

# Membership application - child (not signing)



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

## Child's personal details

Master    Miss   Surname \_\_\_\_\_

First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_    Male    Female

Home address \_\_\_\_\_ Postal address    same as home \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_   \_\_\_\_\_ Postcode \_\_\_\_\_

Preferred mobile number linked to this account \_\_\_\_\_ Date of birth \_\_\_\_\_

Preferred email address linked to this account \_\_\_\_\_

Is the child a permanent Australian resident?    Yes    No   Tax File Number or Exemption \_\_\_\_\_

Is the child a resident of another country for tax purposes?    Yes    No

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

## Parent/guardian (Beneficial owner) personal details

(1) Member number _____	(2) Member number _____
Surname Mr / Mrs / Miss / Ms _____	Surname Mr / Mrs / Miss / Ms _____
Given names _____	Given names _____
Home address _____	Home address _____
_____	_____
Email _____	Email _____
Home phone _____ Mobile _____	Home phone _____ Mobile _____
<input type="checkbox"/> Internet Banking   Access Code _____	<input type="checkbox"/> Internet Banking   Access Code _____
Are you a permanent Australian resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a permanent Australian resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed within the Education sector or a student carrying out studies in education? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed within the Education sector or a student carrying out studies in education? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Savings account selection

Access account    Children's Savings account    Netsave account    Bonus Savings account

## 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 777 or in writing.  
I/we do not consent to receiving electronic communications relating to this membership

**I am aware that:** When the child turns 18 years of age and on presentation of relevant identification, the child/young adult can register their signature and gain automatic access to funds without the parent's/guardian's acknowledgement.

(1) Parent/guardian signature: \_\_\_\_\_ (2) Parent/guardian signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office use only**

**Section 1 - to be completed by SCR rep IF parent/guardian is NOT an existing member**

(1) Drivers Licence No. \_\_\_\_\_

State \_\_\_\_\_ Expiry date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Confirm address

(2) Drivers Licence No. \_\_\_\_\_

State \_\_\_\_\_ Expiry date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Confirm address

**Section 2 - to be completed by branch/SCR rep**

School Community Rewards - School \_\_\_\_\_  
Relationship  Parent  Grandparent  Educator  Child  Other \_\_\_\_\_

Opening reason -

Referral from member (Member number if known) \_\_\_\_\_

Other \_\_\_\_\_

'P' Number \_\_\_\_\_ (if applicable)

Member identification completed

Share account opened

Parent/ Guardian(s) attached as signatory(s) to child's accounts

Self Service Teller added to:

Child not Signing membership

New Signatory membership(s) opened at time of  
Child not Signing membership opened (if applicable)

Privacy Notice provided

FSG provided

Deposit Accounts and Access Services Terms and Conditions  
provided and logged on CRM

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accepted and Approved by \_\_\_\_\_

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

Date \_\_\_\_\_