



Small Business Grants – 100-points identification check

This form is to be completed by the Responsible Person identified in the Small Business Exceptional Assistance Grant Application form. Please attached the completed form to your Application form.

Part A – Responsible Person’s details	
Name of Applicant:	
Application ID:	
Part B – Proof of Identity	
Your identity must be sighted and verified by an Approved Witness. An Approved Witness is:	
<ul style="list-style-type: none"> • Justice of the Peace • Commissioner for Declarations • Lawyer • Notary public 	
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	
<ul style="list-style-type: none"> • 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 <input checked="" type="checkbox"/> in the box	
<p>LIST 1</p> <p>SIGNATURE DOCUMENT</p> <p><input type="checkbox"/> Driver licence / proof of age card / learner licence</p> <p>Document No: _____</p> <p>Issued in the state of: _____</p> <p><input type="checkbox"/> Australian passport (current / expired in the last 2 years)</p> <p>NON-SIGNATURE DOCUMENT</p> <p><input type="checkbox"/> Birth Certificate (or extract)</p> <p><input type="checkbox"/> Proof of Australian citizenship or permanent residency</p> <p><input type="checkbox"/> Overseas passport (current)</p> <p>Country of issue: _____</p>	<p>LIST 2</p> <p>SIGNATURE DOCUMENT</p> <p><input type="checkbox"/> Pension Concession card / Department of Veterans’ Affairs Entitlement card / Health care card / Senior’s Health care card</p> <p><input type="checkbox"/> Credit card/bank card</p> <p>NON-SIGNATURE DOCUMENT</p> <p><input type="checkbox"/> Medicare card</p> <p><input type="checkbox"/> Passbook or account statement issued by a financial institution dated in the last 6 months</p> <p><input type="checkbox"/> Australian taxation assessment notice dated in the last 6 months</p> <p><input type="checkbox"/> Queensland licence issued under the <i>Weapons Act 1990</i></p>



Part C – Declaration by Responsible Person

I declare that:

- I am the Responsible Person listed in my Small Business Exceptional Assistance 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

Signature

Date ID sighted

Date

I am a:

Lawyer

Name of Law Firm

Justice of the Peace

Stamp and Registration No.

Commissioner for Declarations

(if applicable)

Notary public

Privacy Statement

DESBT is collecting your personal information for the purposes of:

- assessing and managing applications for Small Business grants programs;

DESBT will only use your information for these purposes. DESBT will handle your personal information in accordance with the *Information Privacy Act 2009*. DESBT will not otherwise use or disclose the information unless authorised or required by law.

You may view the Queensland Government's privacy guide at www.qld.gov.au/legal/privacy