

1. PAYOUT / TRANSACTION DETAILS

Date:	/ / 20__	Cheque No:	#	Machine No:	#	My Cash Cheque No:	#
Cash Amount:	\$	Cheque Amount:	\$	Total Payout Amount	\$	My Cash Cheque Amount	\$

2. KYC INFORMATION – To be verbally collected from the customer

Customers Full Name: Title: Surname:
 First Name: Second Name:
 Contact Number: M: Date of Birth: (dd/mm/yyyy) / /
 P:
 Residential Address: Suburb: Postcode: State:
 Country:

Membership # Reciprocal Membership # Visitor Slip #

I acknowledge that the information on this page is correct.	Customer Signature:	/ / dd/mm/yyyy
	Staff Name: Staff Signature:	

3. CUSTOMER IDENTIFICATION PROCEDURE – KYC INFORMATION (RELIABLE & INDEPENDENT)

You must verify the **CUSTOMERS FULL NAME** and either their:

- I. **DATE OF BIRTH** or
- II. **RESIDENTIAL ADDRESS**

Use the following documentation to perform the customer verification: An original or certified copy of:

TABLE 1 – PREFERRED METHOD OF IDENTIFICATION – METHOD No 1 PHOTOGRAPHIC ID	
1.	Australian Passport issued by the Commonwealth or Foreign Passport – must be written in English
2.	Australian or Foreign Drivers Licence or permit that contains a photograph of the person in whose name the document is issued.
3.	Proof of Age card that has been issued under a law of a State or Territory for the purpose of proving the person's age, which contains a photograph of the person in whose name, the document is issued.
4.	National Identity Card

An original or certified copy of:

IDENTIFICATION METHOD No 2			
TABLE 2: Non Photographic		TABLE 3: Secondary Documentation	
5.	Birth Certificate or Birth Extract	8.	Any government financial benefits notice
6.	Citizenship certificate (C/Wealth issue or in English)	9.	ATO notice (not less than 12 months old)
7.	Centrelink Pension Card Medicare Card, Credit Card – Visa/Mastercard	10.	Local Government or utilities notice (rates notice, electricity or gas bill – not less than 3 months old), where the notice contains the name and residential address of the customer

Payment cannot be made until one of the Identification Verification Methods has been met.

If the customer cannot provide acceptable identification the AML/CTF COMPLIANCE OFFICER must be notified. Is a “flexible approach” to customer identification required? YES/NO (Please circle). If yes, complete FORM: CUSTOMER NON-CONVENTIONAL ID CHECKLIST.

Were any problems encountered when completing the customer identification procedure?

IPSWICH JETS - \$10K CUSTOMER PAYMENT FORM



Yes / No (Please circle) If yes, please notify the AML/CTF COMPLIANCE OFFICER.

BOTH PAGES OF THIS FORM MUST BE PROVIDED TO THE CLUB OPERATIONS MANAGER

TYPE OF ID DOCUMENT	Document 1 Type:	Document 2 Type:
Document Number		
Person to whom it relates	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified
Date of birth	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified
Place of residence	<input type="checkbox"/> Verified	<input type="checkbox"/> Verified
Date of Issue		
Place of issue		
Expiry Date		
Original or Certified Copy	Original <input type="checkbox"/>	Original <input type="checkbox"/>
	Certified Copy <input type="checkbox"/>	Certified Copy <input type="checkbox"/>

AUTHORISATION:

Date:	/ /20_____	Duty Manager Name:	
AML/CTF COMPLIANCE OFFICER Name:		Comment:	

PROCEDURE:

Verify that the customer's name, address and birth date are correct. If a discrepancy is evident then:

- a) The customer must provide a minimum of one other form of photographic identification as per Table 1 above which shows their current name and either their date of birth or current residential address as per Table 1 above; or
- b) The customer must provide a minimum of one non-photographic identification document from Table 2 (5, 6, or 7) and one secondary identification document form Table 3 (8, 9, or 10) above; that when combined, show their current name, date of birth and residential address.

5. ECDD PROCEDURE TO BE COMPLETED BY THE CLUB OPERATIONS MANAGER – HIGHLY SENSITIVE (NOT TO BE DISCLOSED TO THE CUSTOMER)

Office Use Only – Conduct a namescan.io check using the customer's full name. ✓Yes ✗ No Is there any evidence to suggest or support that the Customer:

- Yes/No – Holds a prominent public position or function in a government body or an independent organisation?
- Yes/No – Is an immediate family member or close associate of a person who holds a prominent public position or function in a government body or an international organisation?

Holds a position as, or is an immediate family member or close associate of:

- Yes/No - A Government Minister, Equivalent Senior Politician, Senior Government Official?
- Yes/No - A judge of a court?
- Yes /No - A Governor of a central bank?
- Yes/No - A Senior foreign representative, ambassador or high commissioner?
- Yes/No - A high ranking member of the armed forces (General, Lieutenant General, Major General, Admiral, Vice Admiral, Rear Admiral, Air Chief Marshal, Air Marshal, Air Vice Marshall)?
- Yes/No - A member of a state enterprise (government business enterprise)?

If any of the above boxes are ticked yes, please follow the PROCEDURE – POLITICALLY EXPOSED PERSONS.

Date: ___/___/___ Signed: _____
 Namescan.io Check
 Social Media Check
 Google Check
 Adverse Media Check

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