



Sewells Finance Ltd
 ABN 44 068 955 733 • AFSL 234581
 119 Murray Street Colac Vic 3250 • PO Box 3 Colac Vic 3250 • Ausdoc DX 25004 Colac
 Ph 03 5231 9400 • Fax 03 5231 9429
 Email: admin@slmlaw.com.au • Web: www.sewellsfinance.com.au

VERIFICATION FOR INDIVIDUAL CLIENTS
 (As required by the Financial Transactions Report Act)

Full Name: _____

Date of Birth: _____

Residential Address: _____

Personal Banker Code (Password): _____

- Choose 1 item from part A & 1 item from part C; *OR*
- Choose 2 items from part B & 1 item from part C

PART A -- PRIMARY PHOTO ID				*Mandatory field	
Document	Number	Expiry Date	Place of Issue	D.O.B	Date of Issue
Passport (Australian)	*	*		*	
Commonwealth, State or Territory Card	*	*	*		
Passport (International)	*	*	*	*	
Drivers Licence (Australian)	*	*		*	
Proof of Age Photo Card (Australian)	*			*	
National Photo ID Card	*	*	*	*	
Drivers Licence (International)	*	*	*	*	
Firearm Licence (Australian)	*	*	*	*	

PART B -- PRIMARY NON-PHOTO ID				*Mandatory field	
Document	Number	Expiry Date	Place of Issue	D.O.B	Date of Issue
Commonwealth, State or Territory Card	*	*	*		
Citizenship Certificate (Australian)	*		*		
Birth Certificate / Extract of Birth	*		*	*	
Death Certificate	*		*	*Date of Death	
Grant of Probate / letter of Administration (Estate)					*
Centrelink Pensioner Concession Card	*	*			
	Volume & Folio Number		Property Address		
Certificate of Title	*		*		
	Financial Institution				
Bank Statement	*				
Tax Return / TFN Notification	*Financial Year				
Veda Credit Check	*Confirms Drivers Licence number			YES / NO	
	*Confirms Telephone Number			YES / NO	
Letter of ID from Legal Practitioner/Aged Care Facility (only for use when individual does not possess sufficient forms of ID)	*Client full name & current address *Signed by an authorised signatory *must show Date of Birth				

PART C -- SECONDARY ID			*Mandatory field
Document	Number	Institution	Expiry date
Utility Bill	*	*	
Credit Card	*	*	*
Medicare Card	*		*
Identity Card -Education Institute	*	*	
	Municipality	Property Address	
Rate Notice	*	*	
Verified client signature		YES / NO	

Office Use Only				
Received	Client Number	Operator	Process Date	ID Check
/ /			/ /	

November 2009