

100-points-of-identification check form

Small Business Grants

This form is to be completed by the Responsible Person identified in the Small Business Grant application form. Please attach the completed form to your application form.

You can pre-fill your form up to Part C (excluding signature), print and take to an approved witness to complete.

Part A: Responsible Person's details

Full name:

Application ID:

e.g., Boost - BBOOX-XXXXX, Business Growth Fund – BGFXXXXX,
Secure Communities Partnership Program: SCPPX-XXXXX

Part B: Proof of Identity

Your identity must be sighted and verified by an Approved Witness. An Approved Witness is:

- Justice of the Peace
- Commissioner of Declarations
- Lawyer

The Approved Witness must check two current and original identification documents from the Responsible Person which collectively show the full name, date of birth and signature. The Responsible Person's details on their identification documents must match the details provided on the Application form.

One of the following combinations must be used: EITHER

- List 1 + List 1 (one must show a signature) OR
- List 1 + List 2 (one must show a signature)

Please indicate which identification documents have been sighted by placing a ☒ into the box

LIST 1

SIGNATURE DOCUMENT

- ☐ Driver's licence / proof of age card / learner licence

Document number:

Issued in the state of:

- ☐ Australian Passport (current / expired in the last 2 years)

NON-SIGNATURE DOCUMENT

- ☐ Birth Certificate (or extract)
- ☐ Proof of Australian Citizenship or Permanent Residency
- ☐ Overseas Passport (current)

Country of issue:

LIST 2

SIGNATURE DOCUMENT

- ☐ Pension Concession card / Department of Veterans' Affairs Entitlement card / Health Care card / Senior's Health Care card

- ☐ Credit Card / Bank Card

NON-SIGNATURE DOCUMENT

- ☐ Medicare Card
- ☐ Passbook or account statement issued by a financial institution dated in the last 6 months
- ☐ Australian taxation assessment notice dated in the last 6 months
- ☐ Queensland licence issued under the *Weapons Act 1990*

Part C: Declaration by Responsible Person

I declare that:

- I am the Responsible Person listed in my Small Business Grant application form.
- I understand that it is an offence to provide a false or misleading statement or document.

Name:**Signature:****Date:****Part D: Declaration by Approved Witness**

I declare that:

- I have checked the name; date of birth and signature details provided in this form and confirm they match those on the identification documents sighted; and
- I understand that it is an offence to provide a false or misleading statement or document.

Name:**Date ID sighted:****Signature:****Privacy Statement**

The Department of Customer Services, Open Data, and Small and Family Business (CDSB) is collecting your personal information on this form to: assess your eligibility to receive grant funding under the small business grant you are applying for, and; administer the grant and ensure compliance with the program guidelines and the funding agreement.

We will also use the information to assist in monitoring, evaluation, reporting and audit the program. We are authorised or required to collect this personal information for these purposes under Section 61 of the *Financial Accountability Act 2009* (Qld).

Without this information, we are unable to assess your application or process your grant.

We usually give the personal information we are collecting to: relevant Queensland Government departments and agencies; any relevant Minister (including his/her advisers) and the Parliament of the State of Queensland (including Parliamentary Committees); and external parties engaged to assist in the administration, monitoring, or auditing of the program.

We will not otherwise give your personal information to a third party without your agreement, except in accordance with the *Information Privacy Act 2009* or when we are authorised or required under Australian law, court, or tribunal to do so.

Please refer to our [Privacy Policy](#) for further information about your privacy, including how you can access and amend your personal information or complain about our management of your personal information.

Date:**I am a:**☐

Lawyer:

Law Firm Name:

☐

Justice of the Peace

☐

Commissioner for Declarations

Stamp and Registration Number (if applicable)