



term deposit 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 | admin@dnister.com.au

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"/>

term of investment

Term	<input type="text"/>	Interest Rate	<input type="text"/> % p.a	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.

<input type="checkbox"/>	Re-invest (Capitalise)	
<input type="checkbox"/>	Transfer to Dnister account number	<input type="text"/>
<input type="checkbox"/>	Other	<input type="text"/>
		<input type="text"/>

method of account operation

<input type="checkbox"/>	Either may sign
<input type="checkbox"/>	Both must sign
<input type="checkbox"/>	At least ____ must sign

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.

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.

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"/>

office use only

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

tax file number & exemptions

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.

Tax File Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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