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## Account Application Form

ABN 69 071 191 396

This application form will be used to verify your details and will form the basis of our client registration requirements, for a telephone voice service.

Please complete this form with the details that you have registered on your Primus account (including email address). Once completed please present this form with relevant identification documents at your local Australia Post office. Australia Post will validate your details with the documentation provided by you and forward the completed form to Primus for processing. Primus will then match the details provided by you at registration and activate your account.

To successfully complete this process we ask that you provide sufficient identification to satisfy the 100 point check and allow Australia Post staff to confirm your:

- Date of Birth;
- Identity (via current, approved photo ID and name);
- Current Residential Address (as nominated on your Primus account); and
- Signature.

Your documentation is categorised as Primary and Secondary. Only original documents can be accepted and we can only accept one form of Primary Identification to complete this form (the remaining requirements must be met by secondary documents). Your Secondary Identification will be used to confirm your identity, current address and signature so please ensure that any identification is current and valid. Once the form is complete Primus will confirm your details and activate your account.

**Please note Primus do NOT require customers to provide password information in writing in connection with account applications. Do not disclose your account password to anyone.**

**Please use BLACK INK and print within the boxes in BLOCK LETTERS.**

### A. Details of Applicant

Primus Account Number

Gender

 Male  Female

Date of Birth

       

Title

Family Name/Surname

Given Name/s

Mobile Telephone Number

Home Telephone Number

Business Telephone Number

### B. Current Address of Applicant

**Residential Address (must be an Australian Address)**

Years/months at your current address

Unit Number/Street Number/Street Name

 

Suburb/Town/Locality

State

Postcode

**Previous Address (must be an Australian Address)**

Years/months at your previous address

Unit Number/Street Number/Street Name/PO Box

 

Suburb/Town/Locality

State

Postcode

**Email Address**

**C. Declaration by Applicant**

**Important: Sign this form ONLY in front of an Australia Post Representative.**

I, (the applicant shown in section A of this form) do hereby declare that:

- (a) I am the person to whom this account application relates;
- (b) This application has been completed by me and not any other person; and
- (c) I have understood and agree to be bound by the Terms & Conditions, Privacy Policy, Trust Deed, Rules and Regulations and such other terms as advised to me by the Primus Sales division.

**Please sign within the box**

Applicant's Signature

Date

D	D	M	M	Y	Y	Y	Y
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**D. Australia Post Use Only - Australia Post Checklist**

1. Check that the details in section A & B match the details on the identification documents.
2. Ask the applicant to sign and date section C. If the application is already signed, request the customer to sign below the box and check it is a true likeness.
3. You must sight original documents to complete section E. As each document is checked against the details shown, cross "X" in the box. Return all ID documents to the applicant.
4. Sign and complete section E and mail the application in an official A4 envelope to:  
 Primus Telecom  
 PO Box 296  
 Melbourne City MC  
 MELBOURNE VIC 8007

**E. Australia Post Use Only - Identification Documents (Important: Original Documents MUST be sighted)**

**Primary Documents** - You may only use ONE Primary Document

**Secondary Documents** - You may use a combination of Secondary Documents. If you use more than one credit and savings account card, bank statement or utilities bill, they must be from different institutions.

										<b>Point Value</b>		
<b>Primary</b>	<input type="checkbox"/>	Birth Certificate/Card	Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>70</b> ↓ <input type="text"/>
	<input type="checkbox"/>	Passport	Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>70</b> ↓ <input type="text"/>
	<input type="checkbox"/>	Citizenship Certificate	Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>70</b> ↓ <input type="text"/>
<b>Secondary</b>	<input type="checkbox"/>	Drivers Licence	Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>40</b> ↓ <input type="text"/>
	<input type="checkbox"/>	Medicare Card	<input type="checkbox"/>	DVA Card	<input type="checkbox"/>	Centrelink Card	<input type="checkbox"/>	Credit card or account card	<input type="checkbox"/>	Bank statement	<input type="text"/>	<b>25</b> ↓ <input type="text"/>
	<input type="checkbox"/>	Motor vehicle registration or insurance docs	<input type="checkbox"/>	Property rates notice	<input type="checkbox"/>	Property lease agreement	<input type="checkbox"/>	Home insurance papers	<input type="checkbox"/>	Utilities bills	<input type="text"/>	<b>25</b> ↓ <input type="text"/>
	<b>TOTAL POINTS</b>											<input type="text"/>
	<b>(must = 100 points or more)</b>											

**Confirm**  Date of birth sighted  Photo ID sighted  Current address sighted  Previous address sighted

I declare the Photo ID sighted is a true likeness of the Applicant. I have sighted and confirmed the Proof of Identity against original documentation.

Work Centre Code      Date

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Post Officer's Signature