# Change of personal details



| About this form<br>Please complete this form to change any<br>Note: Changes requested in this form will<br>When completing this form please: • use  | be applied to all accounts held i  | n your name.   | * 0 0 0 3 7 *    |  |
|---|--|--|------------------|--|
| Step 1: Your personal details (mana   | latory)  |  |                  |  |
| ING<br>Client Number or Account Number  | Middle name  | Mr Mrs Ms Miss   | Other            |  |
| Step 2: Change your personal detai  | ls   |  |                  |  |
| Complete the relevant sections to change<br>Change of name<br>Previous name<br>Mr Mrs Ms Miss Other<br>First name   |  | New name Mr Mrs Ms Miss Oth  | ner liddle name  |  |
|   |  |  |                  |  |
| Surname   |  | Surname  |                  |  |
| My previous signature The reason for the change:  | Date (DD/MM/YY)  | My new signature   | Date (DD/MM/YY)  |  |
| OR Change of Name Certificate OR De<br>Use a new name (original certified co<br>Note: Please ensure document(s) provided s  | copy* of Birth Certificate and or<br>ecree Nisi/Divorce Certificate)<br>ppy* of Change of Name Certifica | ne of the following must be attached: Marric<br>ate must be attached)                          | age Certificate^ |  |
| I have provided the following:<br>An original certified copy* of the following  | g document(s) issued by the rele   | evant registry body confirming my change c   | of name:         |  |
| Marriage Certificate ^       Birth Certificate       Change of Name         (non ceremonial)       Birth Certificate       Decree Nisi         AND if your linked bank account is not an ING account:       A copy of my external bank account statement confirming my change of name (please note that the statement must be less than 6 months and can not be a printout of an online statement). |  |  |                  |  |
|   |  | gistry for marriages, e.g. Registry of Birth, De<br>Document Certifiers and instructions on ha |                  |  |
| Change of date of birth<br>Correct Date of Birth (DD/MM/YYYY)   |  |  |                  |  |
| An original certified copy* of one of the following documents confirming my date of birth:  |  |  |                  |  |
| Driver's Birth<br>Licence Certificate<br>Signature of Account Holder  | Passport<br>Date (DD/MM/YY)  |  |                  |  |
| Note:* Please refer to Step 3 for a list of Acce  | eptable Document Certifiers and in   | istructions on how to certify a document.  |                  |  |



## Change of contact details

| New residential address (PO Boxes not accepted) |  | New mailing address (if same as residential, please mark this box with an x) |               |
|---|--|--|---------------|
| Unit number                                     | Street number                          | Unit number  | Street number |
| Street name                                     |  | Street name  |               |
| Suburb  |  | Suburb   |               |
| State   | Postcode                               | State  | Postcode      |
| Contact details (You must provide at least      | one phone number)                      |  |               |
| Mobile phone number                             | Other phone number (for landline, plea | se provide area code)  |               |
| Email address                                   |  |  |               |
| Cianature of Assount Holder                     | Data (PD (AMANA)                       |  |               |
| Signature of Account Holder                     |  |  |               |

## Step 3: How to certify a document

## Section A - Select a certifier

Take the originals and copies of your identification documents to a document certifier from the list below. Ask them to follow the instructions in Section B.

- **1.** A Justice of the Peace
- 2. An Accountant who is a member of the Australian Institute of Chartered Accountants, CPA Australia or the National Institute of Accountants with 2 or more years of continuous membership
- 3. A Solicitor or Barrister
- 4. A Police Officer
- 5. An agent in charge of, or a permanent employee (with 2 or more years of continuous service) of an Australia Post outlet
- 6. An officer with, or authorised representative of, a holder of an Australian Financial Services Licence, having 2 or more continuous years of service with one or more licensees
- 7. A Dentist
- 8. A Pharmacist
- 9. A Medical Practitioner

**10.** A Chiropractor or a Physiotherapist.

Note: A complete list of ING acceptable document certifiers is available on ing.com.au in the FAQ section.

#### Section B - How to certify a document

#### To meet our certification requirement, an Acceptable Document Certifier must complete the following on each document copy:

| Write these words:             | "I hereby certify this document is a true copy of the original document shown to me on [date]" |
|--------------------------------|--|
| Signature:                     | (refer below for examples of an Acceptable Document Certifier who is able to sign)             |
| Full name (printed):           | Mr John Sample   |
| Residential/Work address:      | 123 My Street, Sampleville NSW 1234  |
| Residential/Work phone number: | (Mobile phone number or landline with area code)   |
| Qualification:                 | i.e. JP, Solicitor, etc  |
| Registration number:           | xxxx (if applicable)   |

Important Note: Please ensure your document/s are certified as outlined above. Should the certification be completed incorrectly we will be unable to complete your request.

Note: It is an offence under the Anti-Money Laundering / Counter-Terrorism Financing Act 2006 to provide a false or misleading statement, produce a false or misleading document, to receive an ING product in a false name or to fail to disclose any other name or names you are commonly known by.

#### Step 4: What to do when you have completed this form

After you have had your documents correctly certified and this form completed, please send all documents to:

ING Reply Paid 2682 SYDNEY NSW 2001

