Statement by referee



Made for the purpose of the definition of "reliable and independent documentation" in Chapter 1 of the Anti-Money Laundering and Counter-Terrorism Financing Rules 2007. If you're unable to confirm your



Identification and verification of identity for members without standard identity documents

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

Client ID:	statement to confirm you	ou are able to produce identific		
1. Personal details Title			Date of birth	<i>f</i>
Given Name(s)				
Family Name				
Other names used or known by				
Place of birth				
Current address Residential street address				
Suburb			State	Postcode
Previous addresses for the past three year Residential street address	irs			
Suburb			State	Postcode
Residential street address				
Suburb			State	Postcode
Residential street address				
Suburb			State	Postcode
Residential street address				
Suburb			State	Postcode

Statement by referee





Identification and verification of identity for members without standard identity documents

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Privacy statement

The privacy and confidentiality of your personal information is important to the Super SA Office.

We are collecting the information on this form for the purpose of administering your superannuation account.

The information collected will only be used for the purpose for which it was supplied and your information will not be disclosed to any third party unless required by law or authorised by you.

To obtain further information about the Super SA privacy policy, please visit the website at supersa.sa.gov.au.

2. Member declaration I declare that: - I have read the privacy notice above - The information I have provided in this form is complete and correct	- I have signed this form (tick the option that applies): in the presence of In the presence of a witness my referee, or (please have a witness complete next section)
Signature: 🗶	Date D
3. Details of witness If the Member is unable to sign this form in the presence of the referee, must sign the form in the presence of a witness who must also sign and Given name	
Family name	
Signature: 🗶	Date D D / M M / Y Y Y

4. Referee information

Referees can include:

- an Office bearer of an incorporated Indigenous organisation, or land council;
- Community leader or recognised elder;
- School principal;
- Police officer;
- a manager or warden of a refuge or shelter accommodation or homeless shelter
- $\hbox{- the current employer of the Member;}\\$
- a health professional or manager of an Aboriginal medical service
- other social support services such as family violence workers or social workers
- a person before whom a statutory declaration can be made (a complete list of people who can witness a statutory declaration can be found at the Commonwealth Attorney-General's website www.ag.gov.au)

5. Referee details Given Name(s)			
G. (617 Ma.)(6)			
Family Name			
Type of Referee			
Title in Organisation			
ntie in Organisation			
Organisation (if applicable)			
Australian Business Number (ABN)	Phone number		

Statement by referee





Identification and verification of identity for members without standard identity documents

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I declare tha I am an au The name that the N	t: uthorised referee (as listed above). si listed on this form are all of the names that I am aware Member has been known as. ess(es) listed on this form are all of the addresses m aware the Member has resided.	 The Member has signed this form in my presence or in the presence of a witness who has also completed the "Details of witness" section of this form I have known the Member: professionally and/or personally for years
Signature:	×	Date D D / M M / Y Y Y

Contact us



POST GPO Box 48, Adelaide SA 5001



WEBSITE supersa.sa.gov.au



PHONE 1300 369 315



(MEMBER CENTRE (by appointment only) 151 Pirie St Adelaide SA 5000