



savings account 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
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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"/>

select account(s)

<input type="checkbox"/>	Everyday Access	----	<input type="checkbox"/>	Visa Debit	----	<input type="checkbox"/>	CueCard	----	<input type="checkbox"/>	Overdraft
<input type="checkbox"/>	Pensioner Savings	----	<input type="checkbox"/>	Visa Debit	----	<input type="checkbox"/>	CueCard			
<input type="checkbox"/>	Bonus Saver									
<input type="checkbox"/>	Max Saver									
<input type="checkbox"/>	iSaver									
<input type="checkbox"/>	My Community Saver	----	<input type="text"/>				Community Benefit number (Office use only)			

account facilities

Internet Banking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Business Banking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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internet banking options

Note : Accounts which require 2 or more members to sign conjointly are only eligible for balances via Online Banking.

Internal Transfers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	BPAY®	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
External Transfers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Electronic Billing - BPAY View™	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

business banking authorities (only applicable for business banking)

Business Banking offers various access options for each signatory. Please select your required authority for each specific account. Note that access authorities are not global—they apply only to the individual accounts you are a signatory to. If you require different access levels for each account, this must be specified accordingly. * Full Access provides the user to Create, Update, Approve & Process the batch.

Account Number	Authority Level									
<input type="text"/>	<input type="checkbox"/>	Full Access*	<input type="checkbox"/>	Create, Update & Approve	<input type="checkbox"/>	Create & Update	<input type="checkbox"/>	View Only	<input type="checkbox"/>	No Access
<input type="text"/>	<input type="checkbox"/>	Full Access*	<input type="checkbox"/>	Create, Update & Approve	<input type="checkbox"/>	Create & Update	<input type="checkbox"/>	View Only	<input type="checkbox"/>	No Access
<input type="text"/>	<input type="checkbox"/>	Full Access*	<input type="checkbox"/>	Create, Update & Approve	<input type="checkbox"/>	Create & Update	<input type="checkbox"/>	View Only	<input type="checkbox"/>	No Access

eStatements

I consent to electronic delivery of statements and notices. ☐ Yes ☐ No

Notification emails that the eStatements are available to view or download via Dnister Internet Banking will be emailed to the email address provided above unless alternative email address is provided:

Alternative email:

operation of account (please select one)

If a method is not selected we will consider the method of operation for this account to be 'any signatory may sign'

<input type="checkbox"/>	Any signatory may sign	<input type="checkbox"/>	All signatories must sign	<input type="checkbox"/>	At least _____ must sign
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declaration

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 2001 Cth and as detailed in Dnister's Fees and Charges schedule and/or Product Disclosure Statement. Please note, that all mail will be forwarded to the first named signatory. For more than 2 signatories, please complete an additional application and staple to the back of this one. If the account is overdrawn, liability to Dnister shall be joint and several. I/ We consent for Dnister to disclose my/ our participation in the Dnister Community Benefit Program associated with 'My Community Saver Account'.

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"/>	Signatories added	<input type="checkbox"/>
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