

## **Electronic Verification Consent**

COMPLETE THIS FORM USING BLACK PEN – PRINT IN CLEAR CAPITAL LETTERS.	Electronic Verification
CLEAR CAPITAL LETTERS.	Under the AML/CTF Act, we can disclose your name, residential address, date of birth and other personal information such as drivers' licence number
Please submit this form by:	to a third party for the purposes of verifying your identity. As part of these identity verification processes, your personal details are disclosed to and
Mail	matched with information held by the issuer of the identity document
Maple-Brown Abbott	containing your personal details e.g. your drivers' licence or the official record holder of your information, via third party systems.
Reply Paid 88047 Sydney NSW 2001	We will only use the assessment by the reporting entity for the purpose
	of verifying your identity for the purposes of the AML/CTF Act.
In person Maple-Brown Abbott	Should you not consent to us verifying your identity by the way of
Level 31, 259 George St	electronic verification, you will need to provide us with certified copies of your identification such as an Australian passport or current Australian
Sydney NSW 2000	drivers' licence containing your photo.
TO PROVIDE CONSENT FOR US TO CONFIRM YOUR IDENTITY USING ELECTRONIC VERIFICATION, PLEASE	
COMPLETE AND SIGN BELOW.	
VERIFICATION DETAILS	
Title	
☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other	
Full given name(s)	
Surname	
Residential Address (PO Box <b>not</b> acceptable)	
, ,	
State Postcode	
Country	
Date of birth (dd/mm/yyyy)	
Drivers Licence No. (if held)  State of Issue	
Caracter Lassings (in the same and the same	
I consent to Maple-Brown Abbott confirming my identity electronically.	
Signature	
Date (dd/mm/yyyy)	