

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 membership _____

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

Access option

Cheque book - link cheque facility to account _____ (Cheque account application/signature card must be completed)

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.
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 ¹	Testamentary trust	Unincorporated Association (includes clubs, syndicates)	Partnership	Registered business ²	Company	Franchise	Super fund ³	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									✓	

¹ A Formal trust can be established by a company - if this is the case, all documentation as per the company column is also required.
² 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.
³ 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.

- Agent of Australia Post in charge of an office supplying postal services;
- Australian consular officer or Australian diplomatic officer;
- Authorised representative of a holder of an Australian financial services licence or Australian credit licence with 2+ years of continuous service;
- Bailiff, sheriff or sheriff's officer;
- Chief executive officer of a Commonwealth court;
- 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;
- Fellow of National Tax Accountants' Association.
- Full-time teacher at a school or tertiary institution;
- Judge, magistrate, master, registrar, deputy registrar or clerk of a court;
- 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;
- Marriage celebrant or minister of religion;
- Medical practitioner, nurse, psychologist, chiropractor, physiotherapist, optometrist, dentist or veterinary surgeon;
- Member of Engineers Australia, other than at the grade of student;
- 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;
- 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;
- Non-commissioned officer with 2+ years of continuous service, officer or warrant officer of the Australian Defence Force;
- Notary public (Australian or authorised in a foreign country);
- 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;
- Permanent or Senior Executive Service employee of the Commonwealth, a Commonwealth authority, a State or Territory or a State or Territory authority;
- 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);
- Police officer.

Office use only

Section 1 – to be completed by branch

School Community Rewards - School _____
Relationship Parent Grandparent Educator Child Other _____

Opening reason -

- Referral from member (Member number if known) _____
- Other _____
- 'P' Number _____
- Documentation verifying entity attached
- Member identification completed and attached for all required signatories
- Cheque account signature card attached (if applicable)

Comments

If the entity is reopening, complete the following:

- Savings and loans history checked
- Documentation verifying entity attached

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

Taken by _____ Date _____
Branch/department _____
Approved by _____ Date _____

Section 2 – to be completed by membership officer

Membership opened by _____ Date _____ TFN/Exempt loaded