

Customer identity declaration

Aboriginal and Torres Strait Islander

This form is effective from 1 July 2011

OFFICE USE ONLY

Date received

Lodgement details

LU number:

Instructions

Please use **BLOCK** letters when completing this form. Attach extra sheets if necessary. All dates should be DD/MM/YYYY.

Privacy statement—please read

The Office of Fair Trading is collecting information, including personal information, on this form for the purposes of verifying your identity. Where authorised or required by law, information on this form can be disclosed without your consent.

This form should only be used if you are genuinely unable to provide suitable evidence of identity documentation because your birth has not been registered and

- You are of Aboriginal or Torres Strait Islander descent; or
- You identify as an Aboriginal or Torres Strait Islander and are accepted as such by the community in which you live or formerly lived,

If you use this form, your application will take longer to process as at least one of the verifying persons must be contacted.

This declaration will be refused if the verifying person can not be contacted during business hours.

Part 1—Personal details—please print

Personal details

Family name

Given name/s

Other names if applicable (maiden name, community name or traditional name)

Residential address

Suburb State Postcode

Postal address

Suburb State Postcode

Aboriginal/Torres Strait community where you reside

Phone (day time) Mobile

Date of birth / /
D D / M M / Y Y Y Y

Place of birth

Eye colour Height

Hair colour Complexion.....

Part 2—Personal declaration

Sign only in the presence of one of the verifying persons.

I declare that I have read all the answers I have given to all the questions in this declaration and that the answers given by me in this declaration are complete, true and correct in every detail.

I understand that if I have stated anything in this declaration that is false or misleading the licence granted to me as a result of this declaration will be absolutely void and have no legal effect whatsoever. I authorise the authorising officer to make any enquiries considered necessary to verify the information provided by me in this declaration.

I understand that I may be prosecuted for giving false or stating any false or misleading information.

Signature Dated: / /
D D / M M / Y Y Y Y

Part 3—Verification of identity

Verification of identity

The verifying persons' declaration must be completed by two people from the following list:

- Community Justice Group chairperson, vice-chairperson or coordinator
- Community Council chairperson or Deputy chairperson
- Community councillor
- Justice of the Peace or Commissioner for Declarations

First verifying person's details

Family name

Given name/s

Official position/role

Phone (day time) Mobile

Residential address/community

Suburb State Postcode

Second verifying person's details

Family name

Given name/s

Official position/role

Phone (day time) Mobile

Residential address/community

Suburb State Postcode

Part 4—Verifying persons' declaration

We, the undersigned, declare that

is recognised as being Aboriginal/Torres Strait Islander (cross out option that does not apply)

and normally resides in the Aboriginal/Torres Strait Islander community (cross out option that

does not apply) of.....

We recognise their claim that their date of birth is / / .

We give permission for the authorising officer to contact us for any further information considered necessary for the purpose of this declaration and agree to give any further information that the authorising officer may ask for to verify any statement made in this declaration.

We declare that, to the best of our knowledge, the information given by the person making this declaration is complete, true and correct.

We declare that the information provided by us in this declaration is complete, true and correct in every details.

First verifying person's signature

Dated: / /

Second verifying person's signature

Dated: / /