

Application for Membership and Services



Membership Number

Police Association Credit Co-operative Limited
 ABN 33 087 651 661 AFSL 240293
 121 Cardigan Street Carlton Vic 3053
 PO Box 669, Carlton South VIC 3053
 T 13 63 73 www.policecredit.com.au

Personal details: Applicant

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	Mobile	<input type="text"/>
Surname	<input type="text"/>						Email	<input type="text"/>
Given Name/s	<input type="text"/>						Occupation	<input type="text"/>
D.O.B	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	*Please complete if you are an a) <input type="checkbox"/> Apprentice or b) <input type="checkbox"/> Tertiary Student Please indicate mode of study: <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time	
Driver's Lic.No.	<input type="text"/>						Employer's name	<input type="text"/>
Residential Address	<input type="text"/>						Employer's address	<input type="text"/>
	<input type="text"/>							<input type="text"/>
	<input type="text"/>							<input type="text"/>
Mailing Address (If different from above)	<input type="text"/>							<input type="text"/>
	<input type="text"/>							<input type="text"/>
	<input type="text"/>							<input type="text"/>
Home tel.	<input type="text"/>						Employee No.	<input type="text"/>
Business tel.	<input type="text"/>						Employer's tel.	<input type="text"/>
	<input type="text"/>						Industry/Sector	<input type="text"/>

*If you are a full-time Tertiary Student or Apprentice you may be eligible for free fee transaction banking, however you will need to provide proof of your student/apprenticeship enrolment with the education provider and/or employer.

Accounts: Please select either Option 1 or 2

Option 1:

EzePac

This includes the following:

- PC EzePay (S20) - includes PC Visa debit card (must be 15 years of age and over)
- PC EzeSaver (S21)
- Internet and mobile phone banking* - pc.easynet
- Telephone banking* - Rapid Response
- Member Response Centre*
- eCommunications[§] including eStatements

(Please provide your Access Passwords below).

Option 2:

I would like to choose from the following:

Transaction Accounts	Savings Accounts	Other
<input type="checkbox"/> Multipack (S1) (not available with EzePac)	<input type="checkbox"/> easyinvest (S7) <input type="checkbox"/> Bonus Saver (S8) <input type="checkbox"/> Investment at call (S2)	<input type="checkbox"/> Term Deposit <input type="checkbox"/> Christmas Club (S4)

Products/Services

I would like to apply for:

Deposit Book* Through Westpac. Available on S1, S2, S4, S8 and loan accounts (not available with EzePac)

Personal Cheque Book* Must be 18 years or over. Available only for Multipack (S1) account. Please ensure you complete the Cheque Account Specimen Signature(s) form.

eCommunications[§] including eStatements

Access Passwords: Please nominate passwords for internet and phone banking services. EzePac applicants MUST complete.

Internet and mobile phone banking* - pc.easynet
Interim Password 6-8 characters

Change to a password known only to you on first use of the service.

Telephone banking* - Rapid Response
Interim Access Code- 4 numbers

Change to an access code known only to you on first use of the service.

Member Response Centre*
Password 2-6 characters

I am also interested in: PC Visa Credit Card Home Loan Car Loan Personal Loan General Insurance Financial Planning

Nominate a suitable date and time for Police Credit to contact you.

Preferred method of contact?

Tel Mob Email

***Important** - see Item 1 of Declaration overleaf. [§]eCommunications being newsletter, notices and statement/s of account. Electronically sent to your nominated email or for statement of account/s an email notification that they are available to access via the pc.easynet service. For electronic statement/s of account/s you must register for the pc.easynet service.

Tax File Number or Exemption Details

Quoting Tax File Number is not compulsory but withholding tax may be deducted from your interest earned if you don't or you do not have an exemption. Contact the ATO for further information. After input this record will be detached from this application and destroyed.

Are you or are you a relative of a Politically Exposed Person as outlined below?

Yes No

This is an individual who is or has been entrusted with prominent public functions in a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations and important political party officials.

If not a permanent resident provide:

Passport number

A certified copy of your passport with number, name, date of & issue country birth and issue country is required.

Visa status

If introduced by another member

Member name

Member number (6 Digits)

Contact telephone

Relationship

Declaration

- I understand that I am responsible at all times for the use and security of all of my Access Passwords being Access Codes, Keywords, Passwords and Personal Identification Numbers (PINs) used in accessing my account/s and that I am liable for losses that I may suffer arising from any failure by me to properly secure and protect these and in choosing any of these I must not use a numeric or alphabetical code representing my birth date or a recognisable part of my name.
- In selecting EzePac I acknowledge that I am electing to receive eCommunications for my membership and all accounts held by me and that this includes receiving eStatements where I will receive an email notification that my statements of accounts are available on pc.easynet.
- I apply to be admitted to the Police Association Credit Co-operative Limited ABN 33 087 651 661 ("Police Credit") as a shareholder member and understand this requires me to pay \$10 to be allotted to me ten shares (\$1.00 each).
- I agree to be bound by the constitution of Police Credit and pay all charges imposed or levied by Police Credit in accordance with the Corporations Act and charges set from time to time in relation to the operation of my account/s and provision of services.
- I have reviewed and read the relevant Terms and Conditions and Product Disclosure Statements relating to the account/s, services and access option/s that I have applied for and agree to be bound by them.
- I have read the General Information Terms and Conditions and agree to be bound by them.
- I have read the Financial Services Guide of Police Credit and the Privacy Statement contained within and I authorise Police Credit to use and/or disclose my personal information for the purpose of considering this application, administering the products and services they supply to me and where reasonably necessary in doing so to third parties associated with Police Credit and its providers. I am authorised to provide the personal information about others such as an employer in this application and agree to inform those persons that they may, and how to, contact Police Credit and gain access to such information and that the information is to be used only in connection with this application.
- I consent to Police Credit collecting verifying, using, handling and disclosing personal information from me as required pursuant to the Anti-Money Laundering and Counter Terrorism-Financing Act 2006 (Cth) and I understand that it is an offence under that act to give false and misleading information and that if I supply incomplete or inaccurate information Police Credit may not be able to provide me with products or services.
- 18-25 years old and a student or apprentice: I declare that I am currently enrolled in a full time tertiary course or apprenticeship and consent to Police Credit verifying my student / apprenticeship enrolment with the education provider (eg University or TAFE).
- All information and details provided by me in this application are true and correct.
- For non residents only: As a non-permanent resident of Australia I consent to Police Credit conducting a Visa Entitlement Verification Online enquiry and authorise the Department of Immigration and Citizenship to release the details of my residency status for the purposes only of assessing my eligibility to open an account and/or obtain finance.**

Please do not send me marketing information.

Signature of applicant

Date

Mutual Banking Code of Practice

We undertake to comply with this Code in our dealings with you.

Office Use Only

	Initials	Branch	Date		Initials	Branch	Date
GI,T&C issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	PDS At-Call Savings issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
PDS F&C issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	PDS NCP issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
PDS Interest rates issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	PDS Investment Accounts issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
FSG issued	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Eligibility Criteria Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	RRS loaded	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ten Shares purchased	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telebanking loaded	<input type="text"/>	<input type="text"/>	<input type="text"/>
At Call Savings Account/s opened	<input type="text"/>	<input type="text"/>	<input type="text"/>	pc.easynet loaded	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Account opened	<input type="text"/>	<input type="text"/>	<input type="text"/>	PC Visa Debit Card ordered	<input type="text"/>	<input type="text"/>	<input type="text"/>
AML Identity verified	<input type="text"/>	<input type="text"/>	<input type="text"/>	Deposit book ordered	<input type="text"/>	<input type="text"/>	<input type="text"/>
AML ID loaded	<input type="text"/>	<input type="text"/>	<input type="text"/>	TFN loaded/exemption noted	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card Info requested/sent/call	<input type="text"/>	<input type="text"/>	<input type="text"/>	TFN detached & destroyed	<input type="text"/>	<input type="text"/>	<input type="text"/>
				eCommunications loaded	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name OP. No.

Completed Officer's Signature Date / /

Cheque Book Date ordered Link No.

Completed Officer's Signature Date / /

CHEQUE ACCOUNT SPECIMEN SIGNATURE(S)

Account Name

One Signature per box using BLACK INK ONLY

BSB

0	3	4	8	2	8
---	---	---	---	---	---

New Account

Link No (include CD if applicable)

--	--	--	--	--	--	--	--	--	--

Variation to Existing Account
(Link Number Retained)

1.

2.

SIGNING SPECIFICATIONS

Any one to sign

All parties to sign

Others (specify)

5.

6.

AUTHORITY EFFECTIVE FROM / /

Police Association Credit Co-operative Limited ABN 33 087 651 661 AFSL 240293

Financial Institution Name

Financial Institution Authorised Signature

--

Payroll alteration/
Commencement date

Salary Direct Credit

Surname	Given name/s
Employer's name	Employer's phone no.
Employer's address	
Employer's Email Address (Pay Office)	
Employee/Registered no.	

I hereby authorise the paymaster to forward to Police Credit the following:

Surname	BSB	Account Number	Amount \$
	704 230		
	704 230		
	704 230		

Use BSB and 9 digit account number. You may need to check with your paymaster as to the number of salary deductions possible.)

I authorise the paymaster to use personal information contained in this advice for the purpose of considering this request, and if accepted, supplying and administering the facility to me for which I have requested. I understand that in order for the paymaster to supply the facility to me for which I have directed, it may be necessary for the paymaster to provide personal information contained in this form to third parties used by the paymaster and its service providers. Personal information contained within this instruction is not to be used by the employer/paymaster for any purpose other than to effect this instruction. A copy of Police Credit's Privacy Policy is available on request. This document replaces any previous authority.

Member's Authorising signature	Date
--------------------------------	------

Payroll office use - verification stamp and signature

Signature	Date
-----------	------



SHAREHOLDER MEMBERSHIP

RECEIVED FROM

NAME

MEMBER NO.

ADDRESS

PHONE

SIGNED

THE SUM OF \$10 BEING FULL PAYMENT FOR TEN \$1 SHARES WHICH ENTITLES THE HOLDER TO SHAREHOLDER MEMBERSHIP OF THE
 Police Association Credit Co-operative Limited ABN 33 087 651 661 AFSL 240293, 121 Cardigan Street, Carlton, 3053. T 13 63 73 F 03 9349 1631 www.policecredit.com.au



Deposit

DATE

ACCOUNT NO.

ACCOUNT NAME

DRAWER

BANK

BRANCH

AMOUNT \$

1			
2			
3			
4			
5			

PROCEEDS OF CHEQUES ARE NOT AVAILABLE UNTIL CLEARED. IF INSUFFICIENT SPACE PLEASE USE ADDITIONAL FORMS.

TOTAL CHEQUES (\$)

CASH (\$)

TOTAL DEPOSIT (\$)

PAID IN BY _____

Teller

Member Identification

Member name

In order to verify your identity, Police Credit is required to request information under the Anti-Money Laundering and Counter Terrorism-Financing Act 2006 (Cth).

The Legislation covers the provision of the following designated services:

- Savings Account
- Loan or other Credit Facility
- First Home Savers Account
- Cheque Book
- Financial Planning Services
- Access Card
- Retirement Savings Account

If you are a **visiting a PC branch**, please present the following information as per the indicated category below. If you are returning forms **via mail**, please arrange for the identification documents below to be **presented, certified and forwarded** to Police Credit with the **Certification Form**.

Should you require any assistance with completing this process, please call Member Response on 13 63 73.

Required Documents

Please Note: Documents that contain address details must contain current residential address and any documents that contain a different name must provide additional documentation to show your change of name (ie marriage certificate issued by the Office of Births, Deaths and Marriages).

- Option 1**
Default option **Choose this option for non-standard occupations where we are unable to verify your employment (eg via payslip, employee number etc)**
1 document from Category A **and** 1 document from Category B
OR
1 document from Category A **and** 2 documents from Category C **and/or** D
(eg Driver's Licence and Birth Certificate and ATM card)
- Option 2**
Choose this option where employment is easily verifiable (eg due to providing government employee number or workplace identification)
1 document from Category A (eg Driver's Licence or Passport)
- Option 3**
Under 18 **Choose this option if you are a minor under 18 years of age (see over)**
• Not of School Age (birth certificate)
• School Age (birth certificate, passport or driver's learners permit **and** letter from school principal or other reliable and independent information available for a person under 18 years – see over)
- Option 4**
Non-resident of Australia (see over)

Category A Documents – Primary Photographic Identification

- Current Driver's Licence
- Current Australian Passport (or one that has expired within last 2 years)
- Current Foreign Passport (or one that has expired within last 2 years)
- Current Government Issued Proof of Age Card which contains a photograph

Category B Documents – Primary Non-Photographic Identification

- Birth Certificate or Extract of Birth Certificate
- A Medicare Card, Department of Veterans' Affairs Card or any other entitlement card issued by the Australian government
- A Pension Card issued by Centrelink
- An Electoral Enrolment Card
- Australian Citizenship Certificate
- Loan Document held by another Financial Institution
- Land Title Office Records

Category C Documents – Secondary Identification

- Council Rates Notice or Utilities Bill issued within last 3 months (with residential address)
- Tax Assessment Notice issued by the ATO within last 12 months
- Benefit Notice issued by Australian, State or Territory governments within last 12 months

Category D Documents – Other Reliable and Independent Identification

- Current Credit/Debit Card (only one card per financial institution)
- Current other (non-government) Health Benefits Card
- Current Photo Identity Card for Australian Defence Forces or Federal or State Police or of an approved sub-contractor to these agencies undertaking a primary function of such agencies
- Current Firearm, Security Industry or Commercial Agents and Private Inquiry Agents operator licence issued by respective State or Federal authority
- A current Consular Photo Identity Card issued by the Department of Foreign Affairs and Trade

A Minor Under 18 Years of Age

- Not of school age**
Birth Certificate or Extract of Birth Certificate or Own Passport
- Of school age – both of the following documents**
Birth Certificate or Extract of Birth Certificate or Own Passport or Current Learner Permit as issued by Vic Roads or their interstate equivalent; **AND**
- One of the following documents
 - Notice issued by School Principal within last 3 months, showing name and residential address of child and which records the period of time the minor attended the school or;
 - Medicare card; or
 - Government issued document containing name, address and date of birth, ie Centrelink or ATO Child Support Office notice or correspondence; or
 - Concession card, current issue, eg as issued by Public Transport Commission; or
 - School Identification card, containing a photograph of the person in whose name it was issued and the contact details of the institution who issued it (ie school name); or
 - A primary document not already presented.

Non-Resident of Australia

- One or more of the following documents and one or more from Categories B, C and D:
 - Current Passport (with English translation)
 - Citizenship Certificate issued by a foreign government (with English translation)
 - Birth Certificate issued by a foreign government (with English translation)
 - A notice issued to the individual by the Commonwealth within the preceding twelve (12) months that records the provision of visa status to the individual and contains the name of the individual and their residential address

Non-Resident of Australia employed within Police Credit's core membership

- One of the ABOVE PRIMARY documents **AND**
- One document from Category B - Primary Non-Photographic Identification, **along with**
- One document from Category C OR D **AND MUST provide a** Workplace employment contract, issued within the preceding twelve (12) months that records the offer of employment, including term, where the employer is from within Police Credit's core membership (ie police, health and government).

Police Credit as a reporting entity in collecting any personal information is subject and will abide by the obligations of the Privacy Act 1988, which regulates the collection, use, disclosure, quality and security of personal information. A copy of our Privacy Statement is available from Police Credit's website or by calling our offices during business hours.

Certification Form

Categories of Certifiers

Category of referee Insert relevant number (see list below)

1. Police Officer
2. Medical Practitioner
3. Dentist
4. Nurse
5. Pharmacist
6. Minister of Religion
7. Optometrist
8. Physiotherapist
9. Registrar or Deputy Registrar of a Court
10. Justice of the Peace
11. Veterinary Surgeon
12. Accountants (Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants).
13. Officer of a Financial Institution (with five or more continuous years of service with one or more financial institutions).
14. Officer of a Finance Company (with five or more continuous years of service with one or more finance companies).
15. Legal practitioner

Contact Member Response on 13 63 73 & press 3 for further options

Certifier's details

Surname	Given Name/s
<input type="text"/>	<input type="text"/>
Place of Employment/Business Name (if applicable)	
<input type="text"/>	
Address of Place of Employment/Business (PO Box not acceptable)	
<input type="text"/>	
Business Telephone No.	Occupation (Registration No. to verify your eligibility as a certifier)
<input type="text"/>	<input type="text"/>

Person for whom documents are being certified

Surname	Given Name/s
<input type="text"/>	<input type="text"/>
Residential Address	
<input type="text"/>	
Date of Birth	Member No. (if known)
<input type="text"/>	<input type="text"/>

Documents certified

Type of Document	Category
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

The person providing this form to you has applied for membership and services at Police Credit and requires you to certify the copy/ies of the document/s they are providing to you as a true and correct copy of the original document/s. This information is required to verify the identity of the person in compliance with the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth) (AML/CTF Act). We remind you that it is an offence under the AML/CTF Act, to give false and misleading information. Any personal information you provide (your name and contact details) in undertaking this task will only be used by Police Credit to contact you when we verify your certification of the documents noted below.

Certifier statement

I have examined the original identification documents listed above.
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.

Date: eg 14.07.2009	Title: eg Dr. or Mr. or Mrs
Name: Mr John Citizen	Registration Number (if applicable): 1234
Signed: <i>John Citizen</i>	

Signature of Certifier	Date
<input type="text"/>	<input type="text"/>