



Application for Membership and Services

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	
Surname						Home tel.	
Given Name/s						Business tel.	
D.O.B	/	/				Mobile	
Driver's Lic.No.						Email	
Residential Address						Occupation	
						Employer's name	
			Postcode			Employer's address	
Mailing Address (If different from above)							Postcode
						Employer's tel.	
			Postcode			Industry/Sector	

Accounts: Please select either option 1 or option 2

Option 1: OR Option 2:

<p><input type="checkbox"/> EzePac</p> <p>This includes the following:</p> <ul style="list-style-type: none"> • PC EzePay (S20) - includes PC Visa debit card (must be 15 years of age and over) • PC EzeSaver (S21) • Internet and mobile banking* - pc.easynet • Telephone banking* - Rapid Response • Member Response Centre* • eCommunications[§] including eStatements <p>(Please provide your Access Passwords below).</p>	<p>I would like to choose from the following:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Transaction Accounts</p> <p><input type="checkbox"/> Multipack (S1) - includes PC Visa debit card (not available with EzePac)</p> </td> <td style="vertical-align: top;"> <p>Savings Accounts</p> <p><input type="checkbox"/> easyinvest (S7)</p> <p><input type="checkbox"/> Bonus Saver (S8)</p> <p><input type="checkbox"/> Investment at call (S2)</p> </td> <td style="vertical-align: top;"> <p>Other</p> <p><input type="checkbox"/> Term Deposit</p> <p><input type="checkbox"/> Christmas Club (S4)</p> <p><input type="checkbox"/> Little Copper Club (S3)</p> </td> </tr> </table> <p>Access Products/Services (not available with EzePac)</p> <p>I would like to apply for:</p> <p><input type="checkbox"/> Deposit Book* Through Westpac. Available on S1, S2, S4, S8 and loan accounts</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> eCommunications[§] including eStatements</p>	<p>Transaction Accounts</p> <p><input type="checkbox"/> Multipack (S1) - includes PC Visa debit card (not available with EzePac)</p>	<p>Savings Accounts</p> <p><input type="checkbox"/> easyinvest (S7)</p> <p><input type="checkbox"/> Bonus Saver (S8)</p> <p><input type="checkbox"/> Investment at call (S2)</p>	<p>Other</p> <p><input type="checkbox"/> Term Deposit</p> <p><input type="checkbox"/> Christmas Club (S4)</p> <p><input type="checkbox"/> Little Copper Club (S3)</p>
<p>Transaction Accounts</p> <p><input type="checkbox"/> Multipack (S1) - includes PC Visa debit card (not available with EzePac)</p>	<p>Savings Accounts</p> <p><input type="checkbox"/> easyinvest (S7)</p> <p><input type="checkbox"/> Bonus Saver (S8)</p> <p><input type="checkbox"/> Investment at call (S2)</p>	<p>Other</p> <p><input type="checkbox"/> Term Deposit</p> <p><input type="checkbox"/> Christmas Club (S4)</p> <p><input type="checkbox"/> Little Copper Club (S3)</p>		

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

<p>Internet and mobile phone banking* - pc.easynet Interim Password 6-8 characters</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><small>Change to a password known only to you on first use of the service.</small></p>	<p>Telephone banking* - Rapid Response Interim Access Code- 4 numbers</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><small>Change to an access code known only to you on first use of the service.</small></p>	<p>Member Response Centre* Password 2-6 characters</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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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.
- 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 Applicant/Parent/Guardian

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

Name OP. No.

Completed Officer's Signature
Date / /

Cheque Book Date ordered Link No.

Completed Officer's Signature
Date / /

This form is only to be completed if you have requested a Personal Cheque Book with a Multipack (S1) account.

CHEQUE ACCOUNT SPECIMEN SIGNATURE(S)

Account Name

One Signature per box using BLACK INK ONLY

BSB

0	3	4	8	2	8
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Link No (include CD if applicable)

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New Account

Variation to Existing Account
(Link Number Retained)

1.

2.

SIGNING SPECIFICATIONS

Any one to sign

All parties to sign

Others (specify)

1.

2.

SIGNING SPECIFICATIONS

Any one to sign

All parties to sign

Others (specify)

3.

4.

SIGNING SPECIFICATIONS

Any one to sign

All parties to sign

Others (specify)

5.

6.

SIGNING SPECIFICATIONS

Any one to sign

All parties to sign

Others (specify)

AUTHORITY EFFECTIVE FROM / /

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

Financial Institution Name

Financial Institution Authorised Signature

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 One** Choose this option in the instance you can provide payslip, employee number etc
1 document from Category A (eg Driver's Licence or Passport)
- Option Two** Choose this option for non-standard occupations where you are unable to verify your employment 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 Three** 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 Four** 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 13 63 73 for further options

Certifier's details

Surname

Given Name/s

Place of Employment/Business Name (if applicable)

Address of Place of Employment/Business (PO Box not acceptable)

Business Telephone No.

Occupation (Registration No. to verify your eligibility as a certifier)

Person for whom documents are being certified

Surname

Given Name/s

Residential Address

Date of Birth

Member No. (if known)

Documents certified

Type of Document

Category

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: *John Citizen*

Signature of Certifier

Date

Prior to applying for an access service, we recommend you read our **Financial Services Guide and the relevant Product Disclosure Statement and the General Information, Terms and Conditions to obtain all the relevant general information and terms and conditions of use.**

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

Account Number (Member No. & Account Type) Date

Primary Account Holder

Member Number Date of Birth

Title (Ms/Miss/Mrs/Mr/Dr) Surname

Given Name/s

Residential Address

Postcode

Joint Account Holder (if applicable)

Member Number Date of Birth

Title (Ms/Miss/Mrs/Mr/Dr) Surname

Given Name/s

Residential Address

Postcode

1. Authorised Signatory

Member Number/Client Number Date of Birth

Title (Ms/Miss/Mrs/Mr/Dr) Surname

Given Name/s

Residential Address

Postcode

Mailing Address (if different from above)

Postcode

Are you a permanent resident of Australia? Yes No
 If No, please advise country of citizenship and Australian Visa status

Occupation/Business Activities

Telephone (home) (work)

Telephone (mobile)

Email

2. Authorised Signatory

Member Number/Client Number Date of Birth

Title (Ms/Miss/Mrs/Mr/Dr) Surname

Given Name/s

Residential Address

Postcode

Mailing Address (if different from above)

Postcode

Are you a permanent resident of Australia? Yes No
 If No, please advise country of citizenship and Australian Visa status

Occupation/Business Activities

Telephone (home) (work)

Telephone (mobile)

Email

To: **Police Association Credit Co-operative Limited ABN 33 087 651 661 (Police Credit)**
 Please note that the following authorised signatory whose name and specimen signature appears on the reverse side, is authorised to

- sign and draw cheques, withdrawal forms and other instruments on account(s) of the account holder(s);
- overdraw the savings account to any extent permitted by Police Credit including transactions by electronic, mechanical and other means;
- authorise periodical payments and direct debits;
- place money on interest bearing deposit and receive payments and interest;
- sign and give receipts for any documents or instruments in respect of any payment or transaction mentioned in the Authority;
- endorse cheques, drafts, bills of exchange, promissory notes and other instruments payable to the account holder(s) or to their order. This authority does not extend to the Authorised Signatory amending or revoking this Authority or authorising other person/s to operate the account.

Duration of Authority

This authority commences immediately and revokes any previous authorities on this account except as regards any cheques or other instruments dated prior to the date of this authority and presented for payment after receipt by Police Credit of this notice and as regards any act done by Police Credit or such persons in pursuant to

the authority referred to in any such previous notice. This authority shall continue until Police Credit receives written notice at the registered office of Police Credit, from one or more of the account holders revoking this authority. This authority shall be binding on the account holder's executors, administrators, legal personal representatives and all persons claiming from or under the account holders as to all documents, acts, matters and things done or executed in terms of this authority before receipt by Police Credit of notice of its revocation.

Liability

The account holders shall be solely responsible to Police Credit (on a joint and several basis where a joint account) for all liability incurred on or in respect of the account, including any liability which arises from Police Credit acting in accordance with this authority. The account holders agree to pay all charges required by Police Credit and agree to be bound by the Constitution of Police Credit.

Method of Operation

Police Credit is only permitted to act upon the instruction of the person authorised as an Authorised Signatory to operate the account where the instructions have been received from the following number of persons authorised as a signatory and/or an additional signatory or signatories.

Joint Accounts Only To be completed by account holders.

Either to sign Both to sign

Additional PC Visa Debit Card Yes No

The means of access are only available for S1 accounts. Apply for PC Visa Debit Card by completing the relevant application form/s.

Subsidiary Cards

If you have a debit card with us, you may ask us to issue an additional card to someone else. The additional card is usually called a subsidiary card. We will only issue a subsidiary card to a person who is over the age of 18 years. Giving somebody a subsidiary card gives the person access to the money in your account, including any credit limit. You will be liable for any money that the subsidiary cardholder withdraws from your account using the subsidiary card. You may always cancel a subsidiary card by giving us written notice. However, you remain liable for any money that the subsidiary cardholder withdraws using the subsidiary card even after you cancel the card. You must surrender the subsidiary card to us before the cancellation is effective. You should read the terms and conditions of your credit card or debit card. The terms and conditions will explain your rights and obligations in relation to any subsidiary card. It will also explain the nature of your liability for any money that the subsidiary cardholder withdraws using the subsidiary card.

Telebanking Service Yes No

Note: Where there is more than one signature required to complete each transaction, Telebanking is not available.

Rapid Response Service Yes No

Deposit Book Yes No

Additional Cheque Book Yes No

The means of access are only available for S1 and S10 accounts. Please apply for your Cheque Book by completing the Application for a Cheque Book.

pc.easynet Internet Banking Yes No

Please apply for your pc.easynet access by completing the Online Banking Application Form.

For access to these services the Authorised Signatory will need to apply for a Rapid Response access code and Telebanking keyword by completing the 'Telebanking/Rapid Response Service Authority'.

Declaration - Authorised Signatory

To be read and signed by the Authorised Signatory

I,

(Full name of the Authorised Signatory)

I,

(Full name of the Authorised Signatory)

Anti-Money Laundering and Counter Terrorism-Financing Act

To meet international standards and to help protect business from being misused for money laundering and terrorism financing Australia has legislation in the Anti-Money Laundering and Counter Terrorism-Financing Act 2006 (Cth) (AML/CTF Act). As a customer or potential customer of Police Association Credit Co-operative Limited ABN 33 087 651 661 (Police Credit), in seeking certain services you may be asked to verify your identity. As a member or client of Police Credit you will also be asked at various times to verify the continuing accuracy of personal information you have previously supplied. By doing this you are helping to protect Australian businesses from being misused for the purposes of criminal activity.

I acknowledge that I believe the above details to be true and correct and that it is an offence under the AML/CTF Act to give false and misleading information. I make this solemn declaration conscientiously believing the same to be true.

- understand Police Credit will collect personal information from me as required by the AML/CTF Act and that it may take steps to verify the personal information it has collected. I consent to the collection, use, handling, disclosure and verification of personal information as required by the AML/CTF Act. I understand that if I provide Police Credit with incomplete or inaccurate information that Police Credit may not be able to provide me with the products services that I am seeking.
- acknowledge having read, understood and agree to be bound by the terms, authorities, consents and declarations contained in this Authority.
- acknowledge having received a copy of the Privacy Statement, contained within the Financial Services Guide of Police Credit. I authorise Police Credit to use personal information contained in this application for the purpose of considering this application, and if accepted, supplying and administering the facility to me for which the account holder(s) has/have applied.
- understand that in order for Police Credit to supply the facility to me for which the account holder(s) has/have applied, it maybe necessary for Police Credit to provide personal information contained in this authority to third parties used by Police Credit and it's service providers.

Signed by Authorised Signatory

Date / /

Signed by Authorised Signatory

Date / /

Mutual Banking Code of Practice

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

Declaration - Account Holder/s

To be read and signed by the Account Holder/s

I/We acknowledge having received a copy of the Privacy Statement, contained within the Financial Services Guide of Police Association Credit Co-operative Limited ABN 33 087 651 661 (Police Credit). I/We authorise Police Credit to use personal information contained in this application for the purpose of considering this application, and if accepted, supplying and administering the facility to me/us for which I/we have applied. I/We understand that in order for Police Credit to supply the facility to me/us for which I/we have applied, it maybe necessary for Police Credit to provide personal information contained in this application form to third parties used by Police Credit and it's service providers and any authorised signatory nominated by me/us.

I/We,

- declare that all information contained in this authority is true and correct and I make this solemn declaration conscientiously believing the same to be true. It is an offence under the Anti-Money Laundering and Counter Terrorism-Financing Act 2006 (AML/CTF Act) to give false and misleading information.
- understand Police Credit will collect personal information from me as required by the AML/CTF Act and that it may take steps to verify the personal information it has collected. I consent to the collection, use, handling, disclosure and verification of personal information as required by the AML/CTF Act. I understand that if I provide Police Credit with incomplete or inaccurate information that Police Credit may not be able to provide me with the products services that I am seeking.
- agree to be bound by the Constitution of the Police Credit and
- acknowledge having read, understood and agree to be bound by the terms and conditions contained within the General Information, Terms and Conditions applicable to the Authorised Signatory's operation of accounts and to the terms, authorities, consents and declarations contained in this Authority.

Before signing this authority, please ensure that all alterations have been initialled and blank spaces ruled through with a diagonal line.

Signatory of Primary Account Holder/Parent/Guardian (please indicate)

Date / /

Signatory of Joint Account Holder/Parent/Guardian (please indicate)

Date / /

Office Use Only

	Initials	Branch	Date		Initials	Branch	Date
GI,T&C issued				PDS Investment Accounts issued			
FSG issued				PDS F&C issued			
PDS At-Call Savings issued				PDS Interest rates issued			
PDS NCP issued				RRS loaded			
Access Service loaded				Telebanking loaded			
pc.easynet loaded				Chequebook ordered			
PC Visa Debit Card ordered				Link no			
Deposit book ordered				AML ID loaded			

At Call Savings Account/s _____ATO added
Investment Account _____ATO added

Staff Member's Name

Signature

Date / /

SHAREHOLDER MEMBERSHIP

DETACH AND RETAIN FOR YOUR RECORDS.

DATE: _____

MEMBER NO: _____

NAME: _____

AMOUNT: _____

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
 PLEASE INCLUDE CHEQUE/MONEY ORDER FOR SHARE PAYMENT.

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