

Anti-Money Laundering and Counter-Terrorism Financing Act 2006 Verification Details Indigenous Individuals

Made for the purpose of the definition of "reliable and independent documentation" in Chapter 1 of the Anti-Money Laundering and Counter-Terrorism Financing Rules 2007 (No. 1). Complete this form when confirming the identity of an individual who is acquiring a product and/or service with Westpac Group.

PART A: CUST	OMER DETAILS	
Title	Family Name	
First Given Name		Second and other Given Names
Other Family name	nes known by	7
Date of Birth	Place of Birth	
Current Residenti	ial Address	
Customer Signatu	ure (in front of Referee and Witness)	Date
X		1 1
DETAILS OF W	VITNESS	
Full Name		
Signature		Date
X		
BANK USE ON	NLY	
Bank Officer's name		Salary no.
Branch/Departme	ent	
BSB		Customer IDV Number
Signature		Date
X		1 1

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PART B: STATEMENT BY REFEREE			
I confirm that:			
I have known the customer for months years			
• The customer has signed this form in my presence and one	witness		
• The names listed on this form are all the names that I am aware that the customer has been known as			
The address on this form is the customer's residential address			
• I am signing this identification statement in my capacity as:			
An Office Bearer of an incorporated Indigenous organisation or land council (details as below)			
☐ The applicant's employer			
A health professional or manager of an Aboriginal medical service			
A registered Financial Counsellor			
A Current Westpac Employee (of 2 years or more)			
Other qualified person before whom a statutory declaration can be made			
REFEREE DETAILS			
REI EREE DE IAIES			
PRIVACY STATEMENT:			
The Bank is collecting your personal information in order to as	ssist in the identification of the Customer named in Part A.		
Title Full Name			
Title in Organisation/Employer (if applicable)			
O			
Organisation Name/Employer (if applicable)			
Australian Business Number (if applicable)	Phone Number		
Australian Business Number (if applicable)	Thorie Namber		
Residential Address			
Signature (in front of Witness)	Date		
X	1 1		

Note: This form must be signed by the customer and referee in the presence of an independent witness

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