



Investment & Financial Services Association Ltd

# IDENTIFICATION FORM INDIVIDUALS & SOLE TRADERS



FINANCIAL PLANNING  
ASSOCIATION OF AUSTRALIA

### GUIDE TO COMPLETING THIS FORM

- Complete one form for each individual. Complete all applicable sections of this form in BLOCK LETTERS.
- Contact your licensee if you have any queries.

## SECTION 1A: PERSONAL DETAILS

Surname

TOOSE

Date of Birth dd/mm/yyyy

02/02/1972

Full Given Name(s)

LABAN EDWARD

Residential Address (PO Box is NOT acceptable)

Street

7 JASMINE PLACE

Suburb

MELTON WEST

State

VIC

Postcode

3337

Country

AUSTRALIAN

### COMPLETE THIS PART IF INDIVIDUAL IS A SOLE TRADER

Full Business Name (if any)

ABN (if any)

Principal Place of Business (if any) (PO Box is NOT acceptable)

Street

Suburb

State

Postcode

Country

**SECTION 1B: VERIFICATION PROCEDURE**

Verify the individual's full name; and EITHER their date of birth or residential address.

- o Complete Part I (or if the individual does not own a document from Part I, then complete either Part II or III.)
- o Contact your licensee if the individual is unable to provide the required documents.

**PART I – ACCEPTABLE PRIMARY ID DOCUMENTS**

<b>Tick ✓</b>	Select ONE valid option from this section only
<input checked="" type="checkbox"/>	Australian State / Territory driver's licence containing a photograph of the person
<input type="checkbox"/>	Australian passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	Card issued under a State or Territory for the purpose of proving a person's age containing a photograph of the person
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person*

**PART II – ACCEPTABLE SECONDARY ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

<b>Tick ✓</b>	Select ONE valid option from this section
<input type="checkbox"/>	Australian birth certificate
<input type="checkbox"/>	Australian citizenship certificate
<input type="checkbox"/>	Pension card issued by Centrelink
<input type="checkbox"/>	Health card issued by Centrelink
<b>Tick ✓</b>	<b>AND ONE</b> valid option from this section
<input type="checkbox"/>	A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address
<input type="checkbox"/>	A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by the individual to the Commonwealth (or by the Commonwealth to the individual), which contains the individual's name and residential address. <i>Block out the TFN before scanning, copying or storing this document.</i>
<input type="checkbox"/>	A document issued by a local government body or utilities provider within the preceding 3 months which records the provision of services to that address or to that person (the document must contain the individual's name and residential address)
<input type="checkbox"/>	If under the age of 18, a notice that: was issued to the individual by a school principal within the preceding 3 months; and contains the name and residential address; and records the period of time that the individual attended that school

**PART III – ACCEPTABLE FOREIGN ID DOCUMENTS – should only be completed if the individual does not own a document from Part I**

<b>Tick ✓</b>	<b>BOTH</b> documents from this section must be presented
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	National ID card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

\*Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.

**SECTION 1C: RECORD OF VERIFICATION PROCEDURE**

**IMPORTANT:**

- Attach a legible copy of the ID documentation used to verify the individual (and any required translation).
- Alternatively, if agreed between your licensee and the product issuer, complete the ID Document Details below, and DO NOT attach copies of the ID Documents.

ID DOCUMENT DETAILS	Document 1	Document 2
Verified From	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy
Document Issuer	VIC ROADS	
Issue Date		
Expiry Date	21/03/2016	
Document Number	046648785	
Accredited English Translation	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Sighted	<input type="checkbox"/> N/A <input type="checkbox"/> Sighted

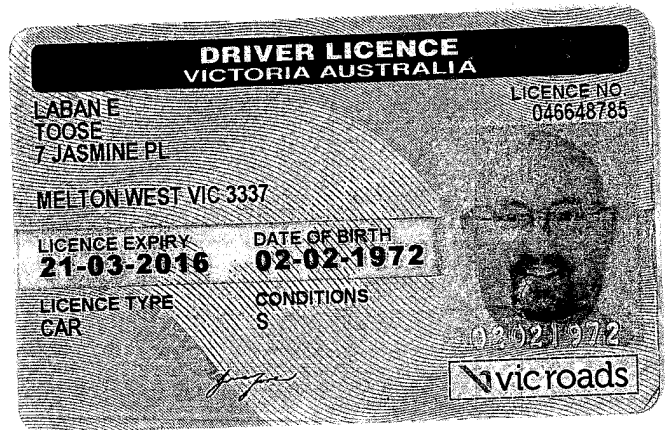
**SECTION 1D: FINANCIAL PLANNER DETAILS – identification and verification conducted by:**

Date Verified (dd/mm/yyyy)

Financial Planner's Name  Phone No.

AFS Licensee Name  AFSL No.





THIS IS A TRUE COPY  
OF THE ORIGINAL DOCUMENT

SIGHTED BY ME: *PHILIP 1587*  
SIGNATURE: .....

DATE: ..... *04/09/14* .....

*BPharm*

**RON DAVIS PHARMACY**  
ABN 96 292 422 110  
308-312 HIGH ST  
MELTON 3337  
TEL: 9743 6555 FAX: 9743 7800

CONDITIONS CARRY LICENCE WHEN DRIVING

S Conditions apply to you while driving

# 02-72

ABN 71012 2527 0000

21-03-2016 21-03-2016

DATE OF BIRTH LICENCE EXPIRES

VicRoads must be notified of your CHANGE OF ADDRESS by visiting [www.vicroads.vic.gov.au](http://www.vicroads.vic.gov.au) or telephoning 131171 or writing to PO Box 777 Carlton Sth 3063

AFFIX CHANGE OF ADDRESS LABEL HERE

AT LAW POSSESSION OF A CURRENT DRIVER LICENCE IS WHOLLY THE RESPONSIBILITY OF THE DRIVER



THIS IS A TRUE COPY

OF THE ORIGINAL DOCUMENT

SIGNED BY ME: *Philip TSM*

SIGNATURE: .....

DATE: ..... *04/09/14* .....

*B. Pharm*

TON DAVIS PHARMACY  
 ABN 96 232 422 110  
 308-312 HIGH ST  
 MELTON, 3037  
 TEL: 9743 6365 FAX: 9743 7800