

CUSTOMER IDENTIFICATION CHECKLIST (FACE-TO-FACE)

Part 2 of the *Anti-Money Laundering & Counter Terrorism Financing Act 2006* requires the information in this form to be collected and verified for EACH customer application. Please ensure that you follow the relevant lender's procedures and that all photocopies of customer documents provided to your lender are clear and legible.

CUSTOMER NAME _____

SELECT ONE	Borrower	<input type="checkbox"/>	or	Guarantor	<input type="checkbox"/>
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CUSTOMER TYPE	SECTIONS TO BE COMPLETED	
Individual	Section A and Section B	<input type="checkbox"/>
Sole Trader	Section A, Section B and Section C	<input type="checkbox"/>
Company (Pty and Ltd)	Section D, Section A (for at least ONE director) and Section B	<input type="checkbox"/>
Trust	Section E, Section A (where the trustee is an individual) and Section B or Section E, Section D, Section A (where the trustee is a company) and Section B	<input type="checkbox"/>
Partnership	Section F, Section A (for at least ONE partner) and Section B	<input type="checkbox"/>

BROKER/ INTRODUCER DECLARATION

I declare:

The documentation provided is current or within acceptable time frames	<input type="checkbox"/>
All photographic identification is a "reasonable likeness" to the individual	<input type="checkbox"/>
Nothing in my dealings with the customer have raised any suspicions concerning the proposed transaction	<input type="checkbox"/>
Face to face verification of the customer was carried out by me	<input type="checkbox"/>
Face to face verification was not possible because (state reason):	
(If Option 2 is used) verification against primary photographic documentation was not possible because (state reason):	

ORIGINATOR / INTRODUCER SIGNED

ORIGINATOR / INTRODUCER NAME _____

ADDRESS OF INTERVIEWER _____

ADDRESS WHERE INTERVIEW IS HELD _____

DATE _____ AML/CTF NO. _____

COPIES OF ALL DOCUMENTS USED FOR IDENTIFICATION TO BE SENT TO AAA FINANCIAL

To be signed by the Mortgage Manager:
 Authorised Party _____
 We have complied with the requirements of the AML/CTF legislation

A CUSTOMER – INDIVIDUAL
A1 Personal Information
Full name (including middle names): _____
Date of birth: _____
Residential address: _____
Any other names known by: _____

A2 Documentation to verify information – Satisfy either Option 1 or Option 2	
Option 1 Primary Photographic Documentation – ONE of the following:	Tick
Driver's license (photographic): _____ State: _____ Number: _____ Expiry: _____	<input type="checkbox"/>
Passport (Australian passport - not expired by more than two years, Foreign passport must be current): _____ Country: _____ Number: _____ Expiry: _____	<input type="checkbox"/>
Commonwealth, State or Territory officially issued proof of age card: Type of card: _____ Issued by: _____ Number: _____ Expiry: _____	<input type="checkbox"/>
National identity card (photographic): _____ State: _____ Number: _____ Expiry: _____	<input type="checkbox"/>
Other (insert details): _____	<input type="checkbox"/>
Option 2 Primary Non-Photographic Documentation plus Secondary Non-Photographic Documentation	
(a) ONE of the following	
Birth Certificate	<input type="checkbox"/>
Citizenship Certificate	<input type="checkbox"/>
Pension Card or Health Care Card issued by Centrelink	<input type="checkbox"/>
(b) AND at least ONE of the following	
Financial Benefits Statement issued by the Commonwealth, a State or a Territory within the last 12 months	<input type="checkbox"/>
Income Tax Assessment Notice issued by the Australian Taxation Office within the last 12 months	<input type="checkbox"/>
Rates or utility notice issued by a local government body or utilities provider within the last three months	<input type="checkbox"/>

B TRANSACTION INFORMATION
Location of asset being purchased/ refinanced with the loan: _____
Address of all security properties (if any): _____
Source of funds for repayment or investment (provide details of account): _____

C CUSTOMER – SOLE TRADER	
Collect information and verify the identity of the individual as per Part A1 and A2 above	<input type="checkbox"/>
Collect the Transaction Information as per Part B above	<input type="checkbox"/>
AND collect the following (no need to verify)	
Full name of business: _____	
Principal place of business: _____	
ABN issued to the business: _____	

D CUSTOMER – COMPANY (Pty and Ltd, but not listed companies)	
Collect the name of ALL directors	<input type="checkbox"/>
Collect information <i>and</i> verify the identity of at least ONE director as per Part A1 and A2 above	<input type="checkbox"/>
Collect the Transaction Information as per Part B above	<input type="checkbox"/>
Collect the personal information in A1 for ALL shareholders owning more than 25% of the company (no need to verify under A2)	<input type="checkbox"/>
AND collect the following (no need to verify)	
Full name of company as registered by ASIC: _____	
ACN issued to the company: _____	
Full address of the company's registered office: _____	
Full address of the company's principal place of business: _____	

E CUSTOMER - TRUST	
If the trustee(s) is an individual, collect information and verify the identity as per Part A1 and A2 above for EACH individual trustee	<input type="checkbox"/>
If the trustee(s) is a company, collect and verify information as per Part D	<input type="checkbox"/>
In respect of each entity having the power to change the trustee, collect the information in Part A1 or Part D as appropriate (no need to verify)	
Collect the Transaction Information as per Part B above	<input type="checkbox"/>
AND collect the following (no need to verify)	
Full name of the trust: _____	
Type of trust (eg unit, discretionary, hybrid): _____	
Record Trust's ABN _____	
Unless the trust is widely held (10 or more unit holders), the full name and residential address of each beneficiary or a description of the class of beneficiaries of the trust: _____	

F CUSTOMER – PARTNERSHIP	
Collect information as per Part A1 for all partners	<input type="checkbox"/>
Verify the identity as per Part A1 and A2 for at least one partner	<input type="checkbox"/>
Collect the Transaction Information as per Part B above	<input type="checkbox"/>
AND collect the following (no need to verify)	
Full name of partnership: _____	
ABN Number _____	
Full address of the partnership's principal place of business (if any): _____	
Full name and address for ALL partners in the partnership _____	