

Certification Form

PERSON TO WHOM
IT RELATES

SECTION A: CATEGORIES OF CERTIFIERS

1. Legal Practitioner
2. Judges
3. Magistrates
4. CEO of a Federal Court
5. Registrar or Deputy Registrar of a Court
6. Justice of Peace
7. Notary Public
8. Police Officer
9. Agent of Australia Post
10. Employee of Australia Post
(2 years service)
11. Australian Consular or Diplomatic Officer
12. Officer of Financial Institution
(2 years service)
13. Finance Company Officer
(2 years service)
14. Officer or authorised representative of
AFS licensee
15. Accountants (members of a recognised
accounting body)

Category of referee Insert relevant number (see list above)

SECTION B: CERTIFIER'S DETAILS

TITLE: (please tick)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
SURNAME:			GIVEN NAMES:	
OCCUPATION:				
HOME OR BUSINESS ADDRESS: (PO Box not acceptable)				
TELEPHONE:				

SECTION C: CERTIFIER STATEMENT

I have examined the original identification documents.*

I have endorsed each copy of the identification document in the following manner.

'This is to certify that this is true copy of the original which I have sighted. Date, Name, Signed, Title, Registration number (if applicable)'

It is an offence under the Anti-Money Laundering and Terrorist Financing Act 2006 to give false and misleading information.

SIGNATURE:

DATE:

'Please refer to 'What information we need from you' document for requirements.'