## Certified Identification Form (CID) Details Verified by Certifier for an Individual



St.George Bank - A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714

**Identification** – Two forms of identification (ID) must be provided to the certifier by the individual being identified. One form obtained must be a Primary form of ID from Group 1 or 2 below and must contain the individual's full name and either residential address and/or date of birth. The Second form of ID must be selected as per the following table:

Document Rules:	
Select 2 forms of ID	

First Form of ID	Second Form of ID	Special Provisions 1 Form of ID
Group 1	Group 1, 2, 3 or 4	Child under 18 years or
Group 2	Group 2 or 3	Recent Arrivals in Australia

Note: Place a tick in the box beside each of the two documents that copies have been provided for certification.

<b>Group 1 –</b> Primary Photo		Must contain individual's full name and either residential address (PO Box not allowed) and/ or date of birth.	
<b>Group 2 –</b> Primary Non-Photo	Foreign Birth Certificate with English Translation (if not in English).	Must contain individual's full name and either residential address (PO Box not allowed) and/or date of birth.	
<b>Group 3 –</b> Secondary		Must be on account/ letterhead and show individual's name and residential address.	
<b>Group 4 –</b> Alternate Secondary. Can only be used with Group 1	Medicare Card – Current.	Must contain individual's name and a document reference number.	
<b>Special</b> <b>Provisions –</b> Child under 18 years	Card/Photo ID Card/Letter from Principal – less than 3 months old.	Must contain individual's full name and either	
Recent Arrivals in Australia (less than 6 weeks)	Passport (current or expired within the last 2 years, not cancelled).	residential address (PO Box not allowed) and/ or date of birth.	

Note: Certifiers are to certify legible copies of two documents provided from the above documents listed and also provide certifier details on reverse of this form.

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Details and         CIS No. (if known)         Account number (if known)           signature of		Account Name				
Individual to be identified	,		Individual's Signature			
be identified						
	Mrs Charina Mantilla			X		
Certifier's Details and Declaration	d provided. "This is a true copy of an original or certified copy document provided"; then print and sign your name, dat and Qualification No. (if applicable) and also provide your datails below so that we may contact you if pecessary to					
	I certify that:					
	1. The person named above signed this	form in my pres	<del>)</del> .			
	2. I sighted originals of the documents r					
	3. I am satisfied that the documents pro name, address and/or date of birth o			best of my knowledge they confirm the		
	Category No. of acceptable certifier (se	e list below)	Qualification No	o. (if applicable)		
	9		9375633			
	Full Name of Certifier					
	Title First Name	Family N				
	Mr Ju Tae	Yang				
	Residential address – PO Box not allowe	ed				
	325/22 Baywater Drive, Wentwo	rth Point, NSV	27			
	Daytime Contact Number C	Country Code A	Code Num	ber		
	0452226590	61	8	071 2673		
	Signature					
	X -MIM					
	· where					
	cy We collect personal information from you to process your application, provide you with your product or service, and manage your product or service. We may disclose your personal information to the issuer of the foreign items recorded on this form, entities located outside Australia, other members of the Westpac Group, anyone we engage to do something on our behalf and other organisations that assist us with our business.					
	Our privacy policy, available at stgeorg	e.com.au or by c	g 13 33 30, con	tains more information about how we		
	• •	•		n, seek corrections and make complaints.		
	"We", "our", "us" means St George Bar "Westpac Group" means Westpac Ban		-			
Categories of acceptable certifiers			<ol> <li>An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public.</li> <li>A permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public.</li> <li>A finance company officer with two or more years of continuous service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993).</li> <li>An officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licensees.</li> <li>Any person specifically appointed as our agent to certify identity.</li> <li>Note: Non-residents – certification by the following</li> </ol>			
	<ol> <li>An officer with two or more years of co with one or more financial institutions ( the Statutory Declaration Regulations 11. A Justice of the Peace.</li> </ol>	for the purposes c	acceptable cert	ifiers – categories numbered 1, 2, 3, 4, 5, 6, 7, quivalent within the certifier's country of		

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Branch/Office	mployee Name Employee No. Branch Name		Branch No. Signature			
Use Only					X	
Certified documents and Certified Identification form must be forwarded to Image Processing – Level 2.						

Kogarah.