



# term deposit 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"/>

## terms of investment

Term	<input type="text"/>	Interest rate	<input type="text"/> %pa	Amount	\$	<input type="text"/>
		Maturity date	<input type="text"/>			

## interest payments

Please indicate how you would like interest payments to be dealt with on maturity.

Reinvest (Capitalise)

Transfer to Dnister account number

Other

## method of account operation

Either may sign

Both must sign

At least \_\_\_\_\_ must sign

**Tax File Number:** You are not required to give us your TFN, however if you don't, we are required to withhold tax (at the highest marginal rate plus Medicare levy) from any interest paid to you. If you have already supplied your TFN for this membership, we will automatically link it to this new account, unless you advise us in writing not to.

## declaration

I/We acknowledge having received and read the relevant Terms and Conditions relating to this Investment 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.

### 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

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