Certified Identification Form (CID)

Details Verified by Certifier for an Individual

Original Identification documents must be provided to the Certifier by the individual being identified. The acceptable identification must contain the individuals full name and either residential address and/or date of birth. The acceptable identification documents must comprise:

- Two Primary Photographic identification documents listed below under Primary Photographic (where on must be an Australian passport); or
- One Primary Photographic identification document (other than an Australian passport) listed below under Primary Photographic; and

One Primary Non-Photographic identification document; and

One Secondary identification document listed below under Secondary

Proof of Age Card (issued by an Australian State or Territory)

(issued by Centrelink or the Department of Veterans' Affairs)

Note: A certified copy of the identification documents must also be submitted to Homeloans with this form. Instruction: Place a tick in the box beside each of the documents that copies have been provided for certification.

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Australian or Foreign Passport (current or expired Australian Passport within the preceding 2 years), with English translation by an accredited translator (if not in English)

Australian drivers licence — Current, Renewed, Interim, Provisional, Driver's, Truck or Learner's

Must contain individuals name and either residential address (not PO Box) or date of birth.

Primary Non-Photographic

Birth Certificate (Australian) or Foreign Birth Certificate with English translation by an accredited translator (if not in English)

Australian Citizenship Certificate

Pension or Government Health Card (Reference number required)

Must contain individuals name and either residential address (not PO Box) or date of birth.

Secondary

Notice issued by a Commonwealth, State or Territory Department. Notice of Financial Benefit less than 12 months old (e.g. Centrelink statement)
Notice issued by the Australian Tax Office of debt or assessments less than 12 months old
Notice less than 3 months old issued by a Local Government Body or Utilities Provider that notes the provision of services to that address of that person (e.g. Council Rates, Water Rates, Electricity Bill, Gas Bill and Telephone Landline Bill)
Medicare Card

Must contain individuals name and either residential address (not PO Box) or date of birth.

Special Provisions

Aboriginal & Torres Strait Islander Resident in an Isolated Area

Statement from 2 persons who are recognised as community leaders (including elected members of an Aboriginal Council of the Community to which the individual belongs.)

Must contain individuals name and either date of birth or residential address (not PO Box)

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Details and signature of individual to be identified Signature Account name CHARINA MANTILLA Certifier's details and declaration Note to Certifier: please ensure copies are legible and record the following on each copy of the identification provided. "This is a true copy of an original or certified copy document provided"; then print and sign your name, date and Qualification No. (if applicable) and also provide your details below so that we may contact you if necessary to confirm this information. Certifier's declaration I confirm that: The person named above signed this form in my presence: 1. I sighted originals of the documents noted on reverse of this form; 2. 3. I am satisfied that the copies of the documents produced are a true copy and have duly certified. The person being identified appears to have similar facial characteristics as the person in the photograph included in the original identity documents referred to on page one of this document. 5. The verification of identity has been conducted in accordance with; The Western Australian Commissioner of Titles and Registrar of Title Joint Practice for Verification of Identity; and The Anti-Money Laundering / Counter Terrorism Act (2006) Category No. of acceptable certifier (see list below): Qualification No. (if applicable): Location Documents Verified: (i.e. Australia): Date Documents Verified: First name: Surname: Residential Address (No PO Box): State: Postcode: Daytime Contact No: Signature: Privacy Statement: Homeloans Limited is collecting your personal information in order to assist in the identification of the individual named above. Categories of acceptable certifiers Category Numbers: a Justice of the Peace; a lawyer – person enrolled on the roll of the Supreme Court of a State or an agent of the Australian Postal Corporation who is in charge of an office Territory, or the High court of Australia, as a legal practitioner (however supplying postal services to the public; 13. a permanent employee of the Australian Postal Corporation with 2 or more described): 2. a judge of court; years of continuous service who is employed in an office supplying postal a magistrate; 3. services to the public; a chief executive officer of a Commonwealth court; 14. a finance company officer with 2 or more continuous years of service with a registrar or deputy registrar of a court; one or more finance companies (for the purposes of the Statutory Declaraa notary public (for the purposes of the Statutory Declaration Regulations tion Regulations 1993): 6. 1993); an officer with authorised representative of, a holder of an Australian a police officer; financial services license, having 2 or more continuous years of service an Australian Consular Officer or an Australian Diplomatic Officer (within 8. with one or more licences; the meaning of the Consular Fees Act 1955); a Commissioner for Affidavits or Declaration of Oaths a member of the Institute of Chartered Accountants in Australia; CPA Australia or the National Institute of Accountants with 2 or more years of Note: Non-Residents – Acceptable identifiers must be an Australian Consular Officer continuous membership; who undertakes Verification of Identity in accordance with the Transfer of Land Act 1893 an officer with 2 or more continuous years of service with one or more S154(4). financial institutions (for the purposes of the Statutory Declaration Regulations 1993); Office use only - Identification checked and input by Staff name: Signature CARY PADDICK Office name:

SALES CONSULTANT