

Referee verification of identity

Use this form if you do not hold the required government issued identification documents and need to provide a referee statement to verify your identity.

Please complete and sign this form and return to: BUSSQ PO Box 1526, Milton Qld 4064 or email a copy to insurance@bussq.com.au. For help completing this form call **1800 692 877**, email super@bussq.com.au or visit bussq.com.au

1 Member's personal details

BUSSQ member number (if known)

Mr/Mrs/Ms/Miss

Given names

Surname

Other names used or known by

Date of birth (dd/mm/yyyy)

Place of birth

Contact number or mobile

Email

Street address

Suburb/Town

State

Postcode

Postal address (if different to above)

Suburb/Town

State

Postcode

Previous addresses

2 Referee details

The below listed people can verify your identity as a referee if they have known you for 12 months or more:

- your current employer or manager
- a police officer
- a community leader
- a religious leader
- a school principal
- a health professional (for example a general practitioner, psychologist, or counsellor)
- a manager or warden of a refuge or shelter accommodation or homeless shelter
- a financial counsellor/legal aid or community lawyer
- other social support services such as family violence workers, social workers or youth services.

Mr/Mrs/Ms/Miss

Given names

Surname

Organisation (if applicable)

Organisation ABN (if applicable)

Daytime contact number

Mobile

3 Statement by referee

I confirm that:

- I am an authorised referee (as listed above) and I have known the member for 12 months or more.
- I have known the member for months/years (delete whichever is not applicable).
- The member has signed this form in my presence.
- The names listed on this form are all of the names that I am aware that the member has been known as.
- The addresses listed on this form are all of the addresses where I am aware the member has resided.



Please sign and date.

Forms without both a signature and date are unable to be processed.

Signature of referee



Dated (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				2	0		

Once completed and signed please return this form to: BUSSQ PO Box 1526, Milton QLD 4064 or email a copy to insurance@bussq.com.au

4 Member declaration and signature

- I have no government issued identification
- I declare that all the details in this application are true and correct
- I am the person named on this form or I have a power of attorney to act on the member's behalf and have supplied to BUSSQ my certified power of attorney and identity documentation.



Please sign and date.

Forms without both a signature and date are unable to be processed.

Signature of member



Dated (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				2	0		

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5 Witness signature

The witness can be any person of legal capacity over the age of 18 who has witnessed both the member and the referee sign this form.



Please sign and date.

Forms without both a signature and date are unable to be processed.

Full name of witness

Signature of witness



Dated (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				2	0		

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