



# non - personal partnership membership 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 569 Essendon North 3041 | P 1800 353 041  
dnister.com.au | admin@dnister.com.au

Member Number

## application for membership and shares

We hereby apply to become a member of Dnister Ukrainian Credit Co-operative Limited ABN 59 087 651 394 (Dnister) and apply for a share in the credit co-operative. We agree to pay the designated subscription price for the share and acknowledge that the value of the share (if any), and any money we have on deposit, may be used against any debt that we owe Dnister.

## membership eligibility

- Community - a member of the Ukrainian community in Australia
- Community - a member of the Latvian community in Australia (Affinity Member)
- Other (provide details below)

## applicant details

Full Name of Partnership Applicants

Business Trading Name or Trustee (as applicable)

Registered Number - ABN, ARBN, or Unique Identifying Number (where applicable) for legal entity

Registered Number - ABN, ARBN, or Unique Identifying Number (where applicable) for business trading entity

Registered address   
 postcode

Principal place of business   
 postcode

Postal address (PO Box is not acceptable)   
 postcode

Contact (M)  (W)  (H)

(Refer clause II in declaration and consent section.)

## non-personal membership attachments

When you open a membership with Dnister, we must collect information about you as required by law. Please complete the Partnership details below and each Controlling Person's Common Reporting Standard (CRS) and Foreign Account Compliance Compliance Act (FATCA) Self Certification.

## identification details

- Certified Copy of Certificate of registration (if registered) **and**
- Certified Copy of Minutes of a Meeting of the Entity listing all Authorised Officers (including names and addresses) to open and/or operate on behalf of the Entity, signed by Partners.
- Certified Copy of Partnership Agreement.

## tax file number | exemptions

Do you wish to quote your Business Tax File Number or Exemption details at this time?  Yes  No

Please note that you do not have to quote/provide your Business TFN or Exemption. However if you do not, withholding tax may be deducted from interest earned. Where you do supply a TFN or Exemption it will be applied to all accounts opened for this Client Number unless you specifically request otherwise.

Tax File Number

**common reporting standard (CRS) and foreign account tax compliance act (FATCA)**

**non-resident of Australia**

1. Are you a permanent resident of Australia? Yes  No

If no, please advise current visa status:

2. If the entity applicant is a financial institution, is it a Non-Participating Foreign Financial Institution within the meaning of the Foreign Account Taxation Compliance Act (FATCA)? Yes  No

3. Is the entity applicant a Passive Non-Financial Entity? (a) Yes  No

If **Yes**, please complete a separate 'CRS and FATCA Self Certification Form' for each Controlling Person. (b)

4. Are you a citizen/Entity of a country other than Australia? Yes  No

If **yes**, please list countries of citizenship:

5. Are you a US citizen/Entity or US resident for tax purposes? Yes  No

If **yes**, please provide your Taxpayer Identification Number (TIN):

6. Are you a resident of any other country for tax purposes? (excluding Australia and USA) Yes  No

If **yes**, please provide the name of each country, a TIN for each country or reason why you're not providing a TIN, and an explanation if reason B (below) is selected for a country:

Country	TIN	Reason ^
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

^ If yes, and no TIN is provided, select a reason from the following list: A – This country does not issue TINs. B – I don't have a TIN for this country (Please attach an explanation to this form). C – It is not mandatory for me to disclose my TIN for this country.

Reason for opening a membership in Australia:

Attach separate form for each Partner.

**signatories and persons authorised to sign on account as well as account signing instructions**

The relevant Authorised Signatories Form when attached to this document, forms part of the "non-personal membership application" by the applicant.

**common reporting standard (CRS) and foreign account tax compliance act (FATCA) self certification**

Each Controlling Person and the Applicant **MUST** complete the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA) Self Certification, and when attached to this document, forms part of the "non-personal membership application" by the applicant.

(a) A Passive Non-Financial Entity (NFE) is an entity that is not an Active NFE. An Active NFE must meet certain criteria including:

- Active NFEs by reason of income and assets: Less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income, and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income. 'Passive income' would generally be considered to include the portion of gross income that consists of:
  - dividends and interest or income equivalent to interest;
  - rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE;
  - the excess of gains over losses from the sale or exchange of Financial Assets that gives rise to the passive income described previously;
  - the excess of gains over losses from transactions (including futures, forwards, options, and similar transactions) in any Financial Assets;
  - the excess of foreign currency gains over foreign currency losses or net income from swaps;
- publicly traded NFEs;
- governmental entities, international organisations, central banks or their wholly owned entities;
- start-up NFEs; or
- non-profit NFEs.

(b) A Controlling Person (or 'beneficial owner') generally refers to any person holding 25% or more in an entity. If no natural person is identified as exercising control of the entity, the natural person who holds the position of senior managing official (e.g. directors) will be the Controlling Person of the entity. If a settlor, trustee, protector or beneficiary of a trust membership holder they are always treated as a Controlling Person of the trust.

**partnership structure and ownership**

 Private

 Private and company

 Number of Partners

For **Private** or **Private and Company** Partnerships, please provide details of all Partners, (individual and non-individual) noting those who hold or exercise control, through one or more agreements (direct or indirect), 25% or more of the partnership.

**Partner 1**

Title  % Ownership

Surname

Given names

**Partner 2**

Title  % Ownership

Surname

Given names

**Partner 3**

Title  % Ownership

Surname

Given names

**Partner 4**

Title  % Ownership

Surname

Given names

**Partner 5**

Name of company partner  % Ownership

If there are more than five Partners, please attach additional pages.

Each Partner listed who owns 25% or more of the partnership must also complete the Beneficial Ownership or Control section and provide individual identification documents.

**Entity Control**

This section is only required if the ownership details in the previous section cannot be determined. Each individual listed below must complete the Beneficial Ownership or Control section and provide individual identification documents.

Please provide details of the Senior Managing Official(s) – the ‘Senior Managing Official’ is an individual who makes decisions affecting a substantial part of the business (e.g. Chief Executive Officer, Financial Controller).

**Officer 1 (Full legal name)**

Title

Surname

Given names

Position Title

**Officer 2 (Full legal name)**

Title

Surname

Given names

Position Title

If there are more than two Senior Managing Officials, please attach additional page.

**The Senior Managing Official(s) must each complete the Beneficial Ownership and provide individual identification documents.**

**Beneficial Ownership or Control**

**Owner 1 (Full Legal Name)**

New Member  Existing Member

Member Number

Surname

Title

Given name/s

Date of Birth

Registered address (PO Box is not acceptable)

State  Postcode  Country

**Owner 2 (Full Legal Name)**

New Member  Existing Member

Member Number

Surname

Title

Given name/s

Date of Birth

Registered address (PO Box is not acceptable)

State  Postcode  Country

**Owner 3 (Full Legal Name)**

<input type="checkbox"/> New Member	<input type="checkbox"/> Existing Member	Member Number	<input type="text"/>
Surname	<input type="text"/>	Title	<input type="text"/>
Given name/s	<input type="text"/>	Date of Birth	<input type="text"/>
Registered address (PO Box is not acceptable)	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
		Country	<input type="text"/>

**Owner 4 (Full Legal Name)**

<input type="checkbox"/> New Member	<input type="checkbox"/> Existing Member	Member Number	<input type="text"/>
Surname	<input type="text"/>	Title	<input type="text"/>
Given name/s	<input type="text"/>	Date of Birth	<input type="text"/>
Registered address (PO Box is not acceptable)	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
		Country	<input type="text"/>

**Entity (Full legal name of an entity)**

<input type="checkbox"/> New Member	<input type="checkbox"/> Existing Member	Member Number	<input type="text"/>
Surname	<input type="text"/>	Title	<input type="text"/>
Given name/s	<input type="text"/>	Date of Birth	<input type="text"/>
Registered address (PO Box is not acceptable)	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
		Country	<input type="text"/>

If there are more than five Beneficial Owners or individuals in Control, please attach additional page.

If any beneficial owner or controlling party (other than a trustee) is a company, complete a separate PART A excluding "Declaration and Consent" and "Signature of Membership holder" for each company.

**Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA) Self Certification**

Each Controlling Person and the Applicant **MUST** complete the CRS and FATCA Self Certification.

**declaration and consent**

I/We declare and consent as follows:

1. I/We agree to be bound by Dnister’s Constitution and pay all charges imposed or levied by the Co-operative in accordance with the Corporations Act and charges set from time to time in relation to the operation of my/our account/s and provision of services.
2. I/We have reviewed and read the General Information Terms and Conditions, relevant Terms and Conditions, Financial Services Guide and Product Disclosure Statements relating to the account/s, services and access option/s that I/we have applied for, and agree to be bound by them.
3. I/We have received, or agree to receive by accessing the Co-operative’s website at dnister.com.au, the Co-operative’s Financial Services Guide.
4. I/We have read, understood and agree to the Co-operative’s Privacy Policy provided to me/us or as available at dnister.com.au/privacy.
5. I/We authorise the Co-operative to use and/or disclose my/our personal information for the purpose of considering this application, administering the products and services they supply to me/us and where reasonably necessary in doing so to third parties associated with the Co-operative and its providers.
6. I/We consent to the Co-operative collecting verifying, using, handling and disclosing personal information from me as required pursuant to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and I/we understand that it is an offence under that Act to give false and misleading information and that if I/we supply incomplete or inaccurate information the Co-operative may not be able to provide me/us with products or services.
7. I/We have been truthful in all information provided in this application.
8. For non-residents only: As a non-permanent resident of Australia, I consent to the Co-operative conducting a Visa Entitlement Verification Online enquiry and authorise the Department of Immigration and Citizenship to release the details of my residency status for the purposes only of assessing my eligibility to open an account and/or obtain finance.
9. I/We certify that information provided in this form regarding my/our tax residency status is true and correct. I/We acknowledge that my/our tax information may be provided directly or indirectly, to any relevant tax authority, including the Australian Tax Office and (if applicable) exchanged with tax authorities of another country or countries in which I/we may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information. I/We undertake to advise the Co-operative within thirty days of any change in circumstances which affects my/our tax residency status or where any information contained herein is no longer correct.
10. From time to time, the Co-operative may contact me/us with information about products, services and promotions through mail, telephone, email or SMS.
11. I/We acknowledge that by providing our email address, I/We consent to receive all 'legal notices' by email

However, I/we acknowledge that I/we may request that you do not provide me/us with direct marketing information by opting out.

Tick here to opt out or telephone the Co-operative on 1800 353 041.

**signature of membership holder member, in accordance with its partnership agreement**

**signatory 1 (full legal name)**

Title

Surname

Given names

Position title

Signature

Date

**signatory 2 (full legal name)**

Title

Surname

Given names

Position title

Signature

Date

**signatory 3 (full legal name)**

Title

Surname

Given names

Position title

Signature

Date

**company partner (full legal name)**

Name of company partner

Signature

Name

Position

Date

**office use only**

<input type="checkbox"/>	Financial Services Guide and Product Disclosure Statement issued.				
<input type="checkbox"/>	Identification achieved by sighting	<input type="checkbox"/>	Original documents	<input type="checkbox"/>	Photocopy of ID held
		<input type="checkbox"/>	Certified copies and certification form		
<input type="checkbox"/>	Tax File Number / Exemption provided and recorded	<input type="checkbox"/>	Foreign Tax Residency Self Certification completed		
<input type="checkbox"/>	Taxpayer Identification Number and Country recorded (if applicable)	<input type="checkbox"/>	New member screening		
<input type="checkbox"/>	ASIC Company Beneficial Ownership and Company File (Equifax)				

**Membership Category**

<input type="checkbox"/>	Individual - Ukrainian	<input type="checkbox"/>	Incorporated Body - Ukrainian Community	<input type="checkbox"/>	Incorporated Body - Affinity
<input type="checkbox"/>	Individual - Affinity	<input type="checkbox"/>	Unincorporated Body - Ukrainian Community	<input type="checkbox"/>	Unincorporated Body - Affinity

Membership approved by   as delegate (Ukrainian)  
 Board (Affinity Membership)

Shares payable  Yes      Paid \$   
 No

Processed by  Date       Verified by  Date