betfair

Betfair Pty Limited ABN 30 110 084 985 GPO Box 192 Hobart TAS 7001

AUSTRALIA POST

*2956 914 02 0

Enter Customer Reference No. from Section A

Identity Verification Form

Your Identity Document Requirements

You MUST supply ONE primary document from the list.

Does your primary document contain BOTH a photo AND your current residential address of applicant?

Yes No additional identification is required.
No You must also supply one secondary document that contains your current residential address.

To verify your identity, the details in section A and B must EXACTLY MATCH your identification documents.

Primary Identification Documents
- Australian Driver Licence (current)
- Australian Learner Permit (current)
- Australian Passport (not expired more than 2 years)
- International Passport (not expired more than 2 years)
- Proof of Age Card/NSW Photo Card (current and government issued)
- Centrelink Pension Card (current)

Secondary Identification Documents
- Utility Bill or Council Rates Notice (less than 3 months old)
- Taxation Notice or Centrelink Statement (less than 12 months old)

How to lodge your Application

AUSTRALIA POST **At Australia Post**

1. Lodge your form at any participating post office. To find the nearest participating outlet, please call 13 13 18 or go to auspost.com.au/pol and select Bank@Post™.
2. DO NOT complete section C, your signature must be witnessed by the interviewer
3. Identification documents MUST be produced and be original and current.

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**

A. Details of Applicant

Customer Reference Number

2 3 8 3 2 4 7

For assistance completing this form please phone the Betfair Helpdesk on 1300 238 324

Title (eg Mr, Mrs, etc)

Family name/surname

Given name/s (full name no initials)

Date of birth D D M M Y Y Y Y

Contact phone number

B. Current Residential Address of Applicant (must be an Australian residential address not a PO Box)

Unit number/street number/street name (with a gap between numbers and words)

Suburb/town/locality

State

Postcode

C. Declaration by Applicant

DO NOT SIGN UNTIL YOU LODGE THIS FORM AT AUSTRALIA POST

Your signature must be witnessed by an Australia Post officer at the time of lodging this form.

I acknowledge that the information on this form is true and correct. The details on this form have been completed by me and not another person.

Please sign within the box and use black ink

Applicant's signature

Date D D M M Y Y Y Y

D. Australia Post use only

I confirm that I have sighted original documentation that verifies the Applicant's name, date of birth, and residential address as set out on this form.

Post officer's signature

Post officer's name

Date D D M M Y Y Y Y

Work centre code

For assistance processing this form please phone the Betfair Helpdesk on 1300 238 324

Comments

AML V1.0 BLK 31/01/2008 BF17/04