;" type="text"/>		
Suburb <input style="width:25%;" type="text"/>	State <input style="width:10%;" type="text"/>	Postcode <input style="width:10%;" type="text"/>
Country <input style="width:20%;" type="text"/>		
Position held: <input style="width:95%;" type="text"/>	Signature: <input style="width:95%;" type="text"/>	
Has your signature already been verified on this <input type="checkbox"/> or another account - please record account number <input style="width:20%;" type="text"/>		

Full given name(s) <input style="width:95%;" type="text"/>	Surname <input style="width:95%;" type="text"/>	Date of Birth (dd/mm/yyyy) <input style="width:95%;" type="text"/>
Residential Address (PO Box is NOT acceptable)		
Street <input style="width:95%;" type="text"/>		
Suburb <input style="width:25%;" type="text"/>	State <input style="width:10%;" type="text"/>	Postcode <input style="width:10%;" type="text"/>
Country <input style="width:20%;" type="text"/>		
Position held: <input style="width:95%;" type="text"/>	Signature: <input style="width:95%;" type="text"/>	
Has your signature already been verified on this <input type="checkbox"/> or another account - please record account number <input style="width:20%;" type="text"/>		

Full given name(s) <input style="width:95%;" type="text"/>	Surname <input style="width:95%;" type="text"/>	Date of Birth (dd/mm/yyyy) <input style="width:95%;" type="text"/>
Residential Address (PO Box is NOT acceptable)		
Street <input style="width:95%;" type="text"/>		
Suburb <input style="width:25%;" type="text"/>	State <input style="width:10%;" type="text"/>	Postcode <input style="width:10%;" type="text"/>
Country <input style="width:20%;" type="text"/>		
Position held: <input style="width:95%;" type="text"/>	Signature: <input style="width:95%;" type="text"/>	
Has your signature already been verified on this <input type="checkbox"/> or another account - please record account number <input style="width:20%;" type="text"/>		

Special requests:

Eg. Any two to sign, treasurer with one other

To assist us with the timely processing of these signatories please ensure completion of section 3 and attach relevant documentation for any unverified signatories

SECTION 3: INDIVIDUAL ACCOUNT SIGNATORY VERIFICATION PROCEDURE

1. *This section is mandatory and applies to all new signatories and those which have not already been verified.*
2. *We must sight the original personal documentation in our offices or you may attach a certified copy of the original document to this form (see page 4 overleaf for a list of people authorised to certify the copy of your original document)*
3. *Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III) for each authorised signatory.*

PART I – ACCEPTABLE PRIMARY ID DOCUMENTS

Tick ✓	Select ONE valid option from this section only
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Australian State / Territory driver's licence containing a photograph of the person.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable).
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person*.

PART II – ACCEPTABLE SECONDARY ID DOCUMENTS

Please note: This section should only be completed if the Individual does not own a document from Part 1

Tick ✓	Select ONE valid option from this section
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Australian birth certificate.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Australian citizenship certificate.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pension card issued by Centrelink.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Health card issued by Centrelink.
Tick ✓	AND ONE valid option from this section
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address).

PART III – ACCEPTABLE FOREIGN ID DOCUMENTS

Please note:

- **This section should only be completed if the Individual does not own a document from Part 1**
- **Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator**

Tick ✓	BOTH documents from this section must be presented
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth.*
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued

Persons Authorised to Witness Signatures or Statutory Declarations or Certify copies of Original Documents

The Anti-Money Laundering and Counter Terrorism Financing Legislation, that took effect on 12th December 2007, requires the collection and verification of personal details for all signatories to an account. These rules set out who can certify a copy of an identification document.

Persons authorised to witness signatures or statutory declarations or verify documents under “anti money laundering” legislation are:

- A minister of religion within the meaning of the Marriage Act 1961 who is registered under Division 1 of Part IV of the Act
- A member of:
 - a) The Institute of Chartered Accountant in Australia; or
 - b) The Australian Society of Certified Practising Accountants; or
 - c) The National Institute of Accountants.
- A member of a municipal, city, town, district or shire council of a State or Territory
- A legal practitioner (however described) of a Federal, State, or Territory court
- An individual registered or licensed as:
 - a) A dentist; or
 - b) A medical practitioner; or
 - c) A pharmacist; or
 - d) A veterinary surgeon;Under a law of a State or Territory providing for that registration or licensing
- A judge or master of a Federal, State or Territory court
- A stipendiary magistrate of the Commonwealth or of a State or Territory.
- A justice of the peace of a State Parliament
- A member of the Parliament or a State Parliament.
- A member of the Australian Federal Police, or of the police force of a State or Territory, who, in the normal course of his or her duties, is in charge of a police station, or above the rank of sergeant.
- A manager of a post office
- An individual employed as a full-time teacher or as a principal who has been so employed for a period of at least 5 years
- A commissioner for oaths of a State or Territory

Please note: After certifying authorising persons must print his or her full name, address and qualification there under.

Further information can be obtained at www.ag.gov.au or www.austrac.gov.au