

STORE NAME: \_\_\_\_\_

**GILROSE FINANCE COMPANY LIMITED**

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Phone: 09 415 8500 Fax: 09 920 4601 Email: info@gilrose.co.nz

**THIS FORM IS TO BE FILLED IN BY THE STAFF MEMBER WHO SIGHTED THE APPLICANT'S IDENTIFICATION**  
IF THERE ARE **TWO** APPLICANTS PLEASE REPRINT THIS PAGE AND COMPLETE ONE PAGE PER APPLICANT

COPY OF ID REQUIRED UNDER ANTI-MONEY LAUNDERING AND COUNTERING FINANCING OF TERRORISM ACT 2009

**PRIMARY PHOTO IDENTIFICATION**

PASSPORT, NEW ZEALAND DRIVERS LICENCE OR FIREARMS LICENCE

**SECONDARY IDENTIFICATION**

BANK CARD (WITH NAME), SUPER GOLD CARD, COMMUNITY SERVICES CARD OR 18+ CARD

**APPLICANT DETAILS**

GIVEN NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER: MALE / FEMALE

PRIMARY ID NUMBER: \_\_\_\_\_ VER NO: \_\_\_\_\_  
DRIVERS LICENCE OR PASSPORT LICENCE ONLY (5B)  
NUMBER

SECONDARY ID NUMBER: \_\_\_\_\_  
BANK (WITH NAME), SUPER GOLD, COMMUNITY SERVICES  
OR 18+ CARD

I, \_\_\_\_\_, HEREBY DECLARE THAT I HAVE SIGHTED THE TWO FORMS OF THE ORIGINAL IDENTIFICATION  
PLEASE PRINT FULL NAME  
BELONGING TO THE ABOVE MENTIONED INDIVIDUAL.

STAFF MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_