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eligibility					
To become a Community Bene	fit Program Recipient, applicants must:				
be a member of Dnister Ukrainian Credit Co-operative have an Community Access account					
a non-profit charitable	organisation	have an ABN numl	have an ABN number or GST exempt status		
organisation details					
Member Number					
Full name of organisation					
Organisation type	Cultural	Youth	Religious		
(please select)	Education	Other			
Brief description of					
organisation's core purpose					
	Incorporated Association	Uninco	porated Association		
ABN					
or GST exempt status					
	Note: If Subsidiary Organisation is applying	, the Primary ABN Holder MUST als	o sign the application overleaf.		
contact details					
Registered Address		Phone			
Address		Mobile			
Suburb		Email address			
State	Postcode	Website address			
Postal Address		Facebook			
Address		account name			
Suburb		Other social media			
State	Postcode	profiles			
authorised person 1 - prim	ary contact	authorised person 2			
Ν	/ember Number		Member Number		
Name		Name			
Phone		Phone			
Mobile		Mobile			
Email		Email			
Organisations position		Organisations position			
community benefit program	m payment details				

The Dnister Community Benefit Program payments will be deposited annually. Please provide below your account details.

Account name

Community Access

Account number

SAV

primary ABN holder authorisation						
I/we being the authorised signatory for ABN						
agree to allow beneficiary status to be applied to the	branch					
Full name	Full name					
Signature	Signature					
Member no. Dated	Member no. Dated					
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.

authorised pe	erson 1	authorised pe	erson 2	
Full name		Full name		
Signature		Signature		
Member no.	Dated	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 Nominated Community Group in the Dnister Community Benefit Program.

Office use only						
	ABN quoted					
This application has been assessed and it is recommended for Approval/ Declination.	Account holder signatories verified					
Executive review Date	Primary ABN holder signatories verified					
CEO approval Date Processed by	Date					
Updated RBL	Date					