

## Customer verification form – Partnerships.

All fields are mandatory, unless specified otherwise.

### 1. Partnership details.

BankSA Customer Access Number (if known)

Full name of the Partnership

Full business name as registered under any State or Territory business names legislation (if any) and/or Trading Names (if any)

Other name(s) under which the Partnership carries on its business (if applicable)

ABN issued to the Partnership (if any)

State/Territory and country in which the Partnership was established (if not Australia)

Date of establishment

Nature of business activities – Australia and New Zealand Standard Industry Code (**ANZSIC**)

Please provide us with details of the industry in which your business operates 'for example real estate, dairy manufacturer'

Full address of the Partnership's principal place of business (no PO box)

**Is the Partnership a tax resident of any country outside of Australia?**

Yes  Country(ies) outside of Australia in which the Partnership is a resident for tax purposes and country's associated Tax Identification Number (TIN)\*

**Note:** If the Partnership has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

No  Go to next question

\*A Foreign TIN is an identifying number or equivalent issued by the Partnership's country of tax residency that is used for tax purposes. If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

## 1. Partnership details (continued).

### Purpose of business relationship (please select one or more options)

**Note:** This refers to your reasons for engaging with us to obtain products and services. Customers may have multiple reasons for dealing with us. Please indicate **all** your reasons.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Transactional       | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Savings               |
| <input type="checkbox"/> Long-term borrowing | <input type="checkbox"/> Protection           | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Wealth              | <input type="checkbox"/> Financial markets    |  |

### Source of funds (please select one or more options)

**Note:** This refers to the origin of the funds that are the subject of the business relationship between you and us. Many customers have multiple sources of funds. Please indicate **all** your sources of funds.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Commission                          | <input type="checkbox"/> Business income/earnings              | <input type="checkbox"/> Bonus                          |
| <input type="checkbox"/> Investment income/earnings          | <input type="checkbox"/> Business profits                      | <input type="checkbox"/> Corporate investments earnings |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> External investment/capital injection | <input type="checkbox"/> Rental income                  |
| <input type="checkbox"/> Mergers and acquisitions            | <input type="checkbox"/> Sale of assets                        | <input type="checkbox"/> Controlled money account       |
| <input type="checkbox"/> Tax refund                          | <input type="checkbox"/> Liquidation of assets                 | <input type="checkbox"/> Gift/donation                  |
| <input type="checkbox"/> Insurance payment                   | <input type="checkbox"/> Government grant                      | <input type="checkbox"/> Compensation payment           |
| <input type="checkbox"/> Additional sources (please specify) |  |   |

### Source of wealth (please select one or more options)

**Note:** This refers to the origin of your total net assets/total net worth. Many customers will have multiple sources of wealth. Please indicate **all** your sources of wealth.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business profits                    | <input type="checkbox"/> Business income/earnings  | <input type="checkbox"/> Rental income                  |
| <input type="checkbox"/> Investment income/earnings          | <input type="checkbox"/> Insurance payment         | <input type="checkbox"/> Corporate investments earnings |
| <input type="checkbox"/> Liquidation of assets               | <input type="checkbox"/> Owns real estate/property | <input type="checkbox"/> Sale of assets                 |
| <input type="checkbox"/> Mergers and acquisitions            | <input type="checkbox"/> Gift/donation             | <input type="checkbox"/> Controlled money account       |
| <input type="checkbox"/> None                                | <input type="checkbox"/> Compensation payment      |   |
| <input type="checkbox"/> Additional sources (please specify) |  |   |

## 1. Partnership details (continued).

Partnership contact email address

Is the Partnership a regulated Partnership or unregulated Partnership?

Regulated Partnership

Name of the professional association the Partnership is regulated by

Professional association membership number

Unregulated Partnership

### Partner details.

#### Complete the details below for partners of the partnership.

Regulated – Complete the details for one partner

Unregulated – Complete the details for all partner

All listed partners needs to provide certified identification documents, please go to Section 6 for more information.

#### Partner 1

List Partner 1 on the profile:  Yes  No

Full legal name

Other name(s) (if any)

Date of birth (if an individual partner)

Full permanent residential address (not a PO Box), including country

#### Partner 2

List Partner 2 on the profile:  Yes  No

Full legal name

Other name(s) (if any)

Date of birth (if an individual partner)

Full permanent residential address (not a PO Box), including country

## 1. Partnership details (continued).

### Partner 3

List Partner 3 on the profile:  Yes  No

Full legal name

Other name(s) (if any)

Date of birth (if an individual partner)

Full permanent residential address (not a PO Box), including country

### Partner 4

List Partner 4 on the profile:  Yes  No

Full legal name

Other name(s) (if any)

Date of birth (if an individual partner)

Full permanent residential address (not a PO Box), including country

## 2. Beneficial Owners.

**Full Name(s) (including middle name(s) where applicable), full address (no PO Box), date of birth and type of relationship of each INDIVIDUAL who is a Beneficial Owner.**

**A Beneficial Owner is:**

1. Each individual who owns (either directly or indirectly) 25% or more of the Partnership, such as a limited partner; OR
2. If no one owns 25% or more, each Individual that Controls (either directly or indirectly) the Partnership.

**Where you are not able to identify any such Individual using the previous measures, the following Individual(s) can be treated as if they were a Beneficial Owner:**

1. An Individual entitled (either directly or indirectly) to exercise 25% or more of the voting rights, including a power of veto; OR
2. If no one is entitled to exercise 25% or more of the voting rights, an Individual who holds the position of Senior Managing Official (or equivalent), such as the Managing Partner, Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), or the Chairman of the Board, or foreign equivalent positions.

Please attach certified copies of identification documentation (go to Section 6 to find out more about acceptable documentation).

If there is not enough space, provide details on a separate sheet and attach to this form, labelling the section that the attachment relates to.

## 2. Beneficial Owners (continued).

### Beneficial Owner 1

Type of relationship:

Partner

Other Individual

Title

Full name (as per identification document)

Other name(s) (if any)

Are you a BankSA customer? If yes, then please provide your customer number

Date of birth

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

Full address (not a PO Box)

Suburb	State	Postcode
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Mobile number

Email address

Is Beneficial Owner 1 a tax resident of any country outside of Australia?

Yes

Please indicate below the country(ies) in which Beneficial Owner 1 is a resident for tax purposes and each country's associated TIN\*

**Note:** If the individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

No

Go to next question

\*A Foreign TIN is an identifying number or equivalent issued by the individual's country of tax residency that is used for tax purposes. If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

## 2. Beneficial Owners (continued).

### Purpose of business relationship (please select one or more options)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Transactional       | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Savings               |
| <input type="checkbox"/> Long-term borrowing | <input type="checkbox"/> Protection           | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Wealth              | <input type="checkbox"/> Financial markets    |  |

### Source of funds (please select one or more options)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salary/wages                        | <input type="checkbox"/> Government benefits      | <input type="checkbox"/> Commission                 |
| <input type="checkbox"/> Superannuation/pension              | <input type="checkbox"/> Bonus                    | <input type="checkbox"/> Investment income/earnings |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Business income/earnings | <input type="checkbox"/> Business profits           |
| <input type="checkbox"/> Compensation payment                | <input type="checkbox"/> Sale of assets           | <input type="checkbox"/> Gift/donation              |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Windfall                 | <input type="checkbox"/> Inheritance                |
| <input type="checkbox"/> Tax refund                          | <input type="checkbox"/> Redundancy               | <input type="checkbox"/> Insurance payment          |
| <input type="checkbox"/> Liquidation of assets               |   |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

### Source of wealth (please select one or more options)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Government benefits                 | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Business profits           |
| <input type="checkbox"/> Superannuation/pension              | <input type="checkbox"/> Rental income              | <input type="checkbox"/> Investment income/earnings |
| <input type="checkbox"/> Redundancy                          | <input type="checkbox"/> Business income/earnings   | <input type="checkbox"/> Insurance payment          |
| <input type="checkbox"/> Compensation payment                | <input type="checkbox"/> Sale of assets             | <input type="checkbox"/> Gift/donation              |
| <input type="checkbox"/> Windfall                            | <input type="checkbox"/> Owns real estate/property  | <input type="checkbox"/> Inheritance                |
| <input type="checkbox"/> None                                | <input type="checkbox"/> Liquidation of assets      |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

## 2. Beneficial Owners (continued).

### Beneficial Owner 2

Type of relationship:

Partner

Other Individual

Title

Full name (as per identification document)

Other name(s) (if any)

Are you a BankSA customer? If yes, then please provide your customer number

Date of birth

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

Full address (not a PO Box)

Suburb	State	Postcode
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Mobile number

Email address

Is Beneficial Owner 2 a tax resident of any country outside of Australia?

Yes

Please indicate below the country(ies) in which Beneficial Owner 2 is a resident for tax purposes and each country's associated TIN\*

**Note:** If the individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

No

Go to next question

\*A Foreign TIN is an identifying number or equivalent issued by the Partnerships country of tax residency that is used for tax purposes. If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

## 2. Beneficial Owners (continued).

### Purpose of business relationship (please select one or more options)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Transactional       | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Savings               |
| <input type="checkbox"/> Long-term borrowing | <input type="checkbox"/> Protection           | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Wealth              | <input type="checkbox"/> Financial markets    |  |

### Source of funds (please select one or more options)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salary/wages                        | <input type="checkbox"/> Government benefits      | <input type="checkbox"/> Commission                 |
| <input type="checkbox"/> Superannuation/pension              | <input type="checkbox"/> Bonus                    | <input type="checkbox"/> Investment income/earnings |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Business income/earnings | <input type="checkbox"/> Business profits           |
| <input type="checkbox"/> Compensation payment                | <input type="checkbox"/> Sale of assets           | <input type="checkbox"/> Gift/donation              |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Windfall                 | <input type="checkbox"/> Inheritance                |
| <input type="checkbox"/> Tax refund                          | <input type="checkbox"/> Redundancy               | <input type="checkbox"/> Insurance payment          |
| <input type="checkbox"/> Liquidation of assets               |   |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

### Source of wealth (please select one or more options)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Government benefits                 | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Business profits           |
| <input type="checkbox"/> Superannuation/pension              | <input type="checkbox"/> Rental income              | <input type="checkbox"/> Investment income/earnings |
| <input type="checkbox"/> Redundancy                          | <input type="checkbox"/> Business income/earnings   | <input type="checkbox"/> Insurance payment          |
| <input type="checkbox"/> Compensation payment                | <input type="checkbox"/> Sale of assets             | <input type="checkbox"/> Gift/donation              |
| <input type="checkbox"/> Windfall                            | <input type="checkbox"/> Owns real estate/property  | <input type="checkbox"/> Inheritance                |
| <input type="checkbox"/> None                                | <input type="checkbox"/> Liquidation of assets      |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |



## 2. Beneficial Owners (continued).

### Beneficial Owner 3

Type of relationship:

Partner

Other Individual

Title

Full name (as per identification document)

Other name(s) (if any)

Are you a BankSA customer? If yes, then please provide your customer number

Date of birth

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

Full address (not a PO Box)

Suburb	State	Postcode
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Mobile number

Email address

Is Beneficial Owner 3 a tax resident of any country outside of Australia?

Yes



Please indicate below the country(ies) in which Beneficial Owner 3 is a resident for tax purposes and each country's associated TIN\*

**Note:** If the individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

No



Go to next question

\*A Foreign TIN is an identifying number or equivalent issued by the individual's country of tax residency that is used for tax purposes. If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

## 2. Beneficial Owners (continued).

### Purpose of business relationship (please select one or more options)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Transactional       | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Savings               |
| <input type="checkbox"/> Long-term borrowing | <input type="checkbox"/> Protection           | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Wealth              | <input type="checkbox"/> Financial markets    |  |

### Source of funds (please select one or more options)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salary/wages                        | <input type="checkbox"/> Government benefits      | <input type="checkbox"/> Commission                 |
| <input type="checkbox"/> Superannuation/pension              | <input type="checkbox"/> Bonus                    | <input type="checkbox"/> Investment income/earnings |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Business income/earnings | <input type="checkbox"/> Business profits           |
| <input type="checkbox"/> Compensation payment                | <input type="checkbox"/> Sale of assets           | <input type="checkbox"/> Gift/donation              |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Windfall                 | <input type="checkbox"/> Inheritance                |
| <input type="checkbox"/> Tax refund                          | <input type="checkbox"/> Redundancy               | <input type="checkbox"/> Insurance payment          |
| <input type="checkbox"/> Liquidation of assets               |   |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

### Source of wealth (please select one or more options)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Government benefits                 | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Business profits           |
| <input type="checkbox"/> Superannuation/pension              | <input type="checkbox"/> Rental income              | <input type="checkbox"/> Investment income/earnings |
| <input type="checkbox"/> Redundancy                          | <input type="checkbox"/> Business income/earnings   | <input type="checkbox"/> Insurance payment          |
| <input type="checkbox"/> Compensation payment                | <input type="checkbox"/> Sale of assets             | <input type="checkbox"/> Gift/donation              |
| <input type="checkbox"/> Windfall                            | <input type="checkbox"/> Owns real estate/property  | <input type="checkbox"/> Inheritance                |
| <input type="checkbox"/> None                                | <input type="checkbox"/> Liquidation of assets      |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

### 3. Foreign Tax Residency.

We are required to identify tax residents of a country(ies) other than Australia in order to meet account information reporting requirements under local and international laws.

If at any time after account opening, information in our possession suggests that you, the entity and/or any individual who holds ownership and/or control in the entity of 25% or more (Beneficial Owner/Controlling Person) may be a tax resident of a country(ies) other than Australia, you may be contacted to provide further information on your foreign tax status and/or the foreign tax status of the entity and/or any Beneficial Owners/Controlling Persons. Failure to respond may lead to certain reporting requirements applying to the account.

You certify that if at any time there is a change to the foreign tax status details for you, the entity and/or any controlling persons, you will inform the bank. You also certify that if at any time there is a change of a controlling person/s in your entity, you will inform the bank.

A Beneficial Owner/Controlling Person refers to the individual(s) that directly or indirectly owns a legal interest in the entity of 25% or more and/or exercises actual effective control over the entity, whether from an economic or other perspective such as through voting rights. In addition, in the case of a Trust, a Beneficial Owner/Controlling Person includes the settlor(s), Trustee(s), appointer(s), protector(s), beneficiary(ies) or classes of beneficiaries and in the case of an entity other than a Trust, the term includes persons in equivalent or similar positions.

### 4. Privacy statement and consent request.

#### Privacy statement.

All personal information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at [banksa.com.au/privacy/privacy-statement/](http://banksa.com.au/privacy/privacy-statement/) or by calling us on **13 13 76**. Our Privacy Statement also provides information about how you can access and correct your personal information and make a complaint. You do not have to provide us with any personal information, but if you don't, we may not be able to continue to provide products or services to the customer for which you are a trustee, partner, representative, beneficial owner, or controlling person.

#### Consent request.

You consent to BankSA collecting and holding any sensitive information (such as health information or information about your racial or ethnic origin) which appears on certified copies of your identity documents. You will not be able to withdraw your consent to BankSA holding this information after it has been provided because BankSA is required to retain copies of identification documents under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

If you do not consent to BankSA's collection of any such sensitive information, you may verify your identity in person at any BankSA branch.

### 5. Declaration.

#### Customer declaration.

I declare that to the best of my knowledge the information I have provided above is true and correct as at the date of this document. I understand that it is an offence to knowingly give false or misleading information or knowingly produce a false or misleading document under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Where I am providing personal information about another individual, I have made them aware:

- that I will be doing this; and
- that BankSA will collect, use and share their personal information in accordance with its Privacy Statement available at [banksa.com.au/privacy/privacy-statement](http://banksa.com.au/privacy/privacy-statement)

**Where I am providing BankSA with another person's sensitive information, I have obtained their consent** to sharing it with BankSA and their consent to BankSA collecting, using and disclosing their sensitive information in accordance with BankSA's Privacy Statement.

Signature of authorised person

X

Print full name (given name(s) and family name)

Position held (Any Partner)

Date of signature

/ /

Customer number (if applicable)

## 5. Declaration (continued).

Are you also a Beneficial Owner and have provided your details in Section 2?

- Yes **➤ Go to Section 6**
- No **➤ Please continue completing Signatory details questions below**

**Signatory details** if you are not a Beneficial Owner

Other names (if any)

Date of birth

 /  / 

Employment type (e.g. Full-time, Part-time, Casual)

Occupation

Full residential address (not a PO Box)

Email address

Mobile number

Are you a tax resident of any country outside of Australia?

- Yes **➤ Please indicate below the country(ies) in which you are a resident for tax purposes and each country's associated TIN\***

**Note:** If the Individual has more than one country in which they are a tax resident, please provide this information on a separate sheet.

Country 1

Foreign TIN 1

- No **➤ Go to next question**

\*A Foreign TIN is an identifying number or equivalent issued by the individual's country of tax residency that is used for tax purposes. If you're a tax resident in a jurisdiction that doesn't issue a TIN or equivalent, you'll need to provide evidence (which could include publicly available information) from an official authority written in English.

**Purpose of business relationship (please select one or more options)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Transactional       | <input type="checkbox"/> Short-term borrowing | <input type="checkbox"/> Savings               |
| <input type="checkbox"/> Long-term borrowing | <input type="checkbox"/> Protection           | <input type="checkbox"/> Correspondent banking |
| <input type="checkbox"/> Wealth              | <input type="checkbox"/> Financial markets    |  |

**Source of funds (please select one or more options)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Salary/wages                        | <input type="checkbox"/> Government benefits      | <input type="checkbox"/> Commission                 |
| <input type="checkbox"/> Superannuation/pension              | <input type="checkbox"/> Bonus                    | <input type="checkbox"/> Investment income/earnings |
| <input type="checkbox"/> Loan                                | <input type="checkbox"/> Business income/earnings | <input type="checkbox"/> Business profits           |
| <input type="checkbox"/> Compensation payment                | <input type="checkbox"/> Sale of assets           | <input type="checkbox"/> Gift/donation              |
| <input type="checkbox"/> Rental income                       | <input type="checkbox"/> Windfall                 | <input type="checkbox"/> Inheritance                |
| <input type="checkbox"/> Tax refund                          | <input type="checkbox"/> Redundancy               | <input type="checkbox"/> Insurance payment          |
| <input type="checkbox"/> Liquidation of assets               |   |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

## 5. Declaration (continued).

### Source of wealth (please select one or more options)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Government benefits                 | <input type="checkbox"/> Employment income/earnings | <input type="checkbox"/> Business profits           |
| <input type="checkbox"/> Superannuation/pension              | <input type="checkbox"/> Rental income              | <input type="checkbox"/> Investment income/earnings |
| <input type="checkbox"/> Redundancy                          | <input type="checkbox"/> Business income/earnings   | <input type="checkbox"/> Insurance payment          |
| <input type="checkbox"/> Compensation payment                | <input type="checkbox"/> Sale of assets             | <input type="checkbox"/> Gift/donation              |
| <input type="checkbox"/> Windfall                            | <input type="checkbox"/> Owns real estate/property  | <input type="checkbox"/> Inheritance                |
| <input type="checkbox"/> None                                | <input type="checkbox"/> Liquidation of assets      |   |
| <input type="checkbox"/> Additional sources (please specify) |   |   |

## 6. Next steps.

- Step 1:** Ensure all relevant sections of the form are completed and the customer declaration is signed.
- Step 2:** Attach all certified copies of supporting documents. Refer below for Certified documents required and process.
- Step 3:** Return the documentation (completed form and certified copies of supporting documents) by post to:

**Business Identification Team**  
**Reply Paid 91348**  
**Sydney NSW 2001**

If you are located outside of Australia please pay for postage and send to:

**Business Identification Team**  
**GPO Box 1806**  
**Sydney NSW 2001**  
**Australia**

### Certified documents.

Customers are required to provide us with certified copies (not original documents) of acceptable identification documents that verify the individual to be identified – two partners listed in Section 1 and each Beneficial Owner identified in Sections 2 and 5 (if applicable). Please provide either:

- **ONE Primary Photographic Identification Document, OR**
- **ONE Primary Non-Photographic Identification Document AND ONE Secondary Identification Document**

AND


- **ONE certified copy of at least one of the following documents:**
  - Partnership agreement (or extract)
  - Partnership meeting minutes (or extract)
  - Certificate of registration of business name
  - Notice issued by the ATO within the last 12 months (e.g. Notice of Assessment)

For a detailed list of certified documents and certifiers, go to [banksa.com.au](http://banksa.com.au), search **BizSecure**, and then go to **FAQ section – How do I certify my identity?**

## 6. Next steps (continued)

### Example

ONE Primary Photographic Identification Document  
(all information on documents must be clear and legible), for example:



**DRIVER LICENCE**

Frankie Example

123 Sample Street,  
ADELAIDE, SA, 5000

Licence number:  
12345678

Date of Birth: 01/01/1987      Expiry Date: 23 Feb 2024

I, *Sam Sample*, as a *Medical Practitioner*, certify that this *Driver Licence*, is a true copy of the original.

*Sam*

**1 February 2023**

Driver Licence certified and signed by Medical Practitioner.

### Example

ONE Primary Non-Photographic Identification Document and ONE Secondary Identification Document  
(all information on documents must be clear and legible), for example:

BIRTH CERTIFICATE			
1 CHILD	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Family name Given name(s) Date of birth Place of birth</td> <td> <b>EXAMPLE</b>                      Charlie                      1 January 1987                      Sample Hospital, Adelaide                 </td> </tr> </table>	Family name Given name(s) Date of birth Place of birth	<b>EXAMPLE</b> Charlie 1 January 1987 Sample Hospital, Adelaide
Family name Given name(s) Date of birth Place of birth	<b>EXAMPLE</b> Charlie 1 January 1987 Sample Hospital, Adelaide		
2 MOTHER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Family name Maiden family name Given name(s) Occupation Age Place of birth</td> <td> <b>EXAMPLE</b>                      BROWN                      Lelsha                      Doctor                      35 years                      Adelaide, SA                 </td> </tr> </table>	Family name Maiden family name Given name(s) Occupation Age Place of birth	<b>EXAMPLE</b> BROWN Lelsha Doctor 35 years Adelaide, SA
Family name Maiden family name Given name(s) Occupation Age Place of birth	<b>EXAMPLE</b> BROWN Lelsha Doctor 35 years Adelaide, SA		
3 FATHER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Family name Given name(s) Occupation Age Place of birth</td> <td> <b>EXAMPLE</b>                      Steve                      Electrician                      37 years                      Adelaide, SA                 </td> </tr> </table>	Family name Given name(s) Occupation Age Place of birth	<b>EXAMPLE</b> Steve Electrician 37 years Adelaide, SA
Family name Given name(s) Occupation Age Place of birth	<b>EXAMPLE</b> Steve Electrician 37 years Adelaide, SA		
4 MARRIAGE OF PARENTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date of marriage Place of marriage</td> <td>                     23 August 1985                      Adelaide, SA                 </td> </tr> </table>	Date of marriage Place of marriage	23 August 1985 Adelaide, SA
Date of marriage Place of marriage	23 August 1985 Adelaide, SA		
5 PREVIOUS CHILDREN OF RELATIONSHIP	Not any		
6 INFORMANTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name Address</td> <td> <b>S. EXAMPLE</b>                      1 Smith Street, Adelaide, SA, 5000                      Father                 </td> </tr> </table>	Name Address	<b>S. EXAMPLE</b> 1 Smith Street, Adelaide, SA, 5000 Father
Name Address	<b>S. EXAMPLE</b> 1 Smith Street, Adelaide, SA, 5000 Father		
7 REGISTERING AUTHORITY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name Date</td> <td>                     Peter Owen, Registrar                      1 January, 1967                 </td> </tr> </table>	Name Date	Peter Owen, Registrar 1 January, 1967
Name Date	Peter Owen, Registrar 1 January, 1967		
8 ENDORSEMENT(S)	Not any		



**1234 56789 1**  
**1 Frankie Charlie Example**  
VALID TO 12/2025

I, *Sam Sample*, as a *Medical Practitioner*, certify that this *Australian Birth Certificate* and *Medicare card*, is a true copy of the original.

*Sam*

**1 February 2023**

Birth Certificate and Medicare card certified and signed by Medical Practitioner.

### Example

Please see below an example of a Certified copy of Partnership meeting minutes (or extract). The certified document needs to include the name of the Partnership.

**Minutes of Annual General Meeting**  
XYZ Partnership

Meeting held:  
20 November 2022

Partner attendees:  
Franki Charlie  
Sam Jones

Discussion:  
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Minutes submitted by Sam Jones  
Minutes approved by Frankie Charlie

*Sam*

I, *Sam Sample*, as a *Medical Practitioner*, certify that these *Minutes of the Annual General Meeting*, are a true copy of the original.

*Sam*

**1 February 2023**

Minutes of Annual General Meeting certified and signed by Medical Practitioner.

*This form and any attached documents are a record of the identification procedure for this customer, and the information obtained in the course of carrying out the procedure.*

**Bank use only**

Please contact the Business Identification Team on 1800 100 238 between 9am – 5pm AEST Mon – Fri.

The team will be able to assist customers with completing the form.

Kindly check all sections of the form are completed and signed. Please check all required documents are certified correctly.

**Send completed form and certified identification to [businessIDBSA@banksa.com.au](mailto:businessIDBSA@banksa.com.au)** after completing the Employee Declaration.

**Employee Declaration.**

I have followed the process for identification and verification as required by policy and procedure and have verified the required information provided by the customer using approved verification source(s). Where the verification source has been provided by the customer the document is to the best of my knowledge a certified copy.