



## community access beneficiary application

Dnister Ukrainian Credit Co-operative Ltd

ABN 59 087 651 394 | AFSL / Australian Credit Licence 240673 | BSB 704 235

Head Office : 912 Mt Alexander Road, Essendon VIC 3040 | PO Box 279 | P 1800 353 041 | F (03) 9370 5361

[www.dnister.com.au](http://www.dnister.com.au) | [admin@dnister.com.au](mailto:admin@dnister.com.au)

### member details

Member Number

### eligibility

To become a beneficiary, applicants must:

- |   |  |
|---|--|
| <input type="checkbox"/> be a member of Dnister Ukrainian Credit Co-operative | <input type="checkbox"/> have an Community Access account        |
| <input type="checkbox"/> a non-profit charitable organisation                 | <input type="checkbox"/> have an ABN number or GST exempt status |

### organisation details

Full name of organisation	<input type="text"/>		
	<input type="text"/>		
Organisation type (please select)	<input type="checkbox"/> Cultural	<input type="checkbox"/> Youth	<input type="checkbox"/> Religious
	<input type="checkbox"/> Education	<input type="checkbox"/> Other	<input type="text"/>
Brief description of organisation's core purpose	<input type="text"/>		
	<input type="text"/>		
	<input type="checkbox"/> Incorporated Association	<input type="checkbox"/> Unincorporated Association	
ABN	<input type="text"/>	<input type="text"/>	<input type="text"/>
or GST exempt status	<input type="text"/>		

### address of principal place or administration or registered office

Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Is the postal address the same as the principal place of business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Phone	<input type="text"/>	Mobile	<input type="text"/>
		Email	<input type="text"/>
Website address	<input type="text"/>		
Facebook account name	<input type="text"/>		

### authorised person of the organisation

Please provide details of the authorised person who will be the primary contact

Title	<input type="text"/>		
Name	<input type="text"/>	Member Number	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
		Email	<input type="text"/>
Organisations position	<input type="text"/>		

### authorised person 2

Please provide details of the authorised person who will be the primary contact

Title	<input type="text"/>		
Name	<input type="text"/>	Member Number	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
		Email	<input type="text"/>
Organisations position	<input type="text"/>		

## beneficiary payment details

Beneficiary payments will be deposited annually. Please provide below your account details.

Account name  Account number 

SAV									
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## declaration, consents & disclosures

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. If the account is overdrawn, liability to Dnister shall be joint and several.

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.

### authorised person 1

Full name   
Signature   
Member no.  Dated

### authorised person 2

Full name   
Signature   
Member no.  Dated

The Board of Dnister Ukrainian Credit Co-operative or its delegated officers reserve the right to refuse any application to become a beneficiary.

#### Office use only

CEO approval  Date

Processed by  Date

Updated RBL  Date