

Power of Attorney Certification

Use this form to certify documents authorising Power of Attorney.

Please note: The "Attorney" mentioned on this form must also provide identification documentation, if they are not already a Gateway Member.

Please send your completed form to: memberservices@gatewaybank.com.au

Important information: You will not be able to save partially completed forms.

* Denotes Mandatory Field

Details of Member (Principal)

Title* Mr Mrs Ms Other

Name(s)*

Last Name*

Member No.*

Contact Details*

Phone
Country Area Number

Email

Signature*

Details of Attorney

Title* Mr Mrs Ms Other

Name(s)*

Last Name*

Occupation*

Gateway Membership (If Applicable)

Member No.

Note: If the "Attorney" is not a Gateway Member, please provide a copy of their Medicare Card PLUS Driving Licence OR Passport.

Contact Details

Phone
Country Area Number

Email

Residential Address*

Signature*

The information below is to be completed by the Certifier.

Please note: Acceptable certifiers must be independent of the Member and the Attorney i.e. can not be related.

Guidelines for Certifiers

Original documents must be sighted - copies of previously certified copies are not accepted. Certify each copy with:

- ✓ "This is to certify this is a true copy of the original which I have sighted"
- ✓ Date the original documents were sighted and copies certified
- ✓ Sign, print certifier full name plus title, official stamp &/or registration number

Acceptable Occupations for Certifiers

- | | | |
|--|--|--|
| <input type="checkbox"/> 01 Legal Practitioner | <input type="checkbox"/> 06 Justice of the Peace | <input type="checkbox"/> 11 Australian Consular or Diplomatic Officer |
| <input type="checkbox"/> 02 Judge of a Court | <input type="checkbox"/> 07 Notary Public | <input type="checkbox"/> 12 Officer of Financial Institution (min. 2yrs) |
| <input type="checkbox"/> 03 Magistrate | <input type="checkbox"/> 08 Police Officer | <input type="checkbox"/> 13 Australia Post Employee (min. 2yrs) |
| <input type="checkbox"/> 04 CEO of a Federal Court | <input type="checkbox"/> 09 Agent of Australia Post | <input type="checkbox"/> 14 Finance Company Officer (min. 2yrs) |
| <input type="checkbox"/> 05 Registrar or Deputy Registrar of a Court | <input type="checkbox"/> 10 Accountant & Member of recognised accounting body (min. 2yrs membership) | <input type="checkbox"/> 15 Officer or Authorised representative of Australian Financial Services licensee |
| | | <input type="checkbox"/> 16 Certified Practising Accountant (min. 2yrs membership) |

The information below is to be completed by the Certifier.

Please note: Acceptable certifiers must be independent of the Member and the Attorney i.e. can not be related.

Required Documents

The certifier must sight one of the following documents*:

- General Power of Attorney Enduring Power of Attorney

Details of Power of Attorney Documents

Document Name*

Individual Named*

Certifier Statement

I have examined the original documents listed above and endorsed each copy with:

"This is to certify this is a true copy of the original which I have sighted."

Full Name*

Reg No.

Residential or Business Address

Job Title*

Occupation No.* (from above)

Signature*

Phone*

Date*

It is an offence under the Anti-Money Laundering and Terrorist Financing Act 2006 to give false and misleading information.