

CERTIFICATION FORM

Certifier's details

| | |
|---|--|
| Surname | |
| Given Names | |
| Occupation | |
| Residential or Business Address (PO Box not acceptable) | |
| Telephone Number | |

Categories of Certifiers

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

Category of referee Insert relevant number (see list above)

Documents to be Certified

| | |
|--|------------------|
| Category <input type="checkbox"/> | Document details |
| Type of document | |
| Person to whom it relates | |
| Category <input type="checkbox"/> | Document details |
| Type of document | |
| Person to whom it relates | |
| Category <input type="checkbox"/> | Document details |
| Type of document | |
| Person to whom it relates | |

Category

Document details

Type of document

Person to whom it relates

Certifier Statement

I have examined the original identification documents listed above. 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 Counter Terrorist Financing Act 2006 to give false and misleading information.

Signature

Date