

Date:  /  /  Member No:

Membership confers rights and obligations under the Credit Union's Constitution, a copy of which you can obtain on request.

Company's Name:  ABN:

Company's registered office (*mandatory*)

Unit / Floor / Street No:  Street Name:

Suburb / Town:  State:  Postcode:

Principal place of business if different from above

Office Phone:

Postal address (if different to business address)

State:  Postcode:

Principal Business Activity

Email address:

Please use our TFN or ABN for all my accounts with you (if you quote your TFN or ABN, no tax will be taken out of interest paid on your investment accounts. It is not an offence if you choose not to quote your TFN).

## 1. DISCLOSURE CERTIFICATE - LIST DIRECTORS, SIGNATORIES & BENEFICIAL OWNERS

*Instructions for completion*

Please list each beneficial owner, each director and each signatory to the account. Please tick the relevant box in each disclosure which indicates the person's status as a beneficial owner, director or a signatory.

A beneficial owner is any individual who:

- for a company, owns 25% or more of the shares or has ultimate control of the company,
- for an association or Co-operative, is entitled to 25% or more of the votes or 25% or more of the assets on dissolution or has ultimate control of the entity
- for a trust, has ultimate control, is a beneficiary or a trustee

A person can be any or all of these, for example, for a single shareholder/director Pty Limited company there will be only one person disclosed who will be ticked as the beneficial owner, a director and as a signatory.

### Person 1

Title:  Surname:

First name(s):

Membership No (if a member):

Residential Address:

Suburb/City:  State:  Postcode:

Home tel:  Mobile:

Daytime Ph:  Date of birth:  /  /

Occupation:

Name of Employer:

Is this person:  
A beneficial owner  A Director  A signatory

Specimen Signature if a signatory:

Are you a Politically Exposed Person (Note 1)? Y  N

### Person 2

Title:  Surname:

First name(s):

Membership No (if a member):

Residential Address:

Suburb/City:  State:  Postcode:

Home tel:  Mobile:

Daytime Ph:  Date of birth:  /  /

Occupation:

Name of Employer:

Is this person:  
A beneficial owner  A Director  A signatory

Specimen Signature if a signatory:

Are you a Politically Exposed Person (Note 1)? Y  N

## 1. DISCLOSURE CERTIFICATE - LIST DIRECTORS, SIGNATORIES & BENEFICIAL OWNERS CON'T

### Person 3

Title:  Surname:

First name(s):

Membership No (if a member):

Residential Address:

Suburb/City:  State:  Postcode:

Home tel:  Mobile:

Daytime Ph:  Date of birth:  /  /

Occupation:

Name of Employer:

Is this person:  
 A beneficial owner  A Director  A signatory

Specimen Signature if a signatory:

Are you a Politically Exposed Person (Note 1)? Y  N

### Person 4

Title:  Surname:

First name(s):

Membership No (if a member):

Residential Address:

Suburb/City:  State:  Postcode:

Home tel:  Mobile:

Daytime Ph:  Date of birth:  /  /

Occupation:

Name of Employer:

Is this person:  
 A beneficial owner  A Director  A signatory

Specimen Signature if a signatory:

Are you a Politically Exposed Person (Note 1)? Y  N

Note 1 - A Politically Exposed person is a person who holds a prominent public position or function in a government body or an international organisation, or any immediate family member or close associate of such a person.

## 2. DELIVERY OF STATEMENTS, NOTICES AND MARKETING

If you have provided a valid email address, you will be automatically registered for our e-statements service by ticking the box below. This means that statements and notices for all your accounts with us will be delivered electronically via our secure site. We will notify you by email when your statement is available to view and download and you agree to the E-statements terms and conditions.

- I agree to the application of my email address for the above purposes and I understand that:
- The E-Statements Terms & Conditions will apply for this statement service
  - You will not post me paper statements and notices, and;
  - I can revert to receiving paper statements and notices in the post at any time by notifying Community First.
- I consent to Community First marketing material (where electronically available) to be sent to my email address.

## 3. ANNUAL REPORT ELECTION

Each year we will publish our Annual Report on our website and will advise when this has been done and where you can access it. The Annual Report contains information on Community First's financial position and performance, how effectively it is being managed and about any financial risks it may face. At any stage in your Community First membership, you may elect to have a copy of the Annual Report either mailed or e-mailed to you. As a new Member, we will provide you with this selection option in our New Member Pack.

## 4. OTHER SERVICES PROVIDED BY COMMUNITY FIRST CREDIT UNION

Please indicate if you are interested in:

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| An appointment with a Home Loan specialist:  | <input type="checkbox"/> | An appointment with a financial advisor to discuss retirement planning, creating wealth or other financial planning matters: | <input type="checkbox"/> |
| An appointment with a Personal Loan specialist:  | <input type="checkbox"/> | Fixed Term Deposit:  | <input type="checkbox"/> |
| Free competitive insurance quotation for your home, contents, car or travel insurance: | <input type="checkbox"/> |  |                          |

## 5. AUTHORISATION TO OPEN ACCOUNT (mandatory)

The Board of Directors or governing committee of the applicant resolved that:

1. the applicant become a member of, and open an account with, Community First Credit Union Ltd;
2. the person(s) specified as signatories be authorised to sign on the member's behalf on any of its accounts with Community First Credit Union Ltd.
3. where there are 2 or more signatories, the account signing authority will be as follows:
 

Any one to sign	<input type="checkbox"/>	Any two to sign	<input type="checkbox"/>	All parties to sign	<input type="checkbox"/>
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## 5. AUTHORISATION TO OPEN ACCOUNT (mandatory) CON'T

I confirm that this is a true copy of the resolution.

I have disclosed details about the business' directors/office bearers and any beneficial owners as above. I acknowledge that I am aware that it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act) to provide false or misleading statements, including not disclosing any other commonly known name or names, and certify the particulars on this application to be true.

Yours faithfully

Chair of the Board of Directors or President

Please print name

## 6. SELECTING YOUR ACCOUNTS AND ACCESS FACILITIES

Please tick the account(s) you wish to open

Business Savings Account (S7)       Business Cheque Account (S7)       FirstBiz Online Savings Account (S99)   
 Community Account (S1)       Money Market Account (S10)

Choice of Access Facilities

Community First Visa Debit Card       Cheque Book       Internet Banking\*   
 Telephone Banking       Deposit Book

Temporary Internet Banking Password (please enter 6 numbers)\*

\*Temporary Internet Password (6 numbers) – required to be changed when you first access the Internet Banking service at [www.communityfirst.com.au](http://www.communityfirst.com.au). The password must be numeric. We do not accept your date of birth.

## OFFICE USE ONLY

Record of Identification Procedure for the Applicant

Customer Identification Procedure - **business details search** performed and information matched to ASIC/ASX, per Guide Card

Record of Identification Procedures for signatories who are not existing members

For Person 1 - CIP - Individual performed and recorded       For Person 3 - CIP - Individual performed and recorded  
 For Person 2 - CIP - Individual performed and recorded       For Person 4 - CIP - Individual performed and recorded

Access Facilities Action List:

VISA card ordered       Cheque Book ordered       Internet Banking / Phone Banking activated

Confirmation:

Staff Member's Signature

Staff Member's Name

Operator No: