



# Director identification number proof of identity reference – for CATSI Act directors

Use this form if you're a director of a corporation under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act) and are unable to provide all your proof of identity documents. You can use this form along with a paper application and any other proof of identity documents you have.

This form needs to be completed by a referee (someone that knows you). Some examples are:

- community health care provider
- community elder
- teacher
- nurse
- pharmacist
- doctor
- post office worker
- bank worker
- a member of an Indigenous body, e.g. APONT, WA equivalent etc.

This form cannot be completed by someone that has an actual or perceived personal or financial conflict of interest. Some examples include:

- your immediate family such as mother, father, brother or sister
- someone from your corporation.

## For more information about director ID visit

- [abrs.gov.au/directorID](https://abrs.gov.au/directorID).
- phone **1300 342 353** enter **108** between 10:00 am and 3:00 pm AEST, Monday to Friday.

## When completing this form

- Answer all questions, otherwise we may need to contact you for more information.
- Print this form and write clearly, using a black or dark blue pen.
- Use BLOCK LETTERS and print one character in each box.
- Place an 'X' in all applicable boxes.
- Don't use correction fluid or covering stickers.
- Make sure you sign the declaration at the end of the form.

**i** If we are unsure of the details in this form, we may contact the referee directly for more information.

## Section A: Applicant details

### 1 Full name of applicant

Family name

Given name

Other given names

## Section B: Referee details

### 2 Full name of referee

Family name

Given name

Other given names

### 3 Official position title of referee

Position title

#### 4 Date of birth of referee

Day / Month / Year  
□□ / □□ / □□□□

#### 5 Address of referee

Street address

Suburb or town or locality

State or territory

Postcode

#### 6 Daytime phone number

Mobile phone number

Business phone number including area code (optional)

#### 7 Referee has known the applicant:

professionally  personally

for  years

#### 8 Information in this application can be confirmed from:

- personal knowledge  school records  
 council records  church records  
 medical records  government records  
 other (specify here)

## Section C: Declaration

#### Declaration by referee

*I declare that the information I have provided is true and correct, and that the applicant can't provide the required proof of identity documents and can't reasonably be expected to obtain them.*

**Signature** (Electronic signatures are not recognised)

You MUST SIGN here

Date

Day / Month / Year  
□□ / □□ / □□□□

#### Lodging your application

1. Make a copy of this form for your own records.
2. Mail the form, your paper application and any additional proof of identity documents to:

**Australian Business Registry Services**  
**PO Box 9977**  
**WOLLONGONG NSW 2520**

**Note:** We aim to give you our decision on your application in 28 days of receiving all necessary information. If your application is incomplete or incorrect, it may take longer. Do not lodge another application during this time.