



IDENTIFICATION DOCUMENTS

Primary documents (Note: photograph must be clear)

Australian Drivers Licence (Foreign acceptable for non-resident).

Australian Passport (Foreign acceptable for non-resident).

State or Territory issued Proof of Age card.

Pension Card issued by Centrelink.

If the primary document DOES NOT have both a photo and your current residential address, you must ALSO supply ONE secondary document containing your current residential address.

Secondary identification documents

A notice which records the provision of benefits to the individual which has been issued by the Commonwealth, State or Territory within the preceding 12 months and contains the name and residential address of the individual.

A notice issued by the Australian Taxation Office within the preceding 12 months.

A notice which is issued by a local government body or utilities provider within the previous 3 months that records the provision of services to that person at that address.

A. DETAILS OF APPLICANT

Last name:	First name(s):	Date of birth:
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Home phone number:	Work phone number:	Mobile number:
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>

B. ADDRESS OF APPLICANT

Residential address (PO Box is not acceptable):

Postcode:

If residential address is not in Australia please also complete section for non-residents

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. 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 name:	Post officer's signature:
<input type="text"/>	<input type="text"/>
Date:	Work centre code:
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Comments:	
<input type="text"/>	

SOLE TRADER (ADELAIDE BANK USE ONLY)

Business name (if any):	ABN (if any):
<input type="text"/>	<input type="text"/>
Principal place of business (if any):	
<input type="text"/>	

NON-RESIDENT CUSTOMERS (ADELAIDE BANK USE ONLY)

Source of funds being deposited:	Country of citizenship:
<input type="text"/>	<input type="text"/>
Occupation:	
<input type="text"/>	
Salary range:	
<input type="checkbox"/> \$0 - \$20,000	<input type="checkbox"/> \$20,001 - \$40,000
<input type="checkbox"/> \$40,001 - \$60,000	<input type="checkbox"/> \$60,001 +