

Date:

Membership confers rights and obligations under the Credit Union's Constitution, a copy of which you can obtain on request.

➤ Your details

1st Person

Title Mr Mrs Ms Miss Other

First Name Middle name

Surname Date of Birth / /

My residential address (mandatory)

Unit / Street No Street Name
Suburb / Town State Postcode

Mailing address if different from residential address above

Email address:

Home Mobile Work

Tax File Number - please use this TFN for all my accounts with you

I wish to opt-out of receiving any Marketing material Yes/No

Is Australia your sole tax residence?

Yes No (if no you need to sign a separate self-certification form)

2nd Person

Title Mr Mrs Ms Miss Other

First Name Middle name

Surname Date of Birth / /

My residential address (mandatory)

Unit / Street No Street Name
Suburb / Town State Postcode

Mailing address if different from residential address above

Email address:

Home Mobile Work

Tax File Number - please use this TFN for all my accounts with you

I wish to opt-out of receiving any Marketing material Yes/No

➤ Joint Account Method of Operation:

- Any One to Sign
 All parties to sign
 Other (specify)

Is Australia your sole tax residence?

Yes
No (if no you need to sign a separate self-certification form)

➤ **Beneficiary's Details (Trust for Child) – for more than 2 beneficiaries, attach a separate list**

(1) Full name of beneficiary, person subject to Guardianship Order or infant
Residential Address

DOB:

(2) Full name of beneficiary, person subject to Guardianship Order or infant
Residential Address

DOB:

Registered Business Name

ABN

Principal Business Address
(optional for Partnerships)

Post Code

➤ **Partnership details**

Please state Partnership Name or Registered Business Name (we need to the sight original or a copy of the Business name Registration Certificate, if you use a Registered Business Name)

ABN:

Mailing address:

Post Code

Does this Partnership have sole tax residency in Australia

Yes No (if no you need to sign a separate self-certification form)

When opening a Partnership Joint Account, the signatories confirm that the name of the partnership is as listed above.

➤ **Signature**

Date

Date

I consent to Electronic Delivery of Statements and financial disclosures

Email address:

Please use my email address:

- to send me statements and notices for all my banking and loan accounts; or
- to tell me that they are available to view or download from your Internet Banking site.

We understand that:

- you will stop posting me paper statements and notices unless I/we direct otherwise
- I need to check my emails regularly
- I can revert to receiving paper statements and notices in the post at any time

➤ **Selecting Your Accounts and Access Facilities**

Choice of Account Types

- | | |
|--|---|
| <input type="checkbox"/> At Call Account | <input type="checkbox"/> Lifestyle Plus |
| <input type="checkbox"/> Cash Management Account | <input type="checkbox"/> Term Deposit |
| <input type="checkbox"/> Christmas Club | <input type="checkbox"/> _____ |

Choice of Access Facilities

- Visa Debit Paywave Cheque Book Internet / Phone Banking

Office Use Only:

Membership Number:	Shares: <input type="checkbox"/> Paid
Date of Admission to Membership:	
Share Account No: Existing Shares Y/N Existing Share Account Number:	

Access Facilities Action List:		Confirmation:	
<input type="checkbox"/>	Visa ordered Initial.....	<input type="checkbox"/>	Checked Initial.....
<input type="checkbox"/>	Cheque Book ordered Initial.....	<input type="checkbox"/>	Checked Initial.....
<input type="checkbox"/>	Internet Banking/Phone Banking activated Initial.....	<input type="checkbox"/>	Checked Initial.....
<input type="checkbox"/>	Deposit slip attached/Membership card issued Initial.....	<input type="checkbox"/>	Checked Initial.....
<input type="checkbox"/>	Paywave turned on/off Initial.....	<input type="checkbox"/>	Checked Initial.....

Verification of Identity Details:

-
- | | |
|--|--|
| <input type="checkbox"/> Customer Identification Procedure – Sole Trader carried out | <input type="checkbox"/> Customer Identification Procedure-Partnership carried out |
| <input type="checkbox"/> Confirm Business Name search and ABN correct | <input type="checkbox"/> Child Identification Procedure-carried out |

Member Identification Checklist:				
<input type="checkbox"/>	Drivers Licence Number:..... Signed:.....	<input type="checkbox"/> Copy attached	<input type="checkbox"/> Loaded on system	<input type="checkbox"/> Details checked and verified Signed:.....
<input type="checkbox"/>	Passport Number:..... Signed:.....	<input type="checkbox"/> Copy attached	<input type="checkbox"/> Loaded on system	<input type="checkbox"/> Details checked and verified Signed:.....
<input type="checkbox"/>	Birth Certificate Number:..... Signed:.....	<input type="checkbox"/> Copy attached	<input type="checkbox"/> Loaded on system	<input type="checkbox"/> Details checked and verified Signed:.....
<input type="checkbox"/>	Other Type:..... Number:..... Signed:.....	<input type="checkbox"/> Copy attached	<input type="checkbox"/> Loaded on system	<input type="checkbox"/> Details checked and verified Signed:.....
<input type="checkbox"/>	Deleted Donor Information – Drivers Licence Condition S – Drivers Licence Tax File Number			Details checked and verified. Signed:.....