

Customers Name/Names: _____

I hereby confirm that all the customers noted above were identified by me on ____ / ____ / _____. The original documents on which the attached copies are based were sighted by me personally, and the documents accurately represent the identity and address of the person(s) named above.

Certifier Company Name/Stamp: _____

Sighted by Name: _____

Signature: _____

All documents have to be sighted by Xceda Finance staff, or certified by one of the following authorised people:
 • Chartered Accountant • Court Registrar • Police Constable • Lawyer • Justice of the Peace

One of the following ID Options must be obtained for EACH PERSON and supported by an address verification document:

<p>OPTION A: One of the following (copy to be attached): <i>(Please tick)</i></p> <p>Passport <input type="checkbox"/></p> <p>New Zealand Firearms Licence <input type="checkbox"/></p> <p>AND any of Verification of Address, not older than 6 months old (copy to be attached)</p> <p>Utility Bill or Rates Bill <input type="checkbox"/></p> <p>Bank statement with name, address and bank logo <input type="checkbox"/></p> <p>Insurance policy document or IRD Tax Notification/Certificate <input type="checkbox"/></p>
<p>OPTION B: PHOTO ID – (copies to be attached) <i>(Please tick)</i></p> <p>New Zealand Drivers Licence with address printed on the rear – copy both sides (AFL must have corresponding independent address verification in loan processing; e.g. previous Veda credit checks, company office records) <input type="checkbox"/></p>
<p>OPTION C: PHOTO ID – (copies to be attached) <i>(Please tick)</i></p> <p>New Zealand Drivers Licence with no address on the rear OR electronically verified <input type="checkbox"/></p> <p>PLUS one of the following:</p> <p>Birth Certificate <input type="checkbox"/></p> <p>Bank card (credit card, debit card or EFTPOS card) with name embossed – copy both sides <input type="checkbox"/></p> <p>Bank statement with name, address and bank logo <input type="checkbox"/></p> <p>...AND Verification of Address, not older than 6 months old (copy to be attached)</p> <p>Utility Bill or Rates Bill <input type="checkbox"/></p> <p>Bank statement with name, address and bank logo <input type="checkbox"/></p> <p>Insurance policy document or IRD Tax Notification/Certificate <input type="checkbox"/></p>

ASSET FINANCE OFFICE USE	1) Is enhanced customer due diligence required? (section 4.3 of AML/CFT Programme) Yes / No
	2) Was a Third Party (non-employee) responsible for conducting customer due diligence Yes / No
	3) Is the customer a tax resident in a foreign country, or is their source of funds foreign? Yes / No