



# Identity verification.

Mail: **ME**, Account Origination, Reply Paid 1345, Melbourne, VIC 8060

For any enquiries contact us on **13 15 63** or visit **mebank.com.au**

## Use of this form.

This form is only to be used when told by ME specifically to use this rather than the Australia Post form. If you need to verify your identity at Australia Post, please instead use the relevant form found on our website at [mebank.com.au/support/how-to-verify-your-id-at-australia-post/](http://mebank.com.au/support/how-to-verify-your-id-at-australia-post/)

## How to use this form.

**Step 1** complete either **option a, b** or **c**

**Step 2** provide the completed form and identification document(s) to a **ME** staff member for verification

**or**

mail the completed form along with **certified** copies of identification document(s) to **ME**

### Option a.

(supply one primary photographic identification document)

#### Primary photographic identification document:

- Driving licence or permit (Australian only)
- Passport or similar document issued for international travel (Australian or foreign\*)
- Proof of Age card (Australian only)
- National identity card issued by a foreign government or United Nations

### Option b.

(supply one primary non-photographic identification & one secondary identification document)

#### Primary non-photographic identification document:

- Birth certificate (Australian or foreign)
- Birth extract (Australian only)
- Citizenship certificate (Australian or foreign)
- Pension card issued by Centrelink

### Option c.

(supply two primary non-photographic identification documents)

#### Secondary identification document (Australian only):

- Government financial benefits notice (issued within the last 12 months)
- Australian Tax Office notice of assessment (issued within the last 12 months)
- Local government or utilities bill (issued within the last three months)

All documents **must** be current (with the exception of Australian passports expired within the last two years but not cancelled) and contain the applicant's full name, date of birth **or** current residential address.

\*Foreign documents **must** be in English.

## The following approved persons can certify a document as a true copy of an original.

- Medical Practitioner
- Nurse
- Minister of religion
- Pharmacist
- Bailiff
- Police officer
- Justice of the Peace
- Legal practitioner
- Sheriff or Sheriff's officer
- Bank officer\*\*
- Registrar or Deputy Registrar of a court
- Officer or authorised representative of a holder of an Australian financial services licence
- Judge, Master or Clerk of a court
- Australian consular or diplomatic officer
- Veterinary surgeon
- Physiotherapist
- Member of:
  - CPA Australia
  - the Institute of Public Accountants
  - Chartered Accountants Australia and New Zealand
  - Engineers Australia (other than the grade of student)
- Employee of the Commonwealth or Australian Trade Commission in a country or place outside Australia
- Senior Executive Services employee, permanent employee\*, or parliament member of the Commonwealth, the Parliament of a State Territory legislature or local government authority of a State or Territory
- Australian Defence Force officer, non-commissioned officer\* or warrant officer
- Australia Postal Corporation agent in charge of a postal office, or permanent employee in a post office\*\*
- Permanent full-time or part-time teacher at a school or tertiary education institution, school principal or dean

\* with two or more years of continuous service

\*\* with five or more years of continuous service

**Applicant 1.**

Title (Mr/Mrs/Miss/Ms/other) Surname

Given name(s)

Date of birth

Residential address (PO boxes not accepted)  
  
 State  Postcode

Signature

Date

**Applicant 2.**

Title (Mr/Mrs/Miss/Ms/other) Surname

Given name(s)

Date of birth

Residential address (PO boxes not accepted)  
  
 State  Postcode

Signature

Date

**Note** - it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) to provide false or misleading information or to produce false or misleading documents.

**Privacy** - the information provided by you on this form to verify your identity is collected in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth). Information may be disclosed to the Australian Transaction Reports and Analysis Centre (AUSTRAC) or as other legislation allows or requires.

**ME use only****Verifying officer to complete Section 1 and 2****Section 1 - record of identification document(s) received.****Applicant 1.****ID Record**

Full name verified:  
 Date of birth verified:  
 Residential address verified:  
 Verified from:  
 Copy of ID document:

**Document 1**

Yes  No  
 Yes  No  
 Yes  No  
 Original  Certified copy  
 Attached  Not attached  
 (go to section 2) (complete details below)

**Document 2 (if applicable)**

Yes  No  
 Yes  No  
 Yes  No  
 Original  Certified copy  
 Attached  Not attached  
 (go to section 2) (complete details below)

Type of document:  
 (e.g. passport)

Document number:  
 (if applicable)

Date of issue:  
 (if applicable)

Place of issue:  
 (if applicable)

Expiry date:  
 (if applicable)

## Applicant 2.

### ID Record

Full name verified:

Yes

No

Date of birth verified:

Yes

No

Residential address verified:

Yes

No

Verified from:

Original

Certified copy

Copy of ID document:

Attached

Not attached

(go to section 2)

(complete details below)

Type of document:

(e.g. passport)

Document number:

(if applicable)

Date of issue:

(if applicable)

D	D	M	M	Y	Y	Y	Y
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Place of issue:

(if applicable)

Expiry date:

(if applicable)

D	D	M	M	Y	Y	Y	Y
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### Document 2 (if applicable)

Yes

No

Yes

No

Yes

No

Original

Certified copy

Attached

Not attached

(go to section 2)

(complete details below)

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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## Section 2 - verifying officer details.

I confirm that I have sighted original or certified documentation and have verified the applicant's full name, and either date of birth or current residential address.

Name of verifying officer

Phone number

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Signature

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Date

D	D	M	M	Y	Y	Y	Y
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Mobile banker details