Identity Certification - Change of Name



Use this form to change your name.

Please print and send your completed form to: memberservices@gatewaybank.com.au <a href="mailto:linearing:linearing:memberservices@gatewaybank.com.au linearing:memberservices@gatewaybank.com.au linearing:memberservices@gateway

* Denotes Mandatory Field

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 Please note: Acceptable certifiers must be independent of the individual being certified i.e. can not be related. Acceptable Occupations for Certifiers 11 Australian Consular or Diplomatic Officer 01 Legal Practitioner 06 Justice of the Peace 12 Officer of Financial Institution (min. 2yrs) 02 Judge of a Court 13 Australia Post Employee (min. 2yrs) ☐ 07 Notary Public 03 Magistrate 08 Police Officer 14 Finance Company Officer (min. 2yrs) 04 CEO of a Federal Court 15 Officer or Authorised representative of 09 Agent of Australia Post Australian Financial Services licensee 10 Accountant & Member of recognised 16 Certified Practising Accountant 05 Registrar or Deputy Registrar of a Court accounting body (min. 2yrs membership) (min. 2yrs membership) **Details of Original Documents** Category* **Document Name*** Individual Named* Category* **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* Number* Street Name* Suburb* State* PC* Occupation No.* (from above) Phone³ Country* Signature* Date*

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



Details of Name Change

	or Hamo Onango				
Reason for change of name			Married	Divorced	☐ Name change
Old Name			New Name		
Title* Mr Mrs Ms Miss Dr Prof			Title* Mr	☐ Mrs ☐ Ms	☐ Miss ☐ Dr ☐ Prof
Old First Name*			New First Name		
Old Middle Name			New Middle Name		
Cia ivilidate ritarrio			The it is a second of the isolated and it is a second of the isolated and isolated and is a second of the isolated and isolate		
Old Last Name*			New Last Name*		
Old Signature*			New Signature*		
Old digitature			New digitature		
			Country Area Number		
Membersh	nip No.		Phone*()()(
De veriend De como cota					
Required Documents					
The certifier must sight the following documentation*:					
☐ 1 x Category A Document PLUS ☐ 1 x Category B Document					
Document Categories					
Category	Document Name	Issued By		Mandatory Requi	irements
	Marriage Certificate Australian Governm		t	Signature or person document is issued Current	
Α	Divorce Papers			If Maiden name is not shown, a marriage certificate is required	
	Deed Poll	Registry of Births, Deaths & Marriages (Australian State or Territory)		Previous & current name to be displayed	
	Drivers Licence (or permit)	Australian State or Territory		Current (not expired) with photograph	
	Passport	Australian Government		Current (not expired) with photograph & signature	
_	Proof of Age Card	Australian State or Territory		Current (not expired) with photograph	
В	Defence Force Identity Card	Australian Defence Force		Current (not expired) with photograph	
	Police Force Identity Card	Federal, State or Territory Police Force		Current (not expired) with photograph	
	Consular Identity Card	Department of Foreign Affairs & Trade		Current (not expired) v	vith photograph