

Please complete all sections and certify copies of documents as per the example below. Should you require assistance please call a friendly Member Service Consultant on **1300 654 822**.

### A. Categories of Certifiers

Please note that we will accept documents certified by a person on this list

- |                                     |  |
|-------------------------------------|--|
| 1. Legal Practitioner.              | 7. Pharmacist  |
| 2. Full Time Teacher.               | 8. Officer, Employee or authorised representative of an Australian Financial Services Licensee (2 or more years continuous service, e.g. Bank Manager, Financial Planner). |
| 3. Medical Practitioner or Dentist. | 9. Accountant (2 or more years membership with Institute of Chartered Accountants, CPA Australia or National Institute of Accountants).                                    |
| 4. Nurse.                           | 10. Permanent employee of Australia Post (2 or more years continuous service and employed in a post office) or Australia Post agent who is in charge of a post office.     |
| 5. Justice of the Peace.            |  |
| 6. Police Officer.                  |  |

### B. Certifier's Details

Title: Mr Mrs Miss Ms Mx	Category of Certifier
	Insert relevant number (see list above)
Full Name: Surname	Given Names
Address (PO Box not acceptable)	State Postcode
Email Address	
Daytime Telephone Number	
Occupation	

### C. Documents Certified

Copy of the original documents must be certified and the Certifier (see list above) must have signed the originals. These copies referred to as 'Certified Documents', must be attached to this form and forwarded to Bank First. Photocopies or faxes of certified documents are not accepted.

Documents must be certified and attached as follows:

This is to certify that this is a true copy of the original which I have sighted.

Date

Name

Signed

Certifier Category (see list above)

Registration Number (if applicable)

#### Example:

This is to certify that this is a true copy of the original which I have sighted.

Date dd / mm / yyyy

Name John Smith

Signed John Smith

Certifier Category Police Officer

Registration Number (if applicable) 123456

Type of Document

## D. Certifier Statement

It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) to give false and misleading information.

**I have examined the original documents listed above and I have certified each copy accordingly.**

**Certifier's Signature**

**Date**

Refer to the Financial Services Guide (FSG) and Terms and Conditions brochures available at our branches, on our website **bankfirst.com.au** or by contacting us on **1300 654 822**. These documents should be considered before acquiring a product.