



# **Incorporated and Unincorporated Body Account Application**

**Bankstown City  
Credit Union**





## New Account Type

- |   |  |
|---|--|
| <input type="checkbox"/> Customer                   | <input type="checkbox"/> Member                  |
| <input type="checkbox"/> Incorporated               | <input type="checkbox"/> Company                 |
| <input type="checkbox"/> Unincorporated             | <input type="checkbox"/> Association / Club      |
| <input type="checkbox"/> New Account                | <input type="checkbox"/> Trust / Superannuation  |
| <input type="checkbox"/> Change to existing Account | <input type="checkbox"/> Social Club / Syndicate |
|   | <input type="checkbox"/> Body Corporate          |

CIF Number

ABN / ACN

(if applicable)

Name of account

## Contact Details

(Note: All correspondence will be forwarded to the contact person named in the section below)

Title	Surname	Mailing Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Given Names	Home / Mobile Phone	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email	Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Please indicate if you do not wish to receive marketing material from the Credit Union and its partners

Please indicate if you do wish to receive the BCCU Annual Report

## Opening an Account

I/we would like to apply for:

- |                             |  |  |  |
|-----------------------------|--|--|--|
| <b>Transaction accounts</b> | <input type="checkbox"/> MoneyMAX Access   | <input type="checkbox"/> MoneyMAX Offset                   |  |
| <b>Savings accounts</b>     | <input type="checkbox"/> MoneyMAX Online + | <input type="checkbox"/> MoneyMAX eMISER                   | <input type="checkbox"/> SUPER eSAVER  |
| <b>Loan accounts</b>        | <input type="checkbox"/> Mortgage          | <input type="checkbox"/> Car                               | <input type="checkbox"/> Personal      |
| <b>Access options</b>       | <input type="checkbox"/> NAB Deposit Book  | <input type="checkbox"/> Internet Banking / Mobile Banking | <input type="checkbox"/> Phone Banking |

Please ensure that you have read the specific terms and conditions relating to each account and account access option you have applied for before signing the declaration (page 2).

## Card/s Required

For the signatory(ies) listed on page 2:

The issue of cards is subject to approval in accordance with Credit Union policy. I/we would like to access the account using:

**Signatory 1**  VISA Debit Card

**Signatory 2**  VISA Debit Card

**Signatory 3**  VISA Debit Card

**Signatory 4**  VISA Debit Card

Please note that the above VISA Debit Cards do not provide access to credit. If you require a new credit card, and would like more information about our products please tick:  MyCard Mastercard Credit Card

## Required Documents

- Certified copy of Certificate of Incorporation
- Memorandum (prior to 01 Jul 2000) or Constitution (post 01 Jul 2000)
- Formal Declaration of Directors as required by ASIC (Australian Securities and Investments Commission)
- Certified copy of Minutes/Trust Deed identifying the authorised person/s to open an account and the authorised person/s to operate the account

## Please supply your Tax File Number (if applicable)

Collection of Tax File Number information is authorised and regulated by tax laws and the Privacy Act. It is not an offence to choose not to quote your Tax File Number. If the Tax File Number is not quoted you may be charged Withholding Tax on the interest earned on the account. If quoted, the Tax File Number will automatically be applied to future accounts opened on this CIF number unless you instruct us otherwise.

**Exemptions:** For details about who is exempt contact the Australian Taxation Office.

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Tax File Number	<input type="text"/>	Exemption	<input type="text"/>
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## Authorised Signatories

Method of Operation  Any signatory to operate  All must sign At least  must sign

Note: Signatories must have previously completed signatory "identification verification" with BCCU as per Government requirements, otherwise they must be completed and included with this application.

### Signatory 1

CIF Number			<input type="text"/>
Title	Surname		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Given Names	Date of Birth		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Home Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Mobile / Business Phone		
<input type="text"/>	<input type="text"/>		
Email			
<input type="text"/>			

### Signatory 2

CIF Number			<input type="text"/>
Title	Surname		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Given Names	Date of Birth		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Home Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Mobile / Business Phone		
<input type="text"/>	<input type="text"/>		
Email			
<input type="text"/>			

### Signatory 3

CIF Number			<input type="text"/>
Title	Surname		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Given Names	Date of Birth		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Home Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Mobile / Business Phone		
<input type="text"/>	<input type="text"/>		
Email			
<input type="text"/>			

### Signatory 4

CIF Number			<input type="text"/>
Title	Surname		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Given Names	Date of Birth		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Home Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Mobile / Business Phone		
<input type="text"/>	<input type="text"/>		
Email			
<input type="text"/>			

If you require more than four authorised signatories, please complete a Signatory Application form.

## Declaration (Must be signed by all account signatories)

I/We advise the information regarding this account to be true and correct. Authorised signatories detailed on this application may:

1. Sign, draw, accept, endorse or make arrangements with you regarding cheques, withdrawals, bank cheques, periodical payments, debit authorities and orders.
2. Place money on term deposit and receive payments of interest.

**Incorporated Body:-** Immediate notification in writing is required when any change to the authorised signatories for the business is made. This authority shall remain in force until the Credit Union receives notice of cancellation signed in accordance with the operation of this account. The Credit Union is authorised to deduct from the account(s) within this CIF number any applicable Credit Union and Government charges. These are detailed in our 'Fees and Charges' brochure and/or our 'Terms and Conditions' brochure. The Credit Union is authorised to conduct any inquiries, searches or obtain information concerning the Incorporated Body which the Credit Union considers necessary to verify the eligibility of the Incorporated Body to join the Credit Union. I/we have read the relevant Terms and Conditions and agree to be bound by them and to be bound by the disclosure of information therein. I/we have also read the BCCU Privacy Statement and consent to the contents therein.

**Unincorporated Body:-** I/We hereby apply for the opening of a Deposit Account with the Account name as indicated on page 1 of this application. I/We declare that the Deposit Account is for the use of the Unincorporated Body of natural persons to maintain a depository for funds used for mutual benefit of the group. If the Credit Union, at its discretion, permits the above account to become overdrawn, liability to the Credit Union for this account shall be joint and several for authorised signatories to this account. Immediate notification in writing is required when any change to the authorised signatories for the account is made. This authority shall remain in force until the Credit Union receives notice of cancellation signed in accordance with the operation of this account. The Credit Union is authorised to deduct from the account(s) within this CIF number any applicable Credit Union and Government charges. These are detailed in our Fees and Charges brochure, and our Terms and Conditions brochure. I/We have read the relevant Terms and Conditions and agree to be bound by the disclosure of information therein. I/We have also read the BCCU Privacy Statement and consent to the contents therein.

**Member Account Type:-** I/we apply for membership of Bankstown City Credit Union Limited (BCCU) ABN 40 087 649 769 AFSL 238355 and the allocation of 1 x \$10 share. I/we shall now deposit \$10 for this share in keeping with the constitution of BCCU. If this application is accepted and the share allocated to me/us, I/we agree to be bound by the constitution of BCCU and pay all charges required by BCCU in accordance with the Corporations Law.

Signatory 1	Date	Signatory 2	Date
<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>
Signatory 3	Date	Signatory 4	Date
<input checked="" type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>

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## Authorised Signatories Identification Requirements

For further information regarding BCCU identification requirements under Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) refer to Member Services Guide.

To satisfy BCCU requirements in accordance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) the following identification must be presented;

**One Category A document, or one Category B and one Category C document, or one Category D document and one Category B or C document**

Category A Documents	Sig. 1	Sig. 2	Sig. 3	Sig. 4
Current Australian passport (or one that has expired within last 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current driver licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A proof of age card which contains a photograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category B Documents	Sig. 1	Sig. 2	Sig. 3	Sig. 4
Birth certificate or extract of birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Australian citizenship certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A pension card issued by Centrelink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An electoral enrolment card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Medicare card, Department of Veteran's Affairs card or any other entitlement card issue by the Australian government.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan document held by another Financial Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage records of another Financial Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land Title Office Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category C Documents	Sig. 1	Sig. 2	Sig. 3	Sig. 4
Benefit notice issued by Australia, State or Territory governments within last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax assessment notice issued by the ATO within last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council rates notice or utilities bill issued within last 3 months (with residential address)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category D Documents	Sig. 1	Sig. 2	Sig. 3	Sig. 4
Current NSW Firearm, Security Industry or Commercial Agents and Private Inquiry Agents operator licence issued by NSW Roads and Traffic Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current photo identity card for Australian Defence Forces or State Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A current consular photo identity card issued by Department of Foreign Affairs and Trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Office Use Only

Date opened	<input type="text"/>	Account No.	<input type="text"/>	Account No.	<input type="text"/>
Account No.	<input type="text"/>	Account No.	<input type="text"/>	Account No.	<input type="text"/>
Shares paid (if applicable)	Op # and initials	<input type="text"/>	Verified I.D./Documents	Op # and initials	<input type="text"/>
TFN loaded/destroyed	Op # and initials	<input type="text"/>	Internet banking password	Op # and initials	<input type="text"/>
Prosper loaded	Op # and initials	<input type="text"/>	Phone banking password	Op # and initials	<input type="text"/>
Account/s opened	Op # and initials	<input type="text"/>	PDS given	Op # and initials	<input type="text"/>
Card/s ordered	Op # and initials	<input type="text"/>	Fees & Charges brochure	Op # and initials	<input type="text"/>
NAB deposit book ordered	Op # and initials	<input type="text"/>	Letter posted	Op # and initials	<input type="text"/>

## Certification Details

Title <input type="text"/>	Surname <input type="text"/>	Or Business Address (PO Box not accepted) <input type="text"/>		
Given Names <input type="text"/>	Date of Birth <input type="text"/>	Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Occupation <input type="text"/>	Email (Personal address only) <input type="text"/>			
Home Address <input type="text"/>	Home Phone <input type="text"/>		Mobile Phone <input type="text"/>	
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>		

## Categories of Certifiers

- |   |   |
|---|---|
| 1. Legal Practitioner                       | 8. Police Officer   |
| 2. Judges                                   | 9. Agent of Australia Post                                |
| 3. Magistrates                              | 10. Employee of Australia Post (2 years service)          |
| 4. CEO of a Federal Court                   | 11. Australian Consular or Diplomatic Officer             |
| 5. Registrar or Deputy Registrar of a court | 12. Officer of Financial Institution (2 years service)    |
| 6. Justice of the Peace                     | 13. Officer or authorised representative of AFS licensee  |
| 7. Notary Public                            | 14. Accountants (members of a recognised accounting body) |
- Category of certifier  Insert relevant number

## Documents to be certified

### Signatory 1

Category of Document

Document details - Type of document

Person to whom it relates

Category of Document

Document details - Type of document

Person to whom it relates

### Signatory 3

Category of Document

Document details - Type of document

Person to whom it relates

Category of Document

Document details - Type of document

Person to whom it relates

### Signatory 2

Category of Document

Document details - Type of document

Person to whom it relates

Category of Document

Document details - Type of document

Person to whom it relates

### Signatory 4

Category of Document

Document details - Type of document

Person to whom it relates

Category of Document

Document details - Type of document

Person to whom it relates

## Certifier Statement

I have examined the original identification documents listed above, and I have endorsed each copy of the identification document in the following manner:

This is to certify that this is a true copy of the original which I have sighted.

Name <input type="text"/>	Title <input type="text"/>	Date <input type="text"/>	Registration Number <input type="text"/>
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Certified copies of the identification documents need to be returned to BCCU with this form.

(if applicable)

It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) to give false and misleading information.

Signature <input type="text"/>	Date <input type="text"/>
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Bankstown NSW 2200**

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Bankstown Square  
NSW 2200**

**P. 02 9707 6000  
F. 02 9707 6038**

**AFS Licence No 238 355  
Australian Credit Licence No 238 355**

**[www.bccu.com.au](http://www.bccu.com.au)**