



authorised signatories to an account

Dnister Ukrainian Credit Co-operative Ltd

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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"/> |

declaration

I/We appoint the people below as authorised signatories to the above membership/account, and all the accounts within this membership, as per the details completed on this application. They may deposit or withdraw and obtain access to any prearranged continuing credit arrangement and in accordance with section 18 of the Privacy Act (1988) may seek and obtain information relating to this account(s). I/We indemnify Dnister Ukrainian Credit Co-operative Limited against any claims which may arise from those acts of an authorised signatory which are within the terms of this authority. If Dnister, at its discretion, permits an account under this membership to become overdrawn, then my/our liability to Dnister for this account shall be joint and several. I/We have read the relevant Terms and Conditions, and agree to be bound by them. I/We have read Dnister's Privacy Policy and consent to the contents therein. Signatories must either be a member or have previously completed '100 point' identification checks with Dnister (as per government requirements).

operation of accounts

Any signatory may sign All signatories must sign At least must sign

Other

authorised signatories

Please list all signatories to this account. Changes must be authorised by existing signatories in accordance with the account signing authority.

| | | | | | |
|------------|--------------------------|-------|--------------------------|--------|--------------------------|
| Existing | <input type="checkbox"/> | New | <input type="checkbox"/> | Remove | <input type="checkbox"/> |
| Full name | <input type="text"/> | | | | |
| Signature | <input type="text"/> | | | | |
| Member no. | <input type="text"/> | Dated | <input type="text"/> | | |

| | | | | | |
|------------|--------------------------|-------|--------------------------|--------|--------------------------|
| Existing | <input type="checkbox"/> | New | <input type="checkbox"/> | Remove | <input type="checkbox"/> |
| Full name | <input type="text"/> | | | | |
| Signature | <input type="text"/> | | | | |
| Member no. | <input type="text"/> | Dated | <input type="text"/> | | |

| | | | | | |
|------------|--------------------------|-------|--------------------------|--------|--------------------------|
| Existing | <input type="checkbox"/> | New | <input type="checkbox"/> | Remove | <input type="checkbox"/> |
| Full name | <input type="text"/> | | | | |
| Signature | <input type="text"/> | | | | |
| Member no. | <input type="text"/> | Dated | <input type="text"/> | | |

| | | | | | |
|------------|--------------------------|-------|--------------------------|--------|--------------------------|
| Existing | <input type="checkbox"/> | New | <input type="checkbox"/> | Remove | <input type="checkbox"/> |
| Full name | <input type="text"/> | | | | |
| Signature | <input type="text"/> | | | | |
| Member no. | <input type="text"/> | Dated | <input type="text"/> | | |

| | | | | | |
|------------|--------------------------|-------|--------------------------|--------|--------------------------|
| Existing | <input type="checkbox"/> | New | <input type="checkbox"/> | Remove | <input type="checkbox"/> |
| Full name | <input type="text"/> | | | | |
| Signature | <input type="text"/> | | | | |
| Member no. | <input type="text"/> | Dated | <input type="text"/> | | |

| | | | | | |
|------------|--------------------------|-------|--------------------------|--------|--------------------------|
| Existing | <input type="checkbox"/> | New | <input type="checkbox"/> | Remove | <input type="checkbox"/> |
| Full name | <input type="text"/> | | | | |
| Signature | <input type="text"/> | | | | |
| Member no. | <input type="text"/> | Dated | <input type="text"/> | | |

Office use only

Processed by Date Verified by Date