

Full Legal Name:

TAB Account Number:

Date of Birth:

Physical Address:

Country:

Phone Number:

Please provide:

- A **Certified*** copy of [approved ID](#), and
- A **Certified*** copy of a bank statement or utility bill as proof of your address, and
- Your completed Certified Identity Verification Form

*Have your signature and ID certified by a trusted referee from the list below. Your trusted referee must sign this form, and each supporting document you provide. This includes each copy of your approved ID. Your referee must also provide their name, profession and contact details, or an official stamp. Certification must have been carried out in the three months preceding the presentation of the copied documents. More information on who can sign your form is available [here](#).

Your identity document must be current, or have expired within the past three months. Your proof of address must include a date within the past six months. If providing a driver's licence as one form of identification you must provide a second form of identification from the [approved ID list](#) as well as your proof of address.

Certification Standards (Trusted Referee)

- a) Justice of the peace
- b) Member of the police
- c) Notary public
- d) Lawyer (as defined in the Lawyers and Conveyancers Act 2006)
- e) New Zealand Honorary consul
- f) Member of Parliament
- g) Chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996)
- h) Registered teacher (valid practising certificate)
- i) Registered medical doctor

To submit your Identity Verification

1. Complete your name and details in the top section of this form
2. Read the declaration on page two and sign in the space provided confirming your age and your agreement to the rules and terms and conditions of the TAB. This must be done in front of the person who is endorsing your signature.
3. Email this form and the certified copies of your ID and proof of address to administration@tab.co.nz, or mail to:
TAB Account Betting Administration
PO Box 38899
Wellington Mail Centre
New Zealand

If you have any questions, please email us at administration@tab.co.nz

Declaration:

- I am 18 years of age or older;
- I confirm that the money deposited into this account will be used for betting with TAB NZ;
- I understand that I am bound by the [Rules of the TAB](#) and laws pertaining to racing and sports wagering in New Zealand and/or in my country of residence;
- I have read and will abide by the [TAB Terms and Conditions](#);
- I declare that I am solely responsible for the administration of this account, and only I can authorise transactions through this account;
- I agree to advise the TAB of any changes to my account details including contact details;
- I understand that providing false information, or making a false declaration, may result in my TAB account being suspended or terminated.

TAB account holder's signature:

Date:

Trusted Referee Endorsement

Signature witnessed by

Name:



Profession:

Phone number:

Referee's signature:

Referee's official stamp (if applicable)

Need help completing your form? See below for examples of certified identification documents. If you have any questions email us at administration@tab.co.nz.

 <p>I certify this to be a true copy of the original document and confirm it represents the identity of Samantha Sample.</p> <p>Name: <i>Jane Doe</i> Occupation: <i>Chartered Accountant</i> Date: <i>24/1/2023</i> Signature: <i>Jane Doe</i></p> <p>Practitioner registration number:</p>	 <p>I certify this to be a true copy of the original document and confirm it represents the identity of Joe Smith.</p> <p>Name: <i>Jane Doe</i> Occupation: <i>Justice of the Peace</i> Date: <i>18/08/2020</i> Signature: <i>Jane Doe</i></p> <p>Practitioner registration number:</p>
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