

# Membership application – non personal

Membership number (office use): \_\_\_\_\_

## Membership details

Name of entity \_\_\_\_\_

ABN \_\_\_\_\_

Address of entity \_\_\_\_\_

Postcode \_\_\_\_\_

Postal address of entity ☐ the same as above \_\_\_\_\_

Postcode \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Entity Tax File Number \_\_\_\_\_ Entity exempt status \_\_\_\_\_

Purpose of entity \_\_\_\_\_

Is the entity based in another country for tax purposes? ☐ Yes ☐ No

If yes, provide the following: Name of country \_\_\_\_\_ Tax Identification Number (TIN) or equivalent \_\_\_\_\_

## Membership type

Refer overleaf for a checklist of documentation applicable.

- ☐ Registered business ☐ Company ☐ Incorporated body ☐ Unincorporated body ☐ Formal or Testamentary trust
- ☐ Superannuation fund ☐ Franchise ☐ Partnership ☐ Uniting Church ☐ Estate of

## Account(s) required

Please tick the accounts you require.

- ☐ Access Account ☐ Bonus Savings Account ☐ Netsave Account ☐ Association Account

## Method of operation

Select requirement for transacting ☐ Any to sign ☐ Any two to sign ☐ All to sign

## Voting right

In situations where the entity is entitled to exercise a vote, the person stated below is authorised to vote on behalf of the entity.

Full name \_\_\_\_\_

## Declaration

- I hereby apply for membership and one share in Credit Union SA Ltd. I understand my membership cannot be activated until the Credit Union approves my application. I agree to be bound by Credit Union SA's current Constitution and any future amendments (a copy of the Constitution is available on request).
- Our Annual Financial Report, which contains information about our financial position; and performance, efficiency of management and financial risk exposure, is available on our website. We will only send it to you if you elect (at any time) to receive it.
- Membership, accounts and services are subject to approval.
- I understand that quoting my Tax File Number or Exemption is not compulsory but failing to do so may result in Withholding Tax being deducted from interest earned. I understand that the Tax File Number or Exemption will be applied to all accounts under this membership.
- The details provided in this application are true and correct. I acknowledge that it is an offence under *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)* to give false and misleading information. I consent to the collection, use, handling, disclosure and verification of personal information as required by the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth)*.
- I acknowledge receipt of a Credit Union SA Ltd Financial Services Guide.
- I acknowledge that I have received the *Deposit Accounts and Access Services Terms and Conditions* for the account(s) and service(s) chosen and agree to abide by these terms and conditions.
- I consent to receiving communications in relation to any of my products and services with Credit Union SA by email, SMS, push notification or through the secure mail facility available within Internet Banking. I understand that the effect of this consent is that paper documents may not be provided by Credit Union SA where an electronic alternative is available and that I must regularly check my electronic communications for documents. I am aware that I can withdraw my consent to receive electronic communications at any time by contacting Credit Union SA on 8202 7777 or in writing. Please note that even if you don't consent to receiving electronic communications, we may be required to share communications in this way in accordance with any applicable Law, rule or regulation. I do not consent to receiving communications electronically ☐

## Signatory(ies)

The following must be completed by all office bearers, franchisees, proprietors, directors and/or trustees.  
Any signatory who is not an existing member of Credit Union SA must have their identity verified.

**1.** Surname Mr/Mrs/Miss/Ms \_\_\_\_\_  
First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_  
Other names commonly known by (not nicknames) \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Are you a permanent Australian resident? ☐ Yes ☐ No  
Residential address \_\_\_\_\_  
\_\_\_\_\_  
Postal address ☐ same as above  
\_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_  
Member no. (if existing member) \_\_\_\_\_  
Position held with entity: \_\_\_\_\_  
(ie. Director, Proprietor, Trustee, Secretary, Treasurer, Committee Member, etc)  
Are you a beneficial owner? ☐ Yes ☐ No  
(ie. an owner or controller of the funds within this membership)  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**2.** Surname Mr/Mrs/Miss/Ms \_\_\_\_\_  
First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_  
Other names commonly known by (not nicknames) \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Are you a permanent Australian resident? ☐ Yes ☐ No  
Residential address \_\_\_\_\_  
\_\_\_\_\_  
Postal address ☐ same as above  
\_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_  
Member no. (if existing member) \_\_\_\_\_  
Position held with entity: \_\_\_\_\_  
(ie. Director, Proprietor, Trustee, Secretary, Treasurer, Committee Member, etc)  
Are you a beneficial owner? ☐ Yes ☐ No  
(ie. an owner or controller of the funds within this membership)  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**3.** Surname Mr/Mrs/Miss/Ms \_\_\_\_\_  
First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_  
Other names commonly known by (not nicknames) \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Are you a permanent Australian resident? ☐ Yes ☐ No  
Residential address \_\_\_\_\_  
\_\_\_\_\_  
Postal address ☐ same as above  
\_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_  
Member no. (if existing member) \_\_\_\_\_  
Position held with entity: \_\_\_\_\_  
(ie. Director, Proprietor, Trustee, Secretary, Treasurer, Committee Member, etc)  
Are you a beneficial owner? ☐ Yes ☐ No  
(ie. an owner or controller of the funds within this membership)  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**4.** Surname Mr/Mrs/Miss/Ms \_\_\_\_\_  
First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_  
Other names commonly known by (not nicknames) \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Are you a permanent Australian resident? ☐ Yes ☐ No  
Residential address \_\_\_\_\_  
\_\_\_\_\_  
Postal address ☐ same as above  
\_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_  
Member no. (if existing member) \_\_\_\_\_  
Position held with entity: \_\_\_\_\_  
(ie. Director, Proprietor, Trustee, Secretary, Treasurer, Committee Member, etc)  
Are you a beneficial owner? ☐ Yes ☐ No  
(ie. an owner or controller of the funds within this membership)  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Beneficial ownership declaration (Incorporated and Unincorporated Associations only)

I declare that I am the beneficial owner who ultimately controls the association.

Full Name \_\_\_\_\_  
Residential Address \_\_\_\_\_  
\_\_\_\_\_

Position \_\_\_\_\_  
(Chairman/Secretary/Treasurer or equivalent officer of association)  
Signature \_\_\_\_\_

## Summary of required documentation

Documents to accompany membership application for non-personal	Formal trust <sup>1</sup>	Testamentary trust	Unincorporated Association (includes clubs, syndicates)	Partnership	Registered business <sup>2</sup>	Company	Franchise	Super fund <sup>3</sup>	Estate of	Incorporated association
Appropriate identification of all signatories who are not existing Credit Union SA members	✓		✓	✓	✓	✓	✓	✓	✓	✓
An extract or copy of the minutes of a meeting nominating authorised signatories to the accounts, certified by an office bearer eg. Chairman, President, Director, Secretary of the organisation or similar.			✓							✓
Trust deed (power to invest/borrow appointment of trustee - full copy)	✓									
Grant of Probate with a copy of the Will forming part of the Probate document		✓								
Certificate of registration of a business name					✓					
Certificate of registration of a company name						✓				
Certificate of incorporation										✓
Partnership agreement				✓						
Letter of authority							✓			
Fund deed (full copy)								✓		
Certified copy of will and death certificate									✓	
<sup>1</sup> A Formal trust can be established by a company - if this is the case, all documentation as per the company column is also required. <sup>2</sup> The proprietor of a registered business can be a company - if this is the case, all documentation as per the company column is also required. <sup>3</sup> The trustee of a Super fund can be a company - if this is the case, all documentation as per the company column is also required.										

## Documentation

If submitting required documentation other than in person, documents must be certified by an acceptable certifier. Refer list below.

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|--|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Agent of Australia Post in charge of an office supplying postal services;</li> <li><input type="checkbox"/> Australian consular officer or Australian diplomatic officer;</li> <li><input type="checkbox"/> Authorised representative of a holder of an Australian financial services licence or Australian credit licence with 2+ years of continuous service;</li> <li><input type="checkbox"/> Bailiff, sheriff or sheriff's officer;</li> <li><input type="checkbox"/> Chief executive officer of a Commonwealth court;</li> <li><input type="checkbox"/> Employee of the Commonwealth or the Australian Trade Commission in a country or place outside Australia who is authorised to exercise their function in that place;</li> <li><input type="checkbox"/> Fellow of National Tax Accountants' Association.</li> <li><input type="checkbox"/> Full-time teacher at a school or tertiary institution;</li> <li><input type="checkbox"/> Judge, magistrate, master, registrar, deputy registrar or clerk of a court;</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Justice of the Peace, Commissioner for Affidavits, Commissioner for Declarations or a person before whom a statutory declaration may be made under the law of the State or Territory ;</li> <li><input type="checkbox"/> Marriage celebrant or minister of religion;</li> <li><input type="checkbox"/> Medical practitioner, nurse, psychologist, chiropractor, physiotherapist, optometrist, dentist or veterinary surgeon;</li> <li><input type="checkbox"/> Member of Engineers Australia, other than at the grade of student;</li> <li><input type="checkbox"/> Member of Institute of Chartered Accountants in Australia, National Institute of Accountants, Australian Society of Certified Practising Accountants, Association of Taxation and Management Accountants, Australasian Institute of Mining and Metallurgy, Chartered Secretaries Australia;</li> <li><input type="checkbox"/> Member of the Parliament of the Commonwealth, the Parliament of a State, a Territory legislature or a local government authority of a State or Territory;</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-commissioned officer with 2+ years of continuous service, officer or warrant officer of the Australian Defence Force;</li> <li><input type="checkbox"/> Notary public (Australian or authorised in a foreign country);</li> <li><input type="checkbox"/> Permanent employee with 2+ years of continuous service of an Australia Post office supplying postal services to the public, a holder of an Australian financial services licence or Australian credit licence, a finance company or a local government authority;</li> <li><input type="checkbox"/> Permanent or Senior Executive Service employee of the Commonwealth, a Commonwealth authority, a State or Territory or a State or Territory authority;</li> <li><input type="checkbox"/> Person enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described);</li> <li><input type="checkbox"/> Police officer.</li> </ul> |
|--|--|--|

**Office use only**

**Section 1 – to be completed by branch**

Opening reason -

- ☐ Referral from member (*Member number if known*) \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ 'N' Number \_\_\_\_\_
- ☐ Documentation verifying entity attached
- ☐ Member identification completed and attached for all required signatories

Comments

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If the entity is reopening, complete the following:

- ☐ Savings and loans history checked
- ☐ Documentation verifying entity attached
- ☐ Advise member of Statement Fee (if applicable)

- ☐ Privacy Notice provided
- ☐ FSG provided
- ☐ T&C's provided and loaded in CRM

Taken by \_\_\_\_\_ Date \_\_\_\_\_

Branch/department \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

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**Section 2 – to be completed by membership officer**

Membership opened by \_\_\_\_\_ Date \_\_\_\_\_

☐ TFN/Exempt loaded