



addition or change of details

Dnister Ukrainian Credit Co-operative Ltd

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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"/>

new personal or business details

Title	<input type="text"/>
Surname	<input type="text"/>
Given name/s	<input type="text"/>
Residential Address	<input type="text"/>
	<input type="text"/>
	Post Code <input type="text"/>
Mailing Address	<input type="text"/>
	<input type="text"/>
	Post Code <input type="text"/>
DOB	<input type="text"/>
Email Address	<input type="text"/>
Telephone (H)	<input type="text"/>
(W)	<input type="text"/>
(M)	<input type="text"/>
Employers Address	<input type="text"/>
	<input type="text"/>
	Post Code <input type="text"/>
Occupation	<input type="text"/>

who is effected by the change ?

<input type="checkbox"/>	Primary Member	Member number	<input type="text"/>
<input type="checkbox"/>	Joint Member	Member number	<input type="text"/>
<input type="checkbox"/>	Signatory	Member number	<input type="text"/>
<input type="checkbox"/>	Business details	Member number	<input type="text"/>
<input type="checkbox"/>	Other		<input type="text"/>
			<input type="text"/>

change title of an account

Account number	<input type="text"/>
Account title	<input type="text"/>
	<input type="text"/>
Account number	<input type="text"/>
Account title	<input type="text"/>
	<input type="text"/>
Account number	<input type="text"/>
Account title	<input type="text"/>
	<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"/>

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 form 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

Processed by	<input type="text"/>	Date	<input type="text"/>	Verified by	<input type="text"/>	Date	<input type="text"/>
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