



account application

Dnister Ukrainian Credit Co-operative Ltd

ABN 59 087 651 394 AFSL 240673 BSB 704235 www.dnister.com.au admin@dnister.com.au

Head Office : 912 Mt Alexander Road, Essendon Victoria 3040 (PO Box 279) Telephone (03) 9375 1222 Fax (03) 9370 5361

Hoverla Branch : 62 Ormond Street, Hindmarsh SA 5007 Telephone (08) 8346 6174 Fax (08) 8346 2262

Geelong Branch : 3/29-35 Milton Street, Bell Park Victoria 3215 Telephone (03) 5278 5950 Fax (03) 5277 9108

Perth Branch : 20 Ferguson Street, Maylands WA 6051 Telephone/Fax (08) 9271 4984

member details

Name	<input type="text"/>	Member Number	<input type="text"/>
Address	<input type="text"/>		Account Number <input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>

<input type="checkbox"/> everyday access	<input type="checkbox"/> CueCard	<input type="checkbox"/> Deposit book
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<input type="checkbox"/> iSaver	<input type="checkbox"/> Cheque book	<input type="checkbox"/> Overdraft
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<input type="checkbox"/> bonus saver	<input type="checkbox"/> Deposit book
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<input type="checkbox"/> pensioner savings	<input type="checkbox"/> Deposit book
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service options

Phone Banking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Internet Banking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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internet banking options

Note : Accounts which require 2 or more members to sign conjointly are only eligible for balances via Internet or Phone Banking.

Internal Transfers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	BPAY®	Yes <input type="checkbox"/>	No <input type="checkbox"/>
External Transfers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Electronic Billing - BPAY View™	Yes <input type="checkbox"/>	No <input type="checkbox"/>

operation of account

<input type="checkbox"/> Any signatory may sign	<input type="checkbox"/> All signatories must sign	<input type="checkbox"/> At least <input type="checkbox"/> must sign
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Other

declaration

I/We acknowledge having received and read the relevant Terms and Conditions relating to this account and further agree and accept to be bound by them. I/We agree to pay all charges required by Dnister in accordance with the Corporations Act and as detailed in Dnister's Fees and Charges schedule and/or Product Disclosure Statement. Please note, that all mail will be forwarded to the first named signatory. For more than 2 signatories, please complete an additional application and staple to the back of this one. If the account is overdrawn, liability to Dnister shall be joint and several.

account owner / signatory - please circle

Full name	<input type="text"/>
Signature	<input type="text"/>
Member no.	<input type="text"/>
Dated	<input type="text"/>

account owner / signatory - please circle

Full name	<input type="text"/>
Signature	<input type="text"/>
Member no.	<input type="text"/>
Dated	<input type="text"/>

Please forward the **completed and signed application to Dnister** by mail or via the fax number listed. If you have any queries or require further assistance please contact our member services team.

Office use only	Pensioner verified <input type="checkbox"/>	Signatories added <input type="checkbox"/>
Processed by <input type="text"/>	Date <input type="text"/>	Verified by <input type="text"/>
		Date <input type="text"/>