# Unincorporated association account opening



#### Indemnity by committee members

In return for Bank Australia opening the account in the name of the unincorporated association, the members of the committee, whose details appear below, agree to indemnify the bank for any amount by which the account is overdrawn.

Customer number

| Association/club's details  |                            |
|---|----------------------------|
| Name for association/club   | ABN                        |
|   |                            |
| Industry where the business derives its income                                |                            |
|   |                            |
| Principal place of administration   | Postcode                   |
|   |                            |
| Mailing address (if different from above)                                     | Postcode                   |
|   |                            |
| Association/Club email address  |                            |
|   |                            |
| Please tick here if the unincorporated association has written rules or a con | stitution and produce them |
| (or a copy) for us to sight   |                            |
|   |                            |

#### Selecting your accounts and access facilities

Commercial access

Commercial saver

### **Unincorporated association Internet Banking**

Separate Read Only Access

To obtain access to Internet banking, an Initial Net Code will be issued to you via email. You will be required to change the Initial Net Code when you first access Internet banking.

#### **Investment account**

#### Term deposit

\$

Please invest Term: month/s or year/s

Interest rate

% p/a

- We require 31 days' notice if you want to withdraw all or part of the term deposit before the maturity date.
- Funds will not be available until the 31st day after your request.
- If you think you may need to access funds immediately in the future, other deposit products may be more suitable.
- Your term deposit will renew automatically on maturity into a comparable term deposit, unless you tell us otherwise.
- After renewal, the applicable interest rate on the comparable term deposit may be lower than the interest rate we are paying now.

#### Tax file number

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, but if your Tax File Number is not quoted, you may be charged Withholding Tax on the interest that you earn. If quoted, your Tax File Number will automatically be applied to future accounts you open on this account unless you instruct us otherwise.

Tax file number

#### **Required documents**

#### Please attach the following documents:

Authority to open account/s on minutes signed by authorised persons, including full name of all authorised persons who will operate the accounts.

## **Details of committee members**

| 1st committee me    | mber              |              |                 |                 |          |
|---------------------|-------------------|--------------|-----------------|-----------------|----------|
| Specify position, e | g secretary       |              |                 | Customer number |          |
| Title               | Given names       |              |                 | Surname         |          |
| Residential address | s (mandatory)     |              |                 |                 | Postcode |
| Mailing address     |                   |              |                 |                 | Postcode |
| Email               |                   |              |                 | Date of birth   |          |
| Telephone           |                   | Work phone   |                 | Mobile phone    |          |
| Visa debit card     | Account number    |              |                 |                 |          |
| Signatory Internet  | Banking Access    |              |                 |                 |          |
| View only           | Create and update | Create, upda | ate and approve | Full access     |          |
| Do you believe you  | are a PEP?*       |              |                 |                 |          |
| Yes No              |                   |              |                 |                 |          |
| Signature           |                   |              | Date            |                 |          |

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

1st committee member is a signatory

| 2nd | committee | member |
|-----|-----------|--------|
|-----|-----------|--------|

| Specify position, eg secretary |                   |              | Customer number |               |          |
|--------------------------------|-------------------|--------------|-----------------|---------------|----------|
| Title                          | Given names       |              |                 | Surname       |          |
| Residential address            | (mandatory)       |              |                 |               | Postcode |
| Mailing address                |                   |              |                 |               | Postcode |
| Email                          |                   |              |                 | Date of birth |          |
| Telephone                      |                   | Work phone   |                 | Mobile phone  |          |
| Visa debit card                | Account number    |              |                 |               |          |
| Signatory Internet             | Banking Access    |              |                 |               |          |
| View only                      | Create and update | Create, upda | ate and approve | Full access   |          |
| Do you believe you             | are a PEP?*       |              |                 |               |          |
| Yes No                         |                   |              |                 |               |          |
| Signature                      |                   |              | Date            |               |          |
|                                |                   |              |                 |               |          |

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

2nd committee member is a signatory

| 3rd committee m                | ember             |                            |                 |          |
|--------------------------------|-------------------|----------------------------|-----------------|----------|
| Specify position, e            | eg secretary      |                            | Customer number |          |
|                                |                   |                            |                 |          |
| Title                          | Given names       |                            | Surname         |          |
|                                |                   |                            |                 |          |
| Residential addres             | s (mandatory)     |                            |                 | Postcode |
|                                |                   |                            |                 |          |
| Mailing address                |                   |                            |                 | Postcode |
|                                |                   |                            |                 |          |
| Email                          |                   |                            | Date of birth   |          |
|                                |                   |                            |                 |          |
| Telephone                      |                   | Work phone                 | Mobile phone    |          |
|                                |                   |                            |                 |          |
| Visa debit card                | d Account number  |                            |                 |          |
|                                |                   |                            |                 |          |
| Signatory Interne              | t Banking Access  |                            |                 |          |
| View only                      | Create and update | Create, update and approve | Full access     |          |
| Do you believe you are a PEP?* |                   |                            |                 |          |
| Yes No                         | )                 |                            |                 |          |
|                                |                   |                            |                 |          |

| Signature | Date |
|-----------|------|
|           |      |

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

3rd committee member is a signatory

| 4th committee memb | er |
|--------------------|----|
|--------------------|----|

| Specify position, eg secretary |                   |             | Customer number |               |          |
|--------------------------------|-------------------|-------------|-----------------|---------------|----------|
| Title                          | Given names       |             |                 | Surname       |          |
| Residential address            | (mandatory)       |             |                 |               | Postcode |
| Mailing address                |                   |             |                 |               | Postcode |
| Email                          |                   |             |                 | Date of birth |          |
| Telephone                      |                   | Work phone  |                 | Mobile phone  |          |
| Visa debit card                | Account number    |             |                 |               |          |
| Signatory Internet             | Banking Access    |             |                 |               |          |
| View only                      | Create and update | Create, upd | ate and approve | Full access   |          |
| Do you believe you             | are a PEP?*       |             |                 |               |          |
| Yes No                         |                   |             |                 |               |          |
| Signature                      |                   |             | Date            |               |          |

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

4th committee member is a signatory

## Association's authorisation to open account

The Committee of the unincorporated association resolved that:

- 1. the association open an account with Bank Australia
- 2. the persons listed above are the association's office bearers who are authorised to open the account as trustees for the association and to operate on the account
- 3. where there are 2 or more signatories, the account signing authority will be as follows:
- 4. I/We have read the relevant conditions of use and agree to the bound of them. I/We have also read the Privacy Notification and consent to the contents therein

Any one to sign Any two to sign All parties to sign

5. (as the Association does not have written rules or constitution, the Committee confirms that the name of the association is ) (delete if the Association has Rules)

I certify the above to be a true copy of the resolution.

#### Chairperson of the committee

Other authorised signatory

Signature

Signature

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

| Please print name | Please print name |  |
|-------------------|-------------------|--|
| Date              | Date              |  |
|                   |                   |  |

| 0 | ffi | ce | use | on | v   |
|---|-----|----|-----|----|-----|
| - |     |    | 400 |    | · 7 |

Record of Identification Procedure for the unincorporated association

Self-certification form for tax residency completed

Customer Identification Procedure - Unincorporated Association carried out

Association's name confirmed from Constitution

Record of Identification Procedures for Committee members who are not Credit Union members:

For 1st Committee member – Customer Identification Procedure carried out and document(s) produced were:

**For 2nd Committee member** – Customer Identification Procedure carried out and document(s) produced were:

| Office use only   |                   |  |  |
|---|-------------------|--|--|
| For 3rd Committee member – Customer Identification Procedure carried out and document(s) produced were: |                   |  |  |
| For 4th Committee member – Customer Identification Procedure carried out and document(s) produced were: |                   |  |  |
| Confirmation  |                   |  |  |
| Staff member's signature  | Seniors signature |  |  |
|   |                   |  |  |
| Operator number   | Date              |  |  |
| Customer number   |                   |  |  |
| Signatories   |                   |  |  |
|   |                   |  |  |
|   |                   |  |  |
|   |                   |  |  |
|   |                   |  |  |

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