



term deposit instructions

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 details

Name	<input type="text"/>	Member Number	<input type="text"/>
Address	<input type="text"/>	Account Number	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>

term deposit details

Principal Invested	\$ <input type="text"/>	Maturity Date	<input type="text"/>
--------------------	-------------------------	---------------	----------------------

term deposit instructions

Upon maturity, please deal with the above mentioned Term Deposit in the following manner:

<input type="checkbox"/>	Re-invest principal & interest for	<input type="text"/>	months
<input type="checkbox"/>	Re-invest principal only for	<input type="text"/>	months & deal with the interest in the following manner:
<input type="text"/>			
<input type="text"/>			
<input type="checkbox"/>	Forward a cheque for the total amount to my postal address		
<input type="checkbox"/>	Early withdrawal	Amount	\$ <input type="text"/>
		Date	<input type="text"/>
		Interest charged	<input type="text"/>
<input type="checkbox"/>	Issue a cheque and hold for collection		
<input type="checkbox"/>	Other - please specify	<input type="text"/>	
		<input type="text"/>	

declaration

I/We acknowledge having received and read the relevant Terms and Conditions relating to this Term Deposit in Dnister's Product Disclosure Statement 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 Member Services Fees and Charges schedule and/or Product Disclosure Statement.

Please forward the **completed and signed application to Dnister** by mail.

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"/>
--------------	----------------------	------	----------------------	-------------	----------------------	------	----------------------