

Incorporated association or co-operative details

Customer number

Incorporated association/co-operative name

State or Territory of registration

State or Territory registration number

Industry where the business derives its income

ABN

ARBN (if you have one)

Registered office (mandatory)

Address

Postcode

Principal place of business if different from above

Postcode

Mailing address if different from above

Postcode

Email address

Office phone

Selecting your accounts and access facilities

Commercial access

Commercial saver

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 or official letterhead signed by authorised persons, including who will operate the accounts and instructions to open bank account.



List chairperson, secretary, treasurer and other committee/board members

Instructions for completion

Please list the Chairperson, Secretary and Treasurer (or equivalent of each). If the office holder is a signatory to the account please tick the signatory box and have the signatory sign the specimen signatory box. Also list any other signatory to the account and provide their specimen signature.

Chairperson

Title	Given names	Surname	
Customer number (if a customer)	Date of birth		<input type="text" value="/"/>
Home phone	Daytime phone	Mobile phone	
Email			
Residential address			Postcode
Mailing address			Postcode
Visa debit card	Account number		
Internet banking			
View only	Create and update	Create, update and approve	Full access
Do you believe you are a PEP?*			
Yes	No		
This person is a signatory			
Specimen signature if a signatory		Date	
		<input type="text" value="/"/>	

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

* Politically exposed persons (PEPs) are individuals who occupy a prominent public position or functions in a government body or international organisation, both within and outside Australia. This definition also extends to their immediate family members and close associates.



Secretary

Title

Given names

Surname

Customer number (if a customer)

Date of birth

Home phone

Daytime phone

Mobile phone

Email

Residential address

Postcode

Mailing address

Postcode

Visa debit card Account number

Internet banking

View only

Create and update

Create, update and approve

Full access

Do you believe you are a PEP?*

Yes

No

This person is a signatory

Specimen signature if a signatory

Date

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Treasurer

Title

Given names

Surname

Customer number (if a customer)

Date of birth

Home phone

Daytime phone

Mobile phone

Email

Residential address

Postcode

Mailing address

Postcode

Visa debit card Account number

Internet banking

View only

Create and update

Create, update and approve

Full access

Do you believe you are a PEP?*

Yes

No

This person is a signatory

Specimen signature if a signatory

Date

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Other committee/board member 1

Title	Given names	Surname	
Customer number (if a customer)	Date of birth		<input type="text" value="/"/>
Home phone	Daytime phone	Mobile phone	
Email			
Residential address			Postcode
Mailing address			Postcode
Visa debit card	Account number		
Internet banking			
View only	Create and update	Create, update and approve	Full access
Do you believe you are a PEP?*			
Yes	No		
This person is a signatory			
Specimen signature if a signatory		Date	
		<input type="text" value="/"/>	

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Other committee/board member 2

Title	Given names	Surname	
Customer number (if a customer)	Date of birth		<input type="text" value="/"/>
Home phone	Daytime phone	Mobile phone	
Email			
Residential address			Postcode
Mailing address			Postcode
Visa debit card	Account number		
Internet banking			
View only	Create and update	Create, update and approve	Full access
Do you believe you are a PEP?*			
Yes	No		
This person is a signatory			
Specimen signature if a signatory		Date	
		<input type="text" value="/"/>	

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Other committee/board member 3

Title	Given names	Surname	
Customer number (if a customer)		Date of birth	
		<div>/ /</div>	
Home phone	Daytime phone	Mobile phone	
Email			
Residential address			Postcode
Mailing address			Postcode
Visa debit card Account number			
Internet banking			
View only		Create and update	Create, update and approve Full access
Do you believe you are a PEP?*			
Yes		No	
This person is a signatory			
Specimen signature if a signatory		Date	
		<div>/ /</div>	

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Other committee/board member 4

Title Given names Surname

Customer number (if a customer)

Date of birth

Home phone

Daytime phone

Mobile phone

Email

Residential address

Postcode

Mailing address

Postcode

Visa debit card Account number

Internet banking

View only

Create and update

Create, update and approve

Full access

Do you believe you are a PEP?*

Yes

No

This person is a signatory

Specimen signature if a signatory

Date

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Other signatory

Title	Given names	Surname	
Customer number (if a customer)	Date of birth		<input type="text" value="/"/>
Home phone	Daytime phone	Mobile phone	
Email			
Residential address			Postcode
Mailing address			Postcode
Visa debit card	Account number		
Internet banking			
View only	Create and update	Create, update and approve	Full access
Do you believe you are a PEP?*			
Yes	No		
This person is a signatory			
Specimen signature if a signatory	Date		
	<input type="text" value="/"/>		

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Please complete account opening authorisation overleaf.

Under Australian regulatory requirements, Bank Australia must collect tax residency information.

Please complete the tax residency self-certification form CRS03 for your Association; the forms and help guide can be found at bankaust.com.au/foreign-tax

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Incorporated association/co-operative's authorisation to open account

The Governing Committee of the incorporated association/co-operative resolved that:

1. the association become a customer of, and open an account with Bank Australia
2. the person(s) specified as signatories be authorised to sign on the association's behalf on any of the accounts with the bank.
3. 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 where there are 2 or more signatories, the account signing authority will be as follows:

Any one to sign

Any two to sign

All parties to sign

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

I have disclosed details about the association's directors and beneficial owners as above.

Chairperson

Signature

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

Please print name

Date

Office use only

Record of identification Procedure carried out of the Incorporated Association/Co-operative

Self-certification form for tax residency completed

Customer Identification Procedure – *Incorporated Association* carried out and information matched to ASIC search

Customer Identification Procedure – *Co-operative* carried out and information matched to ASIC search

Record of Identification Procedures for the signatories who are not customers

For Chairperson – Customer Identification Procedure – Individual carried out and document(s) produced were:

For Secretary – Customer Identification Procedure – Individual carried out and document(s) produced were:

For Treasurer – Customer Identification Procedure – Individual carried out and document(s) produced were:



Office use only

For Other Signatory – Customer Identification Procedure – Individual carried out and document(s) produced were:

Other committee/board member 1 – Customer Identification Procedure – Individual carried out and document(s) produced were:

Other committee/board member 2 – Customer Identification Procedure – Individual carried out and document(s) produced were:

Other committee/board member 3 – Customer Identification Procedure – Individual carried out and document(s) produced were:

Other committee/board member 4 – Customer Identification Procedure – Individual carried out and document(s) produced were:

Staff member's signature

Seniors signature

Operator number

Customer number

Signatories

Visit us at your nearest branch
bankaust.com.au/support/branches

Mailing something?
50 Moore Street, Moe VIC 3825

Email us mail@bankaust.com.au
Talk to someone 132 888

Bank Australia Limited ABN 21 087 651 607 AFSL/Australian Credit Licence Number 238431



Incorporated association or co-operative account application

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